IN THE SUPREME COURT OF THE STATE OF NEVADA

IN THE MATTER OF THE ESTATE OF THEODORE ERNEST SCHEIDE, JR., DECEASED

THEODORE E. SCHEIDE, III,

Appellant,

vs.

ST. JUDGE CHILDREN'S RESEARCH HOSPITAL,

Respondent.

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Elizabeth A. Brown
Clerk of Supreme Court

Supreme Court No. 84279

District Court Case No. P-14-082619-E

APPEAL

APPEAL FROM DECISION AND ORDER FROM 04/14/21 HEARING

APPENDIX

VOL. 4

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Docket 84279 Document 2023-07695

CHRONOLOGICAL INDEX OF APPENDIX

Description	Date Filed	Vol.	Page No.	Bate No.
Notice of Motion and Motion to Strike the Fraudulently Submitted Petition Naming St. Jude's Research Hospital as Petitioner and Related Relief (Pages 1 to 250 of the document)	3/16/21	4	003-252	ROA000689-ROA000938

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CLERK OF THE COURT

MOT

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Theodore E. Scheide III

EIGHTH JUDICIAL DISTRICT COURT,
CLARK COUNTY, NEVADA

In the Matter of the Estate of	) Case No.: P-14-082619-E
	) Dept No.: 26
THEODORE E. SCHEIDE JR. a/k/a	)
THEODORE ERNEST SCHEIDE JR.,	) **ORAL ARGUMENT REQUESTED**
	)
Deceased	) **NOTICE OF MOTION AND**
	) **MOTION TO STRIKE THE**
	) **FRAUDULENTLY SUBMITTED**
	) **PETITION NAMING ST. JUDE'S**
	) **RESEARCH HOSPITAL AS**
	) **PETITIONER AND RELATED**
	) **RELIEF.**
	)
	) Date of Hearing: March 18, 2021
	) Time of Hearing: 9:30 a.m.

COMES NOW, Theodore E. Scheide III, son of the decedent, by and through his attorney, CARY COLT PAYNE, ESQ., of the law firm of CARY COLT PAYNE, CHTD., and hereby submits this Notice of Motion, Motion to Strike Petition and/or Other Further Relief pursuant to St. Jude Research Hospital's failure to comply

Case Number: P-14-082619-E

ROA000689

with NRS 82.523, 82.5234(2), and respectfully requests that this Court enter an Order:

1. Remedying the fraud the American Lebanese Syrian Associated Charities ("Lebanese Charities") committed upon this Court and striking the Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") that was filed on 09/13/2016;

2. Striking and vacating all judgments, orders, and filings related to and/or stemming from the filing of the above referenced fraudulent Petition;

3. Finding St. Jude's Research Hospital ("St. Jude") has neither registered and is not qualified to do business in this State as defined by Nevada Law and as a result cannot commence or maintain any action or proceeding in any court of this State as a matter of law (NRS 82.523, §82.5234);

4. Finding Lebanese Charities lacks standing, is not a real party in interest, and cannot assert third party rights, in this matter; and

5. Addressing any additional relief this Court deems necessary and appropriate.

This Motion is brought and supported pursuant to the affidavit(s) filed herein, the enclosed Points and Authorities attached hereto, the declarations of the interested parties, the papers and pleadings on file, all applicable legal authority, and any argument allowed by this Court.

Dated: March 17, 2021.

CARY COLT PAYNE, ESQ.
Nevada Bar No. 4357
CARY COLT PAYNE, CHTD.
700 South Eighth Street

Las Vegas, Nevada 89101
Attorney for Theodore E. Scheide III

MEMORANDUM OF POINTS AND AUTHORITIES

I.

Introduction

As a threshold matter, applicable legal authority requires the Petition[1] at issue and all filings related thereto, or stemming therefrom, be stricken from the record and any orders be vacated and set aside. First, the Petition was improperly filed with this Court and the filing and resulting actions are ***disallowed and impermissible as a matter of law.*** See NRS 82.523, §82.5234(2)[2].

Secondly, the disregard of the prohibitive statute and subsequent litigation constituted an abuse of the legal system and fraud upon this Court which cannot be allowed and must be remedied. Lastly, St. Jude was barred by law from filing or pursuing suit in Nevada, and Lebanese Charities lacks/lacked standing to bring and maintain the action it fraudulently filed and maintained as "St. Jude", conduct which failed to constitute requisite jurisdiction for this Court to entertain the matter.

Each basis noted above, and described in detail herein, requires the subject Petition to be stricken from the record and all derivative actions therefrom to be set aside and vacated. Moreover, the law clearly requires this Court to dismiss St. Jude's Petition and disallow any further action as a result thereof.

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[1] The Record confirms Lebanese Charities, and not St. Jude Children's Research Hospital ("St. Jude") filed a Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") on 09/13/2016. Submitted herewith as Exhibit "A" for the Court's convenience and review.

II.

Statement of Facts

The decedent, THEODORE E. SCHEIDE JR. died on August 17, 2014, in Clark County, Nevada, and was a resident of the State of Nevada at that time and for all applicable time periods. Susan Hoy was appointed as Administratrix of the estate, with letters of Administration issued May 28, 2015. As confirmed by the record and before this Court, no original 2012 documents were ever located and the estate therefore proceed under intestate succession[3].

Thus, the Administrator filed, *inter alia*, a First and Final Report and Accounting and Petition for Final Distribution and Approval of Costs and Fees for the benefit of Chip Scheide, the decedents son. Prior to the matter being heard, St. Jude Children's Research Hospital ("St. Jude") filed a Notice of Appearance[4], and on through local counsel[5] and verified by a "Fred E. Jones, Jr." of "Lebanese Charities[6]," filed the legally impermissible Petition referenced above.

Counsel for St. Jude ***never*** disclosed to the Court that their client, a "nonprofit"[7] corporation, was neither registered or"not qualif[ied] to do business in this State" and thus, as a matter of law, disallowed and unable to "***commence or***

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[2] Discussed in greater detail, *infra*.
[3] *See e.g.* order dated May 25, 2015.
[4] Notice of Appearance filed 05/20/2016.
[5] The Firm of Hutchison & Steffen, LLC filed a Notice of Appearance as counsel for St. Jude only.
[6] Lebanese Charities is short for American Lebanese Syrian Associated Charities ("Lebanese Charities").

maintain any action or proceeding in any court of this State"[8], nor did counsel disclose Lebanese Charities (who, according to the record, was never represented by Hutchinson & Steffen) lacked standing, did not have a legally recognizable interest in the matter, and was committing fraud upon the Court with the filing they allowed[9]. Accordingly, the jurisdictional prohibition stemming from the misuse of the legal system, and corresponding manipulation/fraud upon this Court, was not known nor addressed, and equally disturbing, Lebanese Charities, posing as St. Jude, was allowed to seek unfair, unwarranted, and impermissible financial gain.

As a result, an evidentiary hearing regarding the subject matter of the (impermissible and fraudulent) petitions Lebanese Charities filed under the guise of St. Jude, was conducted on June 15 and 16, 2017 on the sole issue of NRS 136.240(3) whether the October 2012 will be admitted to Probate. The District Court issued a Decision and Order dated August 6, 2017. St. Jude filed Notice of Appeal on September 6, 2018. That the matter was reversed by the Nevada Supreme Court (No. 76924) in its decision dated December 31, 2020, which in part reversed that Decision.

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[7] As detailed from available records, the term "nonprofit" is used loosely.

[8] NRS §82.5234. Such concealment, if known, would constitute a violation of the duty of candor that is owed this Court (*see Thomas v. City of NLV*, 122 Nev. 82, 127 P.3d 1057 (2006)); and if not known, an arguable violation of NRCP 11 and failure to perform adequate due diligence.

[9] *See* Fn. 8, *supra*.

Nevertheless, the law clearly establishes neither St. Jude nor Lebanese Charities can seek or maintain suit in this State. All orders must be vacated and set aside.

Notably, according to St. Jude Children's Research Hospital, Inc. (hereinafter "St. Jude) is a 501(c)(3) Corporation doing business in Memphis, Tennessee, and according to its tax returns, its revenue is as follows:

	2017	2018
Contributions and grants	$851,803,301.00	$974,758,247.00
Program service revenue	117,420,862.00	109,172,619.00
Investment income	(7,463,705.00)	(556,846.00)
Other revenue	18,895,861.00	24,595,111.00
TOTAL REVENUE:	$980,656,319.00	$1,107,969,131.00
Grants and similar amounts paid	(4,312,073.00)	(1,538,019.00)
Salaries, other compensation and employee benefits[10]	(505,567,014.00)	(545,749,401.00)
Other expenses	(440,836,545.00)	(474,154,881.00)
TOTAL EXPENSES:	($950,715,632.00)	($1,021,442,301.00)
TOTAL REVENUE LESS EXPENSES:	**$29,940,687.00**	**$86,526,830.00**
TOTAL ASSETS:	**$5,434,170,902.00**	**$6,214,238,431.00**

As noted above, St. Jude Research Hospital is not registered with the Nevada Secretary of State's office to do business in this State as is required by statute.

[10]Including "Travel" costs of almost $15 million per year, salaries from a low of $654,000 to $1,054,000 for the CEO, 401k type plans, and first-class expenses for the directors/officers as well as any family members who accompany them.

According to Lebanese Charities tax returns, it too is a 501(c)(3) Corporation (incorporated in Illinois) doing business in Memphis, Tennessee and according to its tax returns, its revenue is as follows:

	2017	2018
Contributions and Grants	$1,446,493,050.00	$1,667,190,856.00
Investment income	168,588,999.00	212,808,116.00
Other revenue	36,903,186.00	39,767,318.00
TOTAL REVENUE:	$1,651,985,235.00	$1,919,766,290.00
Grants and similar amounts paid	(757,401,831.00)	(865,122,365.00)
Salaries, other compensation and employee benefits	(153,380,025.00)	(173,868,497.00)
Professional fundraising fees	(9,869,627.00)	(9,307,214.00)
Other expenses	(319,098,782.00)	(351,430,671.00)
TOTAL EXPENSES:	($1,239,750,265.00)	($1,399,728,747.00)
TOTAL REVENUE LESS EXPENSES:	**$412,234,970.00**	**$520,037,543.00**
TOTAL ASSETS:	**$4,780,599,912.00**	**$5,461,105,812.00**

Lebanese Charities admits to being a "fundraiser" for St. Jude Research Hospital.

As established herein, St. Jude is, and was, prohibited, as a matter of law, from commencing or maintaining any action in any court of this State. The subject Petition that was filed was not filed by St. Jude, but rather by Lebanese Charities violated the law, the duty of candor owed to this Court, and committed a fraud upon this Court for their own personal gain.

III.

Legal Analysis

A. *Legal Standard*

Tatiana NRCP 60(b) is clear and entitles a party to seek relief from the orders of the courts for a number of reasons. The recognized grounds are:

> (1) mistake, inadvertence, surprise, or excusable neglect;
> (2) newly discovered evidence that, with reasonable diligence, could not have been discovered in time to move for a new trial under Rule 59(b);
> (3) ***fraud*** (whether previously called intrinsic or extrinsic), misrepresentation, or misconduct by an opposing party;
> (4) ***the judgment is void***;
> (5) the judgment has been satisfied, released, or discharged; it is based on an earlier judgment that has been reversed or vacated; or applying it prospectively is no longer equitable; or
> (6) ***any other reason that justifies relief.***

(Emphasis supplied). Moreover, NRCP 60(d) expressly excludes the six (6) month availability window to seek relief when such relief is based upon fraud upon the court[11]. See Affidavit in Support and Exhibit B (B1-B5).

The rule allows the court to vacate, set aside, and relieve a party from an order or judgment of the court. Courts have long recognized the rule is remedial, and should be liberally construed[12]. Moreover, courts have the inherent authority to remedy any fraud committed upon it and the Nevada Supreme Court has further held Probate Court has jurisdiction to vacate a prior order, just as other courts[13].

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[11] *See NC-DSH, Inc. v. Garner*, 125 Nev. 647, 218 P.3d 853 (2009).
[12] *See La Tex Partnership v. Deters III*, Nev. 471, 893 P.2d 361 (1995).
[13] *A-Mark Coin Co. v. Estate of Redfield*, 94 Nev. 495, 585 P.2d 359 (1978).

B. *The Petition filed with this Court was fraudulent and must be stricken from the record.*

Courts have long recognized and held "[i]t is a fundamental precept of corporate law that each corporation is a separate legal entity"[14] and considered a distinct person as a matter of law. Even closely held subsidiaries are separate and distinct entities. Indeed, courts have held two corporate entities "are separate and distinct legal entities" even if they have identical memberships and ownerships[15]. Even two corporations that had the same management and were "practically indistinguishable" were nevertheless separate entities and the court refused to recognize them as the same entity for standing to sue on a contract[16].

In this matter, there are two separate and distinct corporate entities: (1) St. Jude Children's Research Hospital ("St. Jude")—in whose name the Petition was filed, and (2) the American Lebanese Syrian Associated Charities ("Lebanese Charities")—who represents themselves as a fundraiser for St. Jude, and who fraudulently filed the subject petition. It is irrefutable that these two entities are legally separate and distinct.

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[14] *See Kreisler v. Goldberg*, 478 F.3d 209, 213 (2007); *In re Commer. Mort.*, 414 B.R. 389 (2009) (same); *see also United States v. Bennett*, 621 F.3d 1131 (2010).

[15] *See Surgical Supply Ctr. V. Industrial Comm'n Dep't of Emp't Sec.*, 118 Utah 632, 223 P.2d 593, 595 (1950); *see also Institutional Laundry, Inc. v. Utah State Tax Comm'n*, 706 P.2d 1066, 1067-68 (1985) (holding that a subsidiary corporation was a separate legal entity obligated to pay sales taxes on services it provided to its parent corporation despite being wholly owned by the parent corporation and having an identical board of directors.

[16] *See Holmes Dev., LLC v. Cook*, 48 P.3d 895 (2002).

St. Jude, who is the *named* Petitioner in the fraudulent (and impermissible) Petition that was filed with this Court, was, and remains, prohibited from commencing or maintaining "any action or proceeding in any court of this State" as a matter of law. NRS §82.5234 provides in relevant part:

> ***every foreign nonprofit corporation which is doing business in this State and which fails or neglects to qualify to do business in this State in accordance with the laws of this State may not commence or maintain any action or proceeding in any court of this State until it has qualified to do business in this State.***

According to the Nevada Secretary of State's website, St. Jude Children's Research Hospital, is not an entity that is, *or ever has been*, qualified to do business as a foreign non-profit corporation (or any other entity) to do business in the State of Nevada, and therefore were legally precluded from filing a Petition in this, or any other court. **See Exhibit B**

Nevertheless, Hutchison & Steffen filed a Notice of Appearance for St Jude[17] (and only St. Jude) despite the law that prohibits the commencement of ***any*** action in ***any*** court in this State. More disturbing is the fact that in spite of St. Jude lacking legal capacity to even file the subject Petition, Hutchison & Steffen allowed Lebanese Charities—as an impermissible third-party, who clearly lacked standing who was not a real party in interest, and who had no legally recognizable right to file the subject Petition with the Court, assert, and seek relief, ***in the name of St. Jude.***

[17] Notice of Appearance, filed 05/20/2016.

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It is significant to note Lebanese Charities impermissibly and fraudulently signed the Petition[18]. Notably, St. Jude, consistent with the law of this State, ***never*** signed any pleading or document in this matter. It is the responsibility of this Court to remedy this egregious fraud, abuse of the legal system, and patent manipulation of this Court by striking the subject Petition and all related filings from the record.

C. *Both St. Jude and Lebanese Charities lacked the requisite standing to commence or sustain any action in this State.*

Courts have long held "[s]tanding to sue is critical to the proper functioning of the judicial system"[19] and is the "requisite personal interest that must exist at the commencement of the litigation.[20]"Moreover, "a plaintiff may ***not*** proceed with an action in the absence of standing"[21] nor bring an action without the existence of an injury in fact[22].

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[18] Examination of the subject Petition filed 09/13/2016, submitted herewith as Exhibit "A", reveals Hutchison & Steffen represented themselves in the impermissible Petition as attorneys for St. Jude (page 9), yet allowed Fred E. Jones, Jr., ***Director of Lebanese Charities***, to sign in place of St. Jude (page 10) (who was legally precluded from filing such a petition).

[19] *Saratoga County Chamber of Commerce v. Pataki*, 798 NE2d 1047 (2003).

[20] *Pharmacia Corp. v. Suggs*, 932 So.2d 95 (2005); *Frenchman-Cambridge irrigation Dist. v. Dep't of Natural Res.*, 801 N.W.2d 253 (2011); see also Wilson v. Holder, 7 F.Supp.3d 1104 (2014).

[21] *See Ryan, Inc. v. New York State Dept. of Taxation & Fin.*, 890 NYS2d 306 (2009) (emphasis provided).

[22] *Silver v. Pataki*, 755 NE2d 842 (2001); *see also Lujan v. Defenders of Wildlife*, 504 U.S. 555 (1992); *Nev. Recycling & Salvage, Ltd. v. Reno Disposal Co.*, 134 Nev. Adv. Rep. 55, 423 P.3d 605 (2018)

As this Court knows, "standing is a prerequisite to subject matter jurisdiction"[23] "When a party without standing purports to commence an action, the trial court acquires no subject-matter jurisdiction[24]." It is well established that standing is jurisdictional, goes to the jurisdictional core of a court's authority to adjudicate a dispute, indeed, the very power of the court to act. The lack of standing may be raised at any time[25]. Simply stated, standing is the right to relief in court. ***Whether a party has a private right of action goes to the jurisdictional issue of standing*** and notably, the lack of standing cannot be waived and must be present in every case[26].

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[23] *See Associated Builders & Contractors, Inc. v. S.F. Airports Comm'n*, 981 P.2d 499 (1999); *see also Taylor v. Hubbell*, 188 F.2d 106 (9th Cir. 1951) ("It is axiomatic that [e]very court of general jurisdiction has power to determine whether the conditions essential to its exercise exist." (internal quotation marks omitted)).

[24] *State v. Property at 2018 Rainbow Drive*, 740 So.2d 1025 (1999); *Riley v. Pate*, 3 So. 3d 835 (2008); *Blevins v. Hillwood Office Ctr. Owners' Ass'n*, 51 So. 3d 317 (2010); *Citibank, N.A. v. Stein*, 199 A.3d 57 (2018).

[25] *Landreth v. Malik*, 127 Nev. 175, 251 P.3d 163 (2011); *Ross v. Bonaventura*, 2013 Nev. Unpub. LEXIS 1810;

[26] *See Baldonado v. Wynn Las Vegas, LLC*, 124 Nev. 951, 968-69, 194 P.3d 96, 107 (2008) (holding that a party lacks standing to pursue declaratory relief under a statute that does not provide a private right of action); *Vaile v. Eighth Judicial Dist. Court*, 118 Nev. 262, 276, 44 P.3d 506, 515-16 (2002) (questions of subject matter jurisdiction can be raised for the first time on appeal); *Applera Corp. v. MP Biomedicals, LLC*, 93 Cal. Rptr. 3d 178, 192 (Ct. App. 2009) (standing is jurisdictional, thus lack of standing may be raised at any time); *Bund v. Safeguard Props. LLC, 2018 LEXIS 180038* citing *United States v. Hays*, 515 U.S. 737 (1995).

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It is axiomatic a party must assert ***his own legal rights and interests***, and cannot rest his claim to relief on the legal rights or interests of third parties[27]. As noted above, the party must have an "injury in fact", recognized by courts as:

> an actual legal stake in the matter being adjudicated—[which] ensures that the party seeking review has some concrete interest in prosecuting the action which casts the dispute in a form traditionally capable of judicial resolution. Under the injury in fact analysis standing exists when the plaintiff has sustained actual injury, meaning that he/she has an actual legal stake in the in the [sic] matter being litigated"[28]

Significantly, St. Jude or its Counsel was (knowingly) and is prohibited from commencing or maintaining any action. The will at issue references St. Jude only. However, Lebanese Charities, who is not named, has no standing, and has no recognizable interest in the estate of the decedent, executed and filed the underlying Petition—not St. Jude's Research Hospital. Lebanese Charities pursued that portion of the estate—not St. Jude'. At its most basic sense, Lebanese Charities did not suffer an "injury in fact", and had no legal right or interest in the subject will or the estate at issue, and in short, Lebanese Charities is unable to establish a recognizable controversy. The law does not afford Lebanese Charities third party standing, and Lebanese Charities had no right or ability to substitute itself for St. Jude's.

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[27] *Warth v. Seldin*, 422 U.S. 490 at 499 1975); *see also Kane v. Johns-Manville Corp.*, 843 F.2d 636, 644 (2d Cir. 1988) (noting narrow exceptions to the general rule that "a litigant is restricted to asserting ***his own*** constitutional and statutory rights") (emphasis supplied).

[28] *Society of Plastics Indus. v County of Suffolk*, 573 NE2d 1034 (1991).

Absent standing, a party is not entitled to any relief, and any relief obtained in the absence of standing cannot stand and must necessarily be set aside and vacated. Indeed, regardless of the merits of the claim, or lack thereof, without standing, the court cannot entertain the action.

Lastly, the burden of establishing standing rests upon the Plaintiff (Petitioner)[29]. In sum, St. Jude was and is prevented by law to commence or maintain any action in any court of this State. Lebanese Charities lacks standing, has no recognizable interest in the decedent's estate, cannot assert third-party rights, and fraudulently commenced and maintained this matter.

Without standing, the court lacks jurisdiction, and may take no action other than to exercise its power to dismiss the action in its entirety. Any action taken by a court lacking jurisdiction is null and void[30]. Indeed, "[w]hen the absence of subject matter jurisdiction is noticed by, or pointed out to, the trial court, that court has no jurisdiction to entertain further motions or pleadings in the case. It can do nothing but dismiss the action forthwith."[31]

In sum, lack of standing is a fundamental flaw that requires the Court to dismiss the action fraudulently and impermissibly initiated by Lebanese Charaties

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[29] *See e.g. Lujan, supra, Bennett v. Spear*, 520 U.S. 154 (1997); *Raines v. Byrd*, 521 U.S. 811 (1997).

[30] *See Rainbow Drive*, 740 So.2d at 1029.

[31] *Id.*; *see also Crutcher v. Williams*, 12 So.3d 631 (2008) ("A court is obligated to vigilantly protect against deciding cases over which it has no jurisdiction...."); *Mapoles v. Wilson*, 122 So.2d 249 (1960) (limits of a court's jurisdiction are of

and rendering all actions taken and every order entered in this matter because of the fraudulently filed Petition, void. Moreover, all filings and documents stemming therefrom must be stricken.

D. *In the absence of jurisdiction, all resulting orders are void ab initio and must be set aside and vacated.*

The law is well-settled that a judgment, order, or decree is void if the rendering court lacked jurisdiction of the subject matter, or of the parties, or acted in a manner inconsistent with due process[32]. Orders that are void for lack of jurisdiction have no legal effect[33]. This fundamental principal is well-established and widely followed:

> If a court has no jurisdiction of the subject of an action, a judgment rendered therein does not adjudicate anything. It does not bind the parties, ***nor can it thereafter be made the foundation of any right.*** It is a mere nullity without life or vigor. The infirmity appearing upon its face, its validity can be assailed on appeal or by motion to set it aside in the court which rendered it, or by objection to it when an effort is made to use it as evidence in any other proceeding to establish a right[34].

Moreover, the Nevada Supreme Court has held:

"primary concern", requiring the court to address the issue sua sponte when any doubt exists).

[32] *Klugh v. U.S.*, 620 F.Supp. 892 (1985); *Travelers Ins. Co. Joachim*, 315 S.W.3d 860 (2010).

[33] *See Ex parte Seidel*, 39 S.W.3d 221 (2001).

[34] *See Evans v. Oregon Short R, R. Co.*, 149 P. 715 (1915); *see also Valley v. Northern Fire & Marine Ins. Co.*, 254 U.S. 348 (1920) ("Courts are constituted by authority and they cannot go beyond that power delegated to them. If they act beyond that authority, and certainly in contravention of it, their judgements and orders are regarded as nullities; they are not voidable, but simply void, and this even prior to reversal." (citation omitted).

> ***Any acts*** which exceed the defined power of a court in ***any instance***, whether that power be defined by constitutional provision, express statutory declaration, or rules developed by the courts and followed under the doctrine of stare decisis, are in excess of jurisdiction[35].

It has also been held that "[i]t is not necessary to take any steps to have a void judgment reversed, vacated, or set aside. It may be impeached in any action direct or, collateral."[36] This is because a court cannot confer jurisdiction where none existed and cannot make a void proceeding valid. It is clear and well-established law that a void order can be challenged in any court[37].

Because a void judgment has no effect on the parties, or their respective interests, "[t]here is no time limitation on asserting that [a] judgment is void[38]." A court has a responsibility to correct a void judgment[39] and always has jurisdiction to correct a void judgment[40]. The law further provides that the burden of establishing the ***existence*** of subject matter jurisdiction falls on the party invoking that jurisdiction[41].

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[35] *Del Papa v. Steffen*, 112 Nev. 369, 915 P.2d 245 (1996) citing *Abelleira v. District Court of Appeal* (17 Cal. 2d 280, 109 P.2d 942, 948 (1941).(emphasis supplied).

[36] *See Holder v. Scott*, 396 S.W.2d 906 (1965)

[37] *See Old Wayne Mut. L. Assoc. v. McDonough*, 204 U.S. 8 (1907).

[38] *Rawson v. Ninth Judicial Dist. Court of Nev.,* 133 Nev. 309, 396 P.3d 842 (2017); *Douglas Milling & Power Co. v. Rickey*, 47 Nev. 148, 217 P. 590 (1923).

[39] *See Blevins v. Hillwood Office Ctr. Owners' Ass'n*, 51 So.3d 317 (2010).

[40] *See State v. Foster*, 102 N.E.3d 1199 (2017);

[41] *See, e.g., Ex parte HealthSouth Corp.*, 974 So.2d 288 (2007) (setting forth the plaintiff's burden of demonstrating standing to bring an action, an issue of subject-matter jurisdiction); *Ex parte Ray–El,* 911 So.2d 1100 (2004) (placing the burden to " 'justify the jurisdiction of this court' " on the person bringing a habeas petition as

In the case at bar, St. Jude is prohibited as a matter of law from commencing or maintaining any action in any court of this State—and did neither. However, Lebanese Charities lacked standing, are not real parties in interest, have no injury or legal interest in this matter, and committed fraud upon this Court. Lebanese Charities is unable to provide sufficient legal or factual justification for this Court's jurisdiction, and importantly, this Court is not obligated to embark on an expedition beyond the parties' arguments in pursuit of a reason to exercise jurisdiction[42].

Every issue that happened subsequently to a void judgment is without merit because a void judgment can never gain legitimacy, any argument is also therefore without merit and also void[43]. Nothing can be acquired or lost by a void order; it neither bestows nor extinguishes any right, and may be successfully assailed whenever it is offered as the foundation for the assertion of any claim or title. It neither binds nor bars anyone. Notably, ***all acts performed under it and all claims flowing out of it are void***[44].

Without jurisdiction in the District Court, there was no legal basis to grant relief as requested[45] in the fraudulent and impermissible Petition filed by Lebanese Charities. Lebanese Charities did not have standing to commence and maintain the

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a "next friend" (quoting *Whitmore v. Arkansas,* 495 U.S. 149, 164, 110 S.Ct. 1717, 109 L.Ed.2d 135 (1990)).

[42] *Blevins, supra*, at 322.

[43] *See*; Harrison v. John Thomas Wray Props., 2008 U.S. Dist. LEXIS 129905.

[44] *See Walls v. Erupcion Min. Co.*, 6 P.2d 1021 (1931).

[45] *See Kokkos v. Tsalikis*, 91 Nev. 24, 530 P.2d 756 (1975).

proceedings in the court below; therefore, the Petition should be stricken and any resulting orders vacated and set aside.

E. *St. Jude came before this Court and maintains this litigation in bad faith and with unclean hands that must not be condoned.*

A party cannot commit fraud upon the Court and expect, let alone receive, relief from this Court. A party cannot disregard the rules of the Court and expect, let alone receive, relief from this Court. A party cannot violate the law and expect, let alone receive, relief from this Court. Yet Lebanese Charities believes, and acts, otherwise.

In addition to the lack of standing, lack of jurisdiction, disregard of law and fraud referenced *supra*, the scope of the bad faith and violation of law goes beyond that established above. In addition to attempting to abuse the legal system and manipulate this Court as they endeavor to wrongfully take the decedent's estate in a maneuver disallowed by law, the Lebanese Charities do not limit their money grab to just the decedent's estate. In fact, they actively solicit funds from the residents of Nevada, but refuse to comply with applicable law in the process. Being a multi-trillion-dollar entity, they apparently believe no one can make them, and more importantly, that no one can stop them.

It is hoped such expectations are ill-judged and misplaced. This Court clearly has the authority, ability, and responsibility to remedy their wrongs and send a firm message to all that ***the laws and rules of this State apply to everyone***!

In Nevada, Lebanese Charities reports in excess of $37,875,736 (37 million)

in "Gross Gaming Receipts." See **Exhibit C** for combined revenues of $1,919,766,290.00 in 2018. Further, St. Jude claims through various mailings, documents, website, and other mediums, that it promotes and participates in give aways, selling of raffles for Henderson real estate, charitable events, fund raising and advertisements, and that it "protects and cares for "children" or "families with cancer" and promotes "Nevada" children and/or their families.

Nevada gaming regulations address and require any monies raised in Nevada are required to be kept in Nevada[46]. NRS §462.200 provides, in relevant part, that St. Jude and Lebanese Charities:

> Shall expend the net proceeds of a charitable lottery or charitable game ***only for the benefit of charitable or nonprofit activities in this state.***
> 2. A qualified organization registered by the Chair shall, upon request, submit to the Chair a financial report on a charitable lottery or charitable game. The financial report must include a statement of:
> (a) The expenses incurred in the operation of the charitable lottery or charitable game; and
> (b) The amount and use of the net proceeds of the charitable lottery or charitable game.

Despite the clarity of such statutory authority, ***neither entity complies with the law***. Instead, they act in a manner more recently popularized by The Steve Miller Band[47]—they take the money and run.

Of course, St. Jude has demonstrated a conscious disregard for the laws of Nevada and the integrity of the legal system and this Court, and this is simply

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[46] *See* NRS 462, et seq., 463.130(1)(2)(b).

[47] "Take the Money and Run" was a song recorded in 1976 by the Steve Miller Band, peaking at No. 11 on the U.S. *Billboard* Hot 100. Prior to that, though less known, "Take the Money and Run" was a mockumentary comedy film directed by Woody Allen.

another statute that St. Jude and Lebanese Charities disregards and violates. St. Jude and Lebanese Charities have gone to great lengths, including fraud and violation of court rules and applicable precedent, in pursuit of more money, but no respect is given to any rule or law that would impede their ability to obtain funds and to use the funds any way they choose.

The Nevada Supreme Court has long held "[t]he doctrine of unclean hands 'bars relief to a party who has engaged in improper conduct in the matter in which that party is seeking relief'"[48], and the egregious conduct described herein represents the epitome of unclean hands.

Neither St. Jude nor Lebanese Charities are entitled to relief from this Court, and the relief that has been procured must be stricken from the record, vacated, and set aside in its entirety.

IV.

Conclusion

Based upon the foregoing reasons, movant and son of the decedent, Theodore E. Scheide III, respectfully requests an order be entered:

1. Remedying the fraud the American Lebanese Syrian Associated Charities ("Lebanese Charities") committed upon this Court and striking the Petition for Probate of Lost Will (NRS 136.240), with prejudice; Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") that was filed on 09/13/2016;

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[48] *Evans v. Dean Witter Reynolds, Inc.*, 116 Nev. 598, 5 P.3d 1043 (2000); *Frey v. Eighth Judicial Dist. Court of State*, 2013 Nev. Unpub. LEXIS 1651.

2. Striking and vacating all judgments, orders, and filings related to and/or stemming from the filing of the above referenced fraudulent Petition;

3. Finding St. Jude's Research Hospital ("St. Jude") is not qualified to do business in this State as defined by Nevada Law and as a result cannot commence or maintain any action or proceeding in any court of this State as a matter of law (NRS 82.523,§82.5234);

4. Finding Lebanese Charities lacks standing, is not a real party in interest, and cannot assert third party rights, in this matter; and

5. Addressing any additional relief this Court deems necessary and appropriate.

Dated this 15th day of March, 2021.

CARY COLT PAYNE, CHTD.

By: _____

Cary Colt Payne, Esq.
State Bar of Nevada No. 4357
700 South Eighth Street
Las Vegas, Nevada 89101
Telephone: (702) 383-9010
Attorney for
Theodore E. Scheide III

DECLARATION OF THEODORE E. SCHEIDE III

I, Theodore E. Scheide III, hereby state and declare as follows:

1. That I am the movant in this action and am competent to testify as to the matters stated herein.

2. I have read the foregoing motion and the factual averments it contains are true and correct to the best of my knowledge, except as to those matters based on information and belief, and as to those matters, I believe them to be true. Those factual averments contained in the referenced filing are incorporated here as if set forth in full.

DATED this 15th day of March, 2021.

/s/
Theodore E. Scheide III

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on March 16th 2021, a true and correct copy of the foregoing was served to the following at the their last known address(es), facsimile numbers and/or e-mail/other electronic means, pursuant to:

___ **BY MAIL:** N.R.C.P 5(b), I deposited for first class United States mailing, Postage prepaid at Las Vegas, Nevada;

_X_ **BY E-MAIL AND/OR ELECTRONIC MEANS:** Pursuant to Eighth Judicial District Court Administrative Order 14-2, Effective June 1, 2014, as identified in Rule 9 of the N.E.F.C.R. as having consented to electronic service, I served via e-mail or other electronic means (Wiznet) to the e-mail address(es) of the addressee(s).

Russel J. Geist, Esq.
Email: rgeist@hutchlegal.com
HUTCHINSON & STEFFEN
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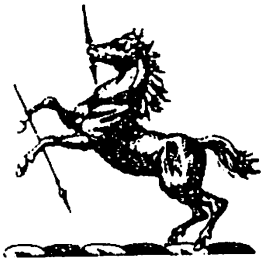
Las Vegas, NB 89145

Jody Ventrano
An employee of CARY COLT PAYNE, CHTD.



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COURTESY COPIES

CHAPTER 82 - NONPROFIT CORPORATIONS

GENERAL PROVISIONS

NRS 82.006 Definitions.
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NRS 82.026 "Directors" and "trustees" defined.
NRS 82.031 "Member" defined.
NRS 82.034 "Principal office" defined.
NRS 82.036 "Receiver" defined.
NRS 82.041 "Registered office" defined.
NRS 82.046 Construction of chapter.
NRS 82.051 Applicability of chapter; effect of chapter on corporations existing before October 1, 1991.
NRS 82.056 Election of existing corporation to accept chapter: Eligibility; procedure.
NRS 82.061 Election of existing corporation to accept chapter: Filing requirements; contents.
NRS 82.063 Election of board of directors of expired corporation to accept chapter: Eligibility; procedure; date of corporate existence.
NRS 82.066 Election of existing and expired corporation to accept chapter: Effect.
NRS 82.071 Limitations on eligibility to organize under chapter.
NRS 82.076 Effect of amendment or repeal of chapter; chapter is part of corporation's charter.
NRS 82.078 Secretary of State authorized to adopt certain regulations to allow corporation to carry out powers and duties through most recent technology.

FORMATION

NRS 82.081 Filing requirements; prohibition against establishment of nonprofit corporation for certain illegal purposes.
NRS 82.086 Articles of incorporation: Required provisions.
NRS 82.091 Articles of incorporation: Optional provisions.
NRS 82.096 Name of corporation: Distinguishable name required; availability of name of revoked, merged or otherwise terminated corporation; regulations.
NRS 82.101 Name of corporation: Reservation; injunctive relief.
NRS 82.106 Articles of incorporation: Prohibited names and businesses; approval or certification required before filing of certain articles or amendments.
NRS 82.111 Commencement of corporate existence.
NRS 82.116 Acceptable evidence of incorporation.

POWERS

NRS 82.121 General powers.
NRS 82.126 Adoption and use of corporate seal or stamp.
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NRS 82.136 Restrictions: Issuance of stock; pecuniary gain of members; distributions.

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NRS 82.181 Maintenance of records at principal office or with custodian of records; inspection and copying of records; penalties; denial of request for inspection of records; defense to action for penalties or damages; authority of court to compel production of records.
NRS 82.183 Records to be provided to Secretary of State; requirement to assist in criminal investigation; failure to comply; regulations.
NRS 82.186 Right of members and directors to inspect and copy records; denial of inspection; civil liability; defense to action for penalties or damages.
NRS 82.188 Manner of storage of records; conversion of electronic records into clear and legible paper form; admissibility in evidence of electronic records.

NRS 82.516 Payment of creditors and distribution of surplus. After payment of all allowances, expenses and costs, and the satisfaction of all special and general liens upon the money of the corporation to the extent of their lawful priority, the creditors must be paid proportionately to the amount of their respective debts, except mortgagees and judgment creditors when the judgment has not been by confession for the purpose of preferring creditors. The creditors are entitled to distribution on debts not due, making in such case a rebate of interest, when interest is not accruing on the debts. The surplus, if any, after payment of the creditors and the costs, expenses and allowances, must be distributed as provided in subsection 4 of NRS 82.461.

(Added to NRS by 1991, 1291; A 1993, 1008)

NRS 82.521 Employees' liens for wages.

1. When a corporation becomes insolvent or is dissolved, the employees performing labor or service in the regular employ of the corporation have a lien upon the assets thereof for the amount of wages due to them, not exceeding $1,000, which have been earned within 3 months before the date of the insolvency or dissolution, which must be paid before any other debt of the corporation.
2. The word "employees" does not include any of the officers or directors of the corporation.

(Added to NRS by 1991, 1291)

FOREIGN NONPROFIT CORPORATIONS

NRS 82.523 Annual list: Filing requirements; fees; powers and duties of Secretary of State; regulations.

1. Each foreign nonprofit corporation doing business in this State shall, at the time of the filing of its application for registration as a foreign nonprofit corporation with the Secretary of State, or, if the foreign nonprofit corporation has selected an alternative due date pursuant to subsection 10, on or before that alternative due date, and annually thereafter on or before the last day of the month in which the anniversary date of its qualification to do business in this State occurs in each year, or, if applicable, on or before the last day of the month in which the anniversary date of the alternative due date occurs in each year, file with the Secretary of State a list, on a form furnished by the Secretary of State, that contains:
   (a) The name of the foreign nonprofit corporation;
   (b) The file number of the foreign nonprofit corporation, if known;
   (c) The names and titles of the president, the secretary and the treasurer, or the equivalent thereof, and all the directors of the foreign nonprofit corporation;
   (d) The address, either residence or business, of the president, secretary and treasurer, or the equivalent thereof, and each director of the foreign nonprofit corporation; and
   (e) The signature of an officer of the foreign nonprofit corporation, or some other person specifically authorized by the foreign nonprofit corporation to sign the list, certifying that the list is true, complete and accurate.
2. Each list filed pursuant to this section must be accompanied by a declaration under penalty of perjury that:
   (a) The foreign nonprofit corporation has complied with the provisions of chapter 76 of NRS;
   (b) The foreign nonprofit corporation acknowledges that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing with the Office of the Secretary of State; and
   (c) None of the officers or directors identified in the list has been identified in the list with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.
3. Upon filing the initial list and each annual list pursuant to this section, the foreign nonprofit corporation must pay to the Secretary of State a fee of $50.
4. If a foreign nonprofit corporation files an amended list of officers and directors with the Secretary of State within 60 days after the filing of the initial list pursuant to this section, the foreign nonprofit corporation is not required to pay a fee for filing the amended list.
5. The Secretary of State shall, 60 days before the last day for filing each annual list, provide to each foreign nonprofit corporation which is required to comply with the provisions of NRS 82.523 to 82.524, inclusive, and which has not become delinquent, a notice of the fee due pursuant to subsection 3 and a reminder to file the list required pursuant to subsection 1. Failure of any foreign nonprofit corporation to receive a notice does not excuse it from the penalty imposed by the provisions of NRS 82.523 to 82.524, inclusive.
6. If the list to be filed pursuant to the provisions of subsection 1 is defective or the fee required by subsection 3 is not paid, the Secretary of State may return the list for correction or payment.
7. An annual list for a foreign nonprofit corporation not in default that is received by the Secretary of State more than 90 days before its due date shall be deemed an amended list for the previous year and does not satisfy the requirements of subsection 1 for the year to which the due date is applicable.
8. A person who files with the Secretary of State a list pursuant to this section which identifies an officer or director with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct is subject to the penalty set forth in NRS 225.084.
9. For the purposes of this section, a member of a foreign nonprofit corporation is not deemed to exercise actual control of the daily operations of the foreign nonprofit corporation based solely on the fact that the member

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has voting control of the foreign nonprofit corporation.

10. The Secretary of State may allow a foreign nonprofit corporation to select an alternative due date for filing the initial list required by this section.

11. The Secretary of State may adopt regulations to administer the provisions of subsection 10.

(Added to NRS by 2003, 20th Special Session, 50; A 2007, 2664; 2009, 2035, 2833; 2013, 850; 2015, 2909; 2017, 2775)

NRS 82.5231 Certificate of authorization to transact business. Except as otherwise provided in NRS 82A.100, if a foreign nonprofit corporation has filed the initial or annual list in compliance with NRS 82.523 and has paid the appropriate fee for the filing, the cancelled check or other proof of payment received by the foreign nonprofit corporation constitutes a certificate authorizing it to transact its business within this State until the last day of the month in which the anniversary of its qualification to transact business occurs in the next succeeding calendar year.

(Added to NRS by 2003, 20th Special Session, 51; A 2013, 723; 2015, 2255)

NRS 82.5233 Addresses of officers required; failure to file.

1. Each list required to be filed under the provisions of NRS 82.523 to 82.524, inclusive, must, after the name of each officer listed thereon, set forth the address, either residence or business, of each officer.

2. If the addresses are not stated for each person on any list offered for filing, the Secretary of State may refuse to file the list, and the foreign nonprofit corporation for which the list has been offered for filing is subject to all the provisions of NRS 82.523 to 82.524, inclusive, relating to failure to file the list within or at the times therein specified, unless a list is subsequently submitted for filing which conforms to the provisions of this section.

(Added to NRS by 2003, 20th Special Session, 51)

NRS 82.5234 Penalty for failure to comply with requirements for qualification; enforcement; regulations.

1. Every foreign nonprofit corporation which is doing business in this State and which willfully fails or neglects to qualify to do business in this State in accordance with the laws of this State is subject to a fine of not less than $1,000 but not more than $10,000, to be recovered in a court of competent jurisdiction.

2. Except as otherwise provided in subsection 3, every foreign nonprofit corporation which is doing business in this State and which fails or neglects to qualify to do business in this State in accordance with the laws of this State may not commence or maintain any action or proceeding in any court of this State until it has qualified to do business in this State.

3. An action or proceeding may be commenced by such a corporation if an extraordinary remedy available pursuant to chapter 31 of NRS is all or part of the relief sought. Such an action or proceeding must be dismissed without prejudice if the corporation does not qualify to do business in this State within 45 days after the action or proceeding is commenced.

4. When the Secretary of State is advised that a foreign nonprofit corporation is subject to the fine described in subsection 1, the Secretary of State may, as soon as practicable, refer the matter to the district attorney of the county where the foreign nonprofit corporation has its principal place of business or the Attorney General, or both, for a determination of whether to institute proceedings to recover the fine. The district attorney of the county where the foreign nonprofit corporation has its principal place of business or the Attorney General may institute and prosecute the appropriate proceedings to recover the fine. If the district attorney or the Attorney General prevails in a proceeding to recover the fine described in subsection 1, the district attorney or the Attorney General is entitled to recover the costs of the proceeding, including, without limitation, the cost of any investigation and reasonable attorney's fees.

5. In the course of an investigation of a violation of this section, the Secretary of State may require a foreign nonprofit corporation to answer any interrogatory submitted by the Secretary of State that will assist in the investigation.

6. The failure of a foreign nonprofit corporation to qualify to do business in this State in accordance with the laws of this State does not impair the validity of any contract or act of the corporation, or prevent the corporation from defending any action, suit or proceeding in any court of this State.

7. The Secretary of State may adopt regulations to administer the provisions of this section.

(Added to NRS by 2009, 1685; A 2013, 851)

NRS 82.5235 Defaulting corporations: Identification; forfeiture of right to transact business; penalty.

1. Each foreign nonprofit corporation which is required to make a filing and pay the fee prescribed in NRS 82.523 to 82.524, inclusive, and which refuses or neglects to do so within the time provided is in default.

2. For default there must be added to the amount of the fee a penalty of $50, and unless the filing is made and the fee and penalty are paid on or before the last day of the month in which the anniversary date of the foreign nonprofit corporation occurs, the defaulting foreign nonprofit corporation forfeits its right to transact any business within this State. The fee and penalty must be collected as provided in this chapter.

(Added to NRS by 2003, 20th Special Session, 51)

NRS 82.5236 Defaulting corporations: Duties of Secretary of State.

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TITLE 41 - GAMING; HORSE RACING; SPORTING EVENTS

CHAPTER 462 - LOTTERIES AND GAMES

GENERAL PROVISIONS

NRS 462.015 Declaration of public policy.
NRS 462.025 Licensing and additional restrictions imposed by local governments.
NRS 462.035 Definitions.
NRS 462.045 "Board" defined.
NRS 462.055 "Calendar quarter" defined. [Repealed.]
NRS 462.059 "Chair" defined.
NRS 462.061 "Charitable game" defined.
NRS 462.064 "Charitable lottery" defined.
NRS 462.075 "Charitable or nonprofit activity" defined.
NRS 462.085 "Commission" defined.
NRS 462.095 "Executive Director" defined. [Repealed.]
NRS 462.105 "Lottery" defined.
NRS 462.115 "Net proceeds" defined.
NRS 462.125 "Qualified organization" defined.

CHARITABLE LOTTERIES AND CHARITABLE GAMES

NRS 462.130 Administration of chapter; regulations.
NRS 462.140 Conditions for operation of charitable lottery.
NRS 462.150 Registration of qualified organization: Conditions; revocation.
NRS 462.155 Operation of charitable game without license.
NRS 462.160 Registration of qualified organization: Application; fees; regulations; expenditure of application fees.
NRS 462.170 Registration of qualified organization: Commission may require finding of suitability; costs of investigation; effect of failure to submit application for finding; effect of finding of unsuitability.
NRS 462.180 Operation of charitable lottery or charitable game prohibited outside of this State; statewide ticket sales.
NRS 462.190 Limitations on compensation for prizes and supplies and compensation of persons for services; exceptions.
NRS 462.200 Prohibition against contracting for operation of charitable lottery or charitable game under certain circumstances; limitation on expenditure of net proceeds of charitable lottery or charitable game; annual financial report required upon request.
NRS 462.210 Immunity from civil liability.

UNLAWFUL ACTS; PENALTIES

NRS 462.250 Penalty for unauthorized lottery.
NRS 462.260 Penalty for unauthorized sale or transfer of lottery ticket.
NRS 462.270 Applicability of NRS 462.280 and 462.290 regarding regular reporting of information.
NRS 462.280 Penalty for assisting in unauthorized lottery.
NRS 462.290 Penalty for opening or maintaining office for sale of tickets for unauthorized lottery; penalty for intentional advertisement of such office.
NRS 462.300 Penalty for insuring or guaranteeing lottery tickets.
NRS 462.310 Proof of existence of lottery and issuance of ticket.
NRS 462.320 Penalty for leasing or allowing use of building or vessel for lottery in violation of chapter.
NRS 462.330 Forfeitures of money and certain property.

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GENERAL PROVISIONS

NRS 462.015 Declaration of public policy. The Legislature hereby finds, and declares to be the public policy of this state, that:

1. The operation of legitimate charitable lotteries and charitable games in this State by qualified organizations is beneficial to the general welfare of the residents of this state.
2. The benefits of charitable lotteries and charitable games:

(a) Are dependent upon ensuring that those charitable lotteries and charitable games are operated honestly and free from criminal and corruptive elements, and that the proceeds of those charitable lotteries and charitable games are expended to benefit the activities of charitable or nonprofit organizations in this State.

(b) Can be ensured through the regulation of the type of organizations authorized to operate those charitable lotteries and charitable games, the manner in which those charitable lotteries and charitable games are conducted and the manner in which the proceeds of those charitable lotteries and charitable games are expended.

(Added to NRS by 1991, 2257; A 2019, 957)

NRS 462.025 Licensing and additional restrictions imposed by local governments. Nothing in this chapter affects the power of a local government to require the licensing of or to impose additional restrictions on the operation of a charitable lottery or charitable game.

(Added to NRS by 1991, 2261; A 2019, 958)

NRS 462.035 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 462.045 to 462.125, inclusive, have the meanings ascribed to them in those sections.

(Added to NRS by 1991, 2257; A 2019, 958)

NRS 462.045 "Board" defined. "Board" means the Nevada Gaming Control Board.

(Added to NRS by 1991, 2257)

NRS 462.055 "Calendar quarter" defined. Repealed. (See chapter 179, Statutes of Nevada 2019, at page 965.)

NRS 462.059 "Chair" defined. "Chair" means the Chair of the Board.

(Added to NRS by 2019, 957)

NRS 462.061 "Charitable game" defined. "Charitable game" means a bingo, poker or blackjack game that is operated by a qualified organization pursuant to the provisions of this chapter. The term does not include any other game or gambling game specified in NRS 463.0152, including without limitation, any game which requires the use of a gaming device, or any wagers on horse races, other animal races, sporting events or other events.

(Added to NRS by 2019, 957)

NRS 462.064 "Charitable lottery" defined. "Charitable lottery" means a lottery operated by a qualified organization pursuant to the provisions of this chapter.

(Added to NRS by 1991, 2258; A 2019, 958)

NRS 462.075 "Charitable or nonprofit activity" defined. "Charitable or nonprofit activity" means an activity in support of the arts, amateur athletics, peace officers or health or social services, or conducted for any benevolent, civic, educational, eleemosynary, fraternal, humanitarian, patriotic or religious purpose, including the operation of a qualified organization.

(Added to NRS by 1991, 2258; A 2019, 958)

NRS 462.085 "Commission" defined. "Commission" means the Nevada Gaming Commission.

(Added to NRS by 1991, 2258)

NRS 462.095 "Executive Director" defined. Repealed. (See chapter 179, Statutes of Nevada 2019, at page 965.)

NRS 462.105 "Lottery" defined.

1. Except as otherwise provided in subsection 2, "lottery" means any scheme for the disposal or distribution of property by chance, among persons who have paid or promised to pay any valuable consideration for the chance of obtaining that property, or a portion of it, or for any share or interest in that property upon any agreement, understanding or expectation that it is to be distributed or disposed of by lot or chance, whether called a lottery, raffle or gift enterprise, or by whatever name it may be known.
2. "Lottery" does not include a promotional scheme conducted by a licensed gaming establishment in direct association with a licensed gaming activity, contest or tournament.

3. For the purpose of this section, a person has not "paid or promised to pay any valuable consideration" by virtue of having:

(a) Engaged in or promised to engage in a transaction in which the person receives fair value for the payment;

(b) Accepted or promised to accept any products or services on a trial basis; or

(c) Been or promised to have been present at a particular time and place,

as the sole basis for having received a chance to obtain property pursuant to an occasional and ancillary promotion conducted by an organization whose primary purpose is not the operation of such a promotion.

[1911 C&P § 229; RL § 6494; NCL § 10176] — (NRS A 1991, 925, 2261)

NRS 462.115 "Net proceeds" defined. "Net proceeds" means the total amount of money collected from the operation of a charitable lottery or charitable game, less the total amount of money expended for prizes, supplies, advertising, promotion, printing, administration and other direct expenses necessary to operate a charitable lottery or charitable game, as applicable.

(Added to NRS by 1991, 2258; A 2019, 958)

NRS 462.125 "Qualified organization" defined. "Qualified organization" means an alumni, charitable, civic, educational, fraternal, patriotic, religious or veterans' organization or a state or local bar association that has been certified by the Department of Taxation or the Internal Revenue Service as not operated for profit.

(Added to NRS by 1991, 2258; A 2015, 1483; 2019, 958)

CHARITABLE LOTTERIES AND CHARITABLE GAMES

NRS 462.130 Administration of chapter; regulations.

1. The Board and Commission shall administer the provisions of this chapter for the protection of the public and in the public interest in accordance with the policy of this state.

2. The Commission, upon the recommendation of the Board:

(a) May adopt such regulations as it deems desirable to enforce the provisions of this chapter; and

(b) Shall adopt regulations providing a procedure to appeal the denial of the registration to operate a charitable lottery or charitable game by the Chair pursuant to NRS 462.150,

pursuant to the procedure set forth in NRS 463.145.

(Added to NRS by 1991, 2258; A 2019, 958)

NRS 462.140 Conditions for operation of charitable lottery.

1. A qualified organization may operate a charitable lottery if:

(a) The qualified organization is registered by the Chair to operate a charitable lottery pursuant to NRS 462.150; and

(b) The total value of all the prizes offered in charitable lotteries operated by the qualified organization during the same calendar year, including, without limitation, the value of all unclaimed cash prizes:

(1) Except as otherwise provided in subparagraph (2), does not exceed $500,000; or

(2) If the qualified organization is a qualified professional sports organization, does not exceed $2,000,000.

2. As used in this section, "qualified professional sports organization" means a qualified organization that is affiliated and co-branded with a professional sports team franchise which:

(a) Is a member of Major League Baseball, Major League Soccer, the National Basketball Association, the National Hockey League or the National Football League; and

(b) Plays the majority of its home games in this State.

The term does not include any minor league affiliate of any such team franchise, association or league.

(Added to NRS by 1991, 2258; A 1997, 294; 2015, 1483; 2019, 959)

NRS 462.150 Registration of qualified organization: Conditions; revocation.

1. The Chair shall:

(a) Register a qualified organization to operate a charitable lottery or charitable game if:

(1) The organization complies with the requirements of NRS 462.160;

(2) The prizes offered are legal under state and federal law; and

(3) The Chair determines, in his or her sole and absolute discretion, that the registration of the organization to operate a charitable lottery or charitable game and the prizes offered would not be contrary to the public interest.

(b) Provide a qualified organization, within 30 days after its submission of an application pursuant to NRS 462.160, with written notification of the basis for any refusal by the Chair to register the qualified organization pursuant to this section.

2. The registration of a qualified organization to operate a charitable lottery or charitable game is a revocable privilege. No person has any right to be registered to operate a charitable lottery or charitable game by the Chair or acquires any vested right upon being registered by the Chair.

(Added to NRS by 1991, 2258; A 2019, 959)

3. The Commission may revoke the registration of a qualified organization to operate a charitable lottery or charitable game if:

(a) An application for a finding of suitability is not submitted to the Board, together with the deposit required by subsection 2, within 30 days after the qualified organization receives written notice that it is required pursuant to paragraph (a) of subsection 1 to file an application for a finding of suitability.

(b) The qualified organization is found unsuitable to operate a charitable lottery or charitable game in this state.

(c) An application for a finding of suitability is not submitted to the Board, together with the deposit required by subsection 2, or the association of the person with the organization is not terminated, within 30 days after the qualified organization receives written notice that an associated person is required pursuant to paragraph (b) of subsection 1 to file an application for a finding of suitability.

(d) The associated person is found unsuitable to be associated with the operation of a charitable lottery or charitable game in this state and the qualified organization does not terminate its association with that person within 30 days after receiving written notice of the finding of unsuitability.

4. If the Commission finds that an associated person is unsuitable to be associated with the operation of a charitable lottery or charitable game in this State, any contract or agreement between the associated person and a qualified organization for the provision of personal services to the qualified organization or for conducting any activity relating to the operation of the charitable lottery or charitable game shall be deemed to be terminated without liability on the part of the qualified organization. Failure to expressly include such a condition in a contract or agreement is not a defense in any action brought pursuant to this section to terminate the contract or agreement.

(Added to NRS by 1991, 2260; A 2019, 961)

NRS 462.180 Operation of charitable lottery or charitable game prohibited outside of this State; statewide ticket sales. The Chair shall not register a qualified organization to operate a charitable lottery or charitable game outside this State. Statewide ticket sales and online sales are permitted upon approval by the Chair, but all lottery ticket sales must be limited to persons who are physically located within this State at the time of purchase.

(Added to NRS by 1991, 2260; A 2015, 1483; 2019, 962)

NRS 462.190 Limitations on compensation for prizes and supplies and compensation of persons for services; exceptions. A qualified organization shall not:

1. Compensate any person for the provision of prizes and supplies used in the operation of a charitable lottery or charitable game, except to pay the fair market value of the prizes and supplies necessary for the operation of the charitable lottery or charitable game.

2. Provide any additional compensation to a person who is a regular employee of the organization for his or her services in organizing or operating a charitable lottery or charitable game or assisting in the organization or operation of a charitable lottery or charitable game. This subsection does not prohibit a qualified organization from compensating a person for the fair market value of services that are ancillary to the organization.

(Added to NRS by 1991, 2260; A 2019, 962)

NRS 462.200 Prohibition against contracting for operation of charitable lottery or charitable game under certain circumstances; limitation on expenditure of net proceeds of charitable lottery or charitable game; annual financial report required upon request.

1. A qualified organization:

(a) Shall not contract with any vendor for the operation of a charitable lottery or charitable game who charges more than 8 percent of the gross proceeds of the charitable lottery or charitable game in exchange for the provision of services.

(b) Shall expend the net proceeds of a charitable lottery or charitable game only for the benefit of charitable or nonprofit activities in this state.

2. A qualified organization registered by the Chair shall, upon request, submit to the Chair a financial report on a charitable lottery or charitable game. The financial report must include a statement of:

(a) The expenses incurred in the operation of the charitable lottery or charitable game; and

(b) The amount and use of the net proceeds of the charitable lottery or charitable game.

(Added to NRS by 1991, 2261; A 2019, 963)

NRS 462.210 Immunity from civil liability. In addition to any other rights, privileges and immunities recognized by law, the State of Nevada, the Board and any of its members, employees, attorneys and other personnel, and the Commission and any of its members, employees, attorneys and other personnel are immune from any civil liability for any decision or action taken in good faith and without malicious intent in carrying out the provisions of this chapter.

(Added to NRS by 2019, 957)

UNLAWFUL ACTS; PENALTIES

ROA000720

CARY COLT PAYNE, CHTD.
Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

EXHIBIT PAGE INTENTIONALLY LEFT BLANK

EXHIBIT "A"

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CLERK OF THE COURT

PET
Todd L. Moody (5430)
Russel J. Geist (9030)
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DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Estate of THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR., Deceased.	Case No.: P-14-082619-E Dept No.: PCI

PETITION FOR PROBATE OF LOST WILL (NRS 136.240); REVOCATION OF LETTERS OF ADMINISTRATION (NRS 141.050); ISSUANCE OF LETTERS TESTAMENTARY (NRS 136.090)

Petitioner ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ("St. Jude Children's Research Hospital" or the "Petitioner") hereby petitions the court to admit a copy of the Last Will and Testament of THEODORE E. SCHEIDE JR., also known as THEODORE E. SCHEIDE, to probate pursuant to NRS 136.240 for administration pursuant to NRS 136 *et seq.*, and for issuance of letters testamentary, and in support of this petition respectfully states as follows:

BACKGROUND FACTS

Procedural History

1. THEODORE E. SCHEIDE JR., deceased (hereinafter "Decedent"), died on or about August 17, 2014, in Las Vegas, Nevada where he was a resident at the date of his death. A copy of the official death certificate has been filed previously with the **Ex Parte Petition for**

VERIFICATION

STATE OF TENNESSEE)
) ss
COUNTY OF SHELBY)

Fred E. Jones, Jr., on behalf of St. Jude Children's Research Hospital, being first duly sworn under penalty of perjury, declares the following: She/He is the agent or authorized representative for the petitioner herein; that she/he has read the foregoing petition and knows the contents thereof, and that the contents are true of her/his own knowledge, except for those matters stated on information and belief, and as to those matters she/he believes them to be true.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

By, Fred E. Jones, Jr.
(Print Name)

Its Director - Legal / ALSAC

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Attorneys for St. Jude Children's Research Hospital

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Estate of THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR., Deceased.	Case No.: P-14-082619-E Dept No.: PCI

PETITION FOR PROBATE OF LOST WILL (NRS 136.240); REVOCATION OF LETTERS OF ADMINISTRATION (NRS 141.050); ISSUANCE OF LETTERS TESTAMENTARY (NRS 136.090)

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Appointment of Special Administrator, filed on October 12, 2014 in this matter.

2. In the **Ex Parte Petition for Appointment of Special Administrator**, SUSAN M. HOY, who was the guardian of the Decedent since February 18, 2014, indicated that a copy of the Decedent's Last Will and Testament dated October 2, 2012 was found, but that she was unable to find the original.[1] SUSAN M. HOY was appointed as the Special Administrator of the Decedent's Estate on October 2, 2014 with the authority to open the Decedent's safe deposit box and search for the original Last Will and Testament dated October 2, 2012 ("October 2012 Will"). A copy of the October 2012 Will is attached as **Exhibit 1.**

3. After searching for the Decedent's original October 2012 Will, SUSAN M. HOY petitioned the Court on January 29, 2015 to appoint her as the administrator of the Decedent's Estate with will annexed under full administration. However, the Petition was taken off calendar and withdrawn.

4. On May 6, 2015, SUSAN M. HOY petitioned the Court for instructions regarding the lack of original October 2012 Will, and alleged to the Court the following:

a) The safe deposit box was empty;

b) The drafting attorney gave the original October 2012 Will to the Decedent;

c) SUSAN M. HOY did not receive or find any original estate planning documents during the guardianship; and

d) "[SUSAN M. HOY] believes the Decedent destroyed any original estate planning documents he may have executed prior to his death."[2]

The matter was heard on May 22, 2015, and the Court specifically:

> ORDERED that the Petitioner [SUSAN M. HOY] be appointed Administrator of the intestate Estate of the Decedent and that Letters of Administration be issued to the Petitioner.

---

[1] *See* **Ex Parte Petition for Appointment of Special Administrator**, filed on October 12, 2014, page 1 at ¶ 3.

[2] *See* **Petition for Instructions**, filed on May 6, 2015, page 2 at ¶ 6.

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ORDERED that in the event the estate assets are liquidated, they be placed in the Durham Jones & Pinegar Trust Account.

ORDERED that no bond be required.

5. SUSAN M. HOY filed her **First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees** on May 18, 2016 and asked this Court to approve distribution of the Decedent's estate by intestate succession to the Decedent's sole heir, THEODORE SCHEIDE, III, the Decedent's estranged son whom the Decedent had specifically excluded.

Discovery of New Information About Decedent's Will

6. Upon information and belief, KRISTIN TYLER, the Decedent's estate planning attorney and the drafter of the October 2012 Will, discovered in or around May 2016 that the Court determined on May 22, 2015 that the Decedent died intestate and that the Decedent's estate was to be distributed to the Decedent's estranged son whom the Decedent had specifically excluded in his estate planning documents.

7. KRISTIN TYLER then contacted ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. and informed ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. that she recalled speaking with SUSAN M. HOY or her counsel after the Decedent's death about the original October 2012 Will. KRISTIN TYLER recalled informing SUSAN M. HOY or her counsel that the Decedent took the original with him, but that she had the original of the Decedent's prior Last Will and Testament dated June 8, 2012 ("June 2012 Will"), the original of which has been filed with the clerk of the court on May 20, 2016 pursuant to NRS 136.050.[3] A copy of the filed June 2012 Will is attached as **Exhibit 3**. The Decedent's June 2012 Will was the same as the October 2012 Will, except the Decedent had nominated Karen Hoagland as his Executor in the June 2012 Will, whereas he nominated Patricia Bowlin as his Executor in the October 2012 Will.

8. After being presented with this information, SUSAN M. HOY filed a Petition for

[3] *See* **Affidavit of Proof of Lost Will** signed by Kristin Tyler, a copy of which is attached as **Exhibit 2**.

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Proof of Will and For Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Personal Representative, and Petition to Distribute and Close Estate on May 25, 2016 asking the Court to admit the Decedent's June 2012 Will to probate. Concurrently, SUSAN M. HOY filed her **Amended First and Final Account, Report of Administration and Petition for Final Distribution and Approval of Costs and Fees** on May 25, 2016 and asked this Court to approve distribution of the Decedent's estate to ST. JUDE CHILDREN'S RESEARCH HOSPITAL, the ultimate beneficiary of the Decedent's will since Velma G. Shay had predeceased him.

9. Upon information and belief, counsel for THEODORE SHEIDE, III met with counsel for SUSAN M. HOY and contended that 1) that it was improper for SUSAN M. HOY to present such a petition arguing that SUSAN M. HOY, as the personal representative of the Estate, must remain neutral in any such determination, and 2) neither of the Decedent's Wills may be admitted to probate to permit such determination until the prior Order on Petition for Instructions is "set aside". Thereafter, in a joint meeting with counsel for ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC., the parties agreed that SUSAN M. HOY would withdraw her Petition for Probate and Petition for Distribution and counsel for ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. would prepare a petition to admit Decedent's Last Will and Testament to probate.

LEGAL AUTHORITIES AND DISCUSSION

10. Jurisdiction is proper in this proceeding pursuant to NRS 136.010(2). At the date of death of the Decedent, the Decedent was a resident of Clark County, Nevada.

11. Petitioner is explicitly permitted under NRS 136.070(1) to file this Petition to have the Decedent's Will proved. ("A personal representative or devisee named in a will, or any other interested person, may, **at any time after the death of the testator,** petition the court having jurisdiction to have the will proved, whether the will is in the possession of that person or not, or is lost or destroyed, or is beyond the jurisdiction of the State.") NRS 141.050 also indicates that the Court may consider and allow the Decedent's Will to be proved, even after "after granting

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letters of administration on the ground of intestacy." In such case, "the letters of administration must be revoked and the power of the administrator ceases." *Id.*

12. The Decedent left the October 2012 Will, which Petitioner believes and on that basis alleges, is the Last Will and Testament of the Decedent. Petitioner is informed and believes and on that basis alleges, that the Decedent's October 2012 Will was duly executed in all particulars as required by law, and at the time of execution of the Will, the Decedent was of sound mind, over the age of eighteen (18) years and was not acting under duress or undue influence.

13. The original Will has not been found, but Petitioner alleges that the October 2012 Will is merely lost by accident, and is entitled to be admitted to probate pursuant to NRS 136.240. To date, there has been no evidence that the Decedent revoked his will by destroying it. The only reference to the possible destruction of the Decedent's October 2012 Will is in the Petition for Instructions dated May 6, 2015, wherein the Administrator of the Estate opined that she "believes the Decedent destroyed any original estate planning documents he may have executed prior to his death."

14. NRS 133.120 provides the sole means of revoking a written will as follows:

> 1. A written will may only be revoked by:
>
> (a) Burning, tearing, cancelling or obliterating the will, with the intention of revoking it, by the testator, or by some person in the presence and at the direction of the testator; or
>
> (b) Another will or codicil in writing, executed as prescribed in this chapter.

A testator with capacity must intend to revoke a will in destroying the will. A will "lost by accident or destroyed by fraud without the knowledge of the testator" may still be proved as properly executed and valid, and the court may admit such will to probate. *See* NRS 136.230. ("If a will is lost by accident or destroyed by fraud without the knowledge of the testator, the court may take proof of the execution and validity of the will and establish it, after notice is given to all persons, as prescribed for proof of wills in other cases.").

15. In satisfaction of NRS 136.240(3), Petitioner presents the affidavits of DIANE L.

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DeWALT and KRISTIN TYLER, witnesses to the October 2012 Will who both attest that to the best of their knowledge, "the Decedent did not intentionally destroy or revoke the Last Will, dated October 2, 2012."[4] KRISTIN TYLER, further declared that she "remained in contact with the Decedent after he executed his Last Will dated October 2, 2012, as his health and mental condition declined afterward." Additionally, KRISTIN TYLER, declared that she "continued to represent and advise the Decedent as his estate planning counsel until NEVADA GUARDIAN SERVICES, LLC was appointed his temporary guardian on February 18, 2014 and his general guardian over his person and estate on March 19, 2014."

16. Additionally, KRISTIN TYLER attested that "at no time after executing his Last Will dated October 2, 2012, did the Decedent express to [her] any intention to change the disposition of his residuary estate which was then designated to VELMA G. SHAY, if living, otherwise to ST. JUDE CHILDREN'S RESEARCH HOSPITAL."[5] She further attested that "to the best of [her] knowledge, the Last Will dated October 2, 2012, was in existence at the death of the Decedent."[6]

17. Although SUSAN M. HOY previously indicated in her **Petition for Instructions** that she believes the Decedent destroyed any original estate planning documents he may have executed prior to his death, no one has presented proof of destroyed estate planning documents to this Court. Furthermore, even if destroyed estate planning documents were found, there is no evidence:

1) that the Decedent actually destroyed his October 2012 Will or instructed someone to do destroy it on his behalf;

2) that the Decedent intended to revoke his October 2012 Will by any alleged destruction;

---

[4] **Exhibit 2**, page 2 at lines 21-22; *see also* **Affidavit of Proof of Lost Will** signed by Diane L. DeWalt, a copy of which is attached as **Exhibit 4**, page 2 at lines 1-2.

[5] **Exhibit 2**, page 2 at lines 17-20.

[6] *Id.* at page 2 at lines 17-20.

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3) that the Decedent was not incapacitated at the time of any alleged destruction of the October 2012 Will, since he was subsequently subject to a guardianship; and

4) that at the time of any alleged destruction of the October 2012 Will, the Decedent could not have had intent or ability to revoke the October 2012 Will due to his incapacity since he was under a guardianship.

Therefore, even if the October 2012 Will is alleged to have been destroyed, there is no proof that such destruction is a valid revocation of the October 2012 Will, nor can there be any proof of such.

18. If a person under a guardianship desires to change his estate plan, such change may only be done by the guardian with the approval of the guardianship court. *See* NRS 159.078(1) ("Before taking any of the following actions, the guardian shall petition the court for an order authorizing the guardian to: (a) Make or change the last will and testament of the ward. (b) Except as otherwise provided in this paragraph, make or change the designation of a beneficiary in a will, trust, insurance policy, bank account or any other type of asset of the ward which includes the designation of a beneficiary.") In order to authorize the guardian to make such change, the court must find by clear and convincing evidence that:

> (A) A reasonably prudent person or the ward, if competent, would take the proposed action and that a person has committed or is about to commit any act, practice or course of conduct which operates or would operate as a fraud or act of exploitation upon the ward or estate of the ward and that person:
>
> > (1) Is designated as a beneficiary in or otherwise stands to gain from an instrument which was executed by or on behalf of the ward; or
> >
> > (2) Will benefit from the lack of such an instrument; or
>
> (b) The proposed action is otherwise in the best interests of the ward for any other reason not listed in this section.

Without such finding and order granting the guardian authority, no change to the ward's last will and testament may be made.

19. At no such time during the guardianship of the Decedent did NEVADA GUARDIAN SERVICES, LLC petition the court to make a change to the Decedent's last will and testament. Additionally, although ultimately withdrawn upon agreement of the parties, SUSAN M. HOY asked this Court to admit the Decedent's October 2012 Will to probate in her verified

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Petition dated May 25, 2016.

20. Therefore, based on the Affidavits of KRISTIN TYLER and DIANE L. DEWALT, Petitioner asks this Court to declare that the Decedent's October 2012 Will was more likely than not left unrevoked by the Decedent before his or her death, and order that the Decedent's October 2012 Will be admitted to probate.

21. Alternately, if the Court believes that the lost October 2012 Will is not admissible to probate, Petitioner presents the Decedent's June 2012 Will, the original of which has been filed with the clerk of the court, for admission to probate. Petitioner is informed and believes and on that basis alleges, that the Decedent's June 2012 Will was duly executed in all particulars as required by law, and at the time of execution of the Will, the Decedent was of sound mind, over the age of eighteen (18) years and was not acting under duress or undue influence.

22. Petitioner is the surviving beneficiary of the October 2012 Will and the June 2012 Will. Both the October 2012 Will and the June 2012 Will specifically disinherit the Decedent's son, THEODORE E. SCHEIDE, III, and his descendants. Additionally, both the October 2012 Will and the June 2012 instruct the executor to treat THEODORE E. SCHEIDE, III, and his descendants as if they predeceased the Decedent.

23. As administration of the Decedent's Estate has already occurred and is in fact nearly complete, Petitioner consents to SUSAN M. HOY continuing as the Personal Representative of the Estate to conclude administration and distribution of the Decedent's Estate pursuant to the Decedent's testamentary wishes.

24. The names, relationships, ages and residences of the heirs, next of kin, devisees and legatees of the Decedent so far is known to Petitioner are as follows:

Names/Addresses	Age/Relationship
Theodore "Chip" E. Scheide, III 6016 Wellesley Avenue Pittsburgh, Pennsylvania 15206 or/ 101 S. Lexington Ave. Pittsburgh, PA 15208	Adult/Son

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Velma G. Shay		Deceased/Friend
St. Jude Children's Research Hospital 501 St. Jude Place Memphis, TN 38105		N/A / Beneficiary

25. Petitioner requests that letters testamentary be issued to SUSAN M. HOY and that she serve ~~without bond~~ pursuant to Section 6.01 of Article Six of the Decedent's Last Will and Testament.

WHEREFORE, petitioner prays:

A. That the Court admit a copy of the Decedent's Will dated October 2, 2012, to probate pursuant to NRS 136.230, or alternately that the Court admit the Decedent's original Will dated June 8, 2012 to probate pursuant to NRS 136.090;

B. That the Decedent's Estate be opened for General Administration pursuant to NRS 136 *et seq.*;

C. That Letters of Administration issued to SUSAN M. HOY be revoked and that Letters Testamentary be issued to SUSAN M. HOY, to serve without bond or other security being required of her; and

D. For such other and further relief as the Court deems just and proper.

Dated September 13, 2016.

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VERIFICATION

STATE OF TENNESSEE)
) ss:
COUNTY OF SHELBY)

Fred E. Jones, Jr., on behalf of St. Jude Children's Research Hospital, being first duly sworn under penalty of perjury, declares the following: She/He is the agent or authorized representative for the petitioner herein; that she/he has read the foregoing petition and knows the contents thereof, and that the contents are true of her/his own knowledge, except for those matters stated on information and belief, and as to those matters she/he believes them to be true.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

By, Fred E. Jones, Jr.
(Print Name)

Its Director - Legal / ALSAC

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EXHIBIT PAGE ONLY

EXHIBIT 1

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

OCTOBER 2, 2012
UP-DATED

Last Will and Testament
of
THEODORE E. SCHEIDE

I, THEODORE E. SCHEIDE, a resident of Clark County, Nevada, being of sound mind and disposing memory, hereby revoke any prior wills and codicils made by me and declare this to be my Last Will and Testament.

Article One
Family Information

I am unmarried.

I have one child, THEODORE E. SCHEIDE, III.

However, I am specifically disinheriting THEODORE E. SCHEIDE, III and his descendants. Therefore, for the purposes of my Will, THEODORE E. SCHEIDE, III and his descendants will be deemed to have predeceased me.

Article Two
Specific and General Gifts

Section 2.01 Disposition of Tangible Personal Property

I give all my tangible personal property, together with any insurance policies covering the property and any claims under those policies in accordance with a "Memorandum for Distribution of Personal Property" or other similar writing directing the disposition of the property. Any writing prepared according to this provision must be dated and signed by me.

If I leave multiple written memoranda that conflict as to the disposition of any item of tangible personal property, the memorandum with the most recent date will control as to those items that are in conflict.

EXHIBIT "2"

N.E. ORGAN DONOR ... RECORDED ON MY DRIVERS LICENSE

If the memorandum with the most recent date conflicts with a provision of this Will as to the specific distribution of any item of tangible personal property, the provisions of the memorandum with the most recent date control as to those items that are in conflict.

I intend that the writing qualify to distribute my tangible personal property under applicable state law.

Section 2.02 Contingent Distribution of Tangible Personal Property

Any tangible personal property not disposed of by a written memorandum, or if I choose not to leave a written memorandum, all my tangible personal property will be distributed as part of my residuary estate.

Section 2.03 Definition of Tangible Personal Property

For purposes of this Article, the term "tangible personal property" includes but is not limited to my household furnishings, appliances and fixtures, works of art, motor vehicles, pictures, collectibles, personal wearing apparel and jewelry, books, sporting goods, and hobby paraphernalia. The term does not include any tangible property that my Executor, in its sole and absolute discretion, determines to be part of any business or business interest that I own at my death.

Section 2.04 Ademption

If property to be distributed under this Article becomes part of my probate estate in any manner after my death, then the gift will not adeem simply because it was not a part of my probate estate at my death. My Executor will distribute the property as a specific gift in accordance with this Article. But if property to be distributed under this Article is not part of my probate estate at my death and does not subsequently become part of my probate estate, then the specific gift made in this Article is null and void, without any legal or binding effect.

Section 2.05 Incidental Expenses and Encumbrances

Until property distributed in accordance with this Article is delivered to the appropriate beneficiary or to the beneficiary's legal representative, my Executor will pay the reasonable expenses of securing, storing, insuring, packing, transporting, and otherwise caring for the property as an administration expense. Except as otherwise provided in my Will, my Executor will distribute property under this Article subject to all liens, security interests, and other encumbrances on the property.

ROA000736

Article Three
My Residuary Estate

Section 3.01. Definition of My Residuary Estate

All the remainder of my estate, including property referred to above that is not effectively disposed of, will be referred to in my Will as my "residuary estate."

Section 3.02 Disposition of My Residuary Estate

I give my residuary estate to VELMA G. SHAY, if she survives me.

If VELMA G. SHAY predeceases me, then I give my residuary estate to ST. JUDE CHILDREN'S HOSPITAL located in Memphis, Tennessee.

Article Four
Remote Contingent Distribution

If, at any time after my death, there is no person or entity then qualified to receive final distribution of my estate or any part of it under the foregoing provisions of my Will, then the portion of my estate with respect to which the failure of qualified recipients has occurred shall be distributed to those persons who would inherit it had I then died intestate owning the property, as determined and in the proportions provided by the laws of Nevada then in effect (other than THEODORE E. SCHEIDE, III and his descendants).

Article Five
Designation of Executor

Section 5.01 Executor

I name PATRICIA BOWLIN as my Executor. If PATRICIA BOWLIN fails or ceases to act as my Executor, I name NEVADA STATE BANK as my Executor.

ROA000737

Section 5.02 Guardian for Testator

If I should become mentally incompetent to handle my affairs prior to my demise, I request that PATRICIA BOWLIN be appointed guardian of my estate and my person, to serve without bond. In the event that she is unable or unwilling to serve, then I request that a representative from NEVADA STATE BANK be appointed guardian of my estate and my person, to serve without bond.

Article Six
General Administrative Provisions

The provisions of this Article apply to my probate estate.

Section 6.01 No Bond

No Fiduciary is required to furnish any bond for the faithful performance of the Fiduciary's duties, unless required by a court of competent jurisdiction and only if the court finds that a bond is needed to protect the interests of the beneficiaries. No surety is required on any bond required by any law or rule of court, unless the court specifies that a surety is necessary.

Section 6.02 Distributions to Incapacitated Persons and Persons Under Twenty-One Years of Age

If my Executor is directed to distribute any share of my probate estate to any beneficiary who is under the age of 21 years or is in the opinion of my Executor, under any form of incapacity that renders such beneficiary unable to administer distributions properly when the distribution is to be made, my Executor may, as Trustee, in my Executor's discretion, continue to hold such beneficiary's share as a separate trust until the beneficiary reaches the age of 21 or overcomes the incapacity. My Executor shall then distribute such beneficiary's trust to him or her.

While any trust is being held under this Section, my Independent Trustee may pay to the beneficiary for whom the trust is held such amounts of the net income and principal as the Trustee determines to be necessary or advisable for any purpose. If there is no Independent Trustee, my Trustee shall pay to the beneficiary for whom the trust is held such amounts of the net income and

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principal as the fiduciary determines to be necessary or advisable for the beneficiary's health, education, maintenance or support.

Upon the death of the beneficiary, my Trustee shall distribute any remaining property in the trust, including any accrued and undistributed income, to such persons as such beneficiary appoints by his or her Will. This general power may be exercised in favor of the beneficiary, the beneficiary's estate, the beneficiary's creditors, or the creditors of the beneficiary's estate. To the extent this general power of appointment is not exercised, on the death of the beneficiary, the trust property is to be distributed to the beneficiary's then living descendants, *per stirpes*, or, if none, *per stirpes* to the living descendants of the beneficiary's nearest lineal ancestor who was a descendant of mine, or if no such descendant is then living, to my then living descendants, *per stirpes*. If I have no then living descendants the property is to be distributed under the provisions of Article Four entitled "Remote Contingent Distribution."

Section 6.03 Maximum Term for Trusts

Notwithstanding any other provision of my Will to the contrary, unless terminated earlier under other provisions of my Will, each trust created under my Will will terminate 21 years after the last to die of the descendants of my maternal and paternal grandparents who are living at the time of my death.

At that time, the remaining trust property will vest in and be distributed to the persons entitled to receive mandatory distributions of net income of the trust and in the same proportions. If no beneficiary is entitled to mandatory distributions of net income, the remaining trust property will vest in and be distributed to the beneficiaries entitled to receive discretionary distributions of net income of the trust, in equal shares *per stirpes*.

Section 6.04 Representative of a Beneficiary

The guardian of the person of a beneficiary may act for such beneficiary for all purposes under my Will or may receive information on behalf of such beneficiary.

Section 6.05 Ancillary Administration

In the event ancillary administration is required or desired and my domiciliary Executor is unable or unwilling to act as an ancillary fiduciary, my domiciliary Executor will have the power to designate, compensate, and remove the ancillary fiduciary. The ancillary fiduciary may be either a natural person or a

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corporation. My domiciliary Executor may delegate to such ancillary fiduciary such powers granted to my original Executor as my Executor may deem proper, including the right to serve without bond or surety on bond. The net proceeds of the ancillary estate are to be paid over to the domiciliary Executor.

Section 6.06 Delegation of Authority; Power of Attorney

Any Fiduciary may, by an instrument in writing, delegate to any other Fiduciary the right to exercise any power, including a discretionary power, granted the Fiduciary in my Will. During the time a delegation under this Section is in effect, the Fiduciary to whom the delegation was made may exercise the power to the same extent as if the delegating Fiduciary had personally joined in the exercise of the power. The delegating Fiduciary may revoke the delegation at any time by giving written notice to the Fiduciary to whom the power was delegated.

The Fiduciary may execute and deliver a revocable or irrevocable power of attorney appointing any individual or corporation to transact any and all business on behalf of the trust. The power of attorney may grant to the attorney-in-fact all of the rights, powers, and discretion that the Fiduciary could have exercised.

Section 6.07 Merger of Corporate Fiduciary

If any corporate fiduciary acting as my Fiduciary under my Will is merged with or transfers substantially all of its trust assets to another corporation or if a corporate fiduciary changes its name, the successor shall automatically succeed to the position of my Fiduciary as if originally named my Fiduciary. No document of acceptance of the position of my Fiduciary shall be required.

Article Seven
Powers of My Fiduciaries

Section 7.01 Fiduciaries' Powers Act

My Fiduciaries may, without prior authority from any court, exercise all powers conferred by my Will or by common law or by Nevada Revised Statutes or other statute of the State of Nevada or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as

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specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.02 Powers Granted by State Law

In addition to all of the above powers, my Executor may, without prior authority from any court, exercise all powers conferred by my Will; by common law; by the laws of the State of Nevada, including, without limitation by reason of this enumeration, each and every power enumerated in NRS 163.265 to 163.410, inclusive; or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.03 Alternative Distribution Methods

My Fiduciary may make any payment provided for under my Will as follows:

Directly to the beneficiary;

In any form allowed by applicable state law for gifts or transfers to minors or persons under a disability;

To the beneficiary's guardian, conservator, agent under a durable power of attorney or caregiver for the benefit of the beneficiary; or

By direct payment of the beneficiary's expenses, made in a manner consistent with the proper exercise of the fiduciary's duties hereunder. A receipt by the recipient for any such distribution fully discharges my Fiduciary.

Article Eight
Provisions for Payment of Debts, Expenses and Taxes

Section 8.01 Payment of Debts and Expenses

I direct that all my legally enforceable debts, secured and unsecured, be paid as soon as practicable after my death.

Section 8.02 No Apportionment

Except as otherwise provided in this Article or elsewhere in my will, my Executor shall provide for payment of all estate, inheritance and succession taxes payable by reason of my death ("death taxes") from my residuary estate as an administrative expense without apportionment and will not seek contribution toward or recovery of any death tax payments from any individual.

For the purposes of this Article, however, the term "death taxes" does not include any additional estate tax imposed by Section 2031(c)(5)(C), Section 2032A(c) or Section 2057(f) of the Internal Revenue Code or any other comparable taxes imposed by any other taxing authority. Nor does the term include any generation-skipping transfer tax, other than a direct skip.

Section 8.03 Protection of Exempt Property

Death taxes are not to be allocated to or paid from any assets that are not included in my gross estate for federal estate tax purposes. In addition, to the extent practicable, my Trustee should not pay any death taxes from assets that are exempt for generation-skipping transfer tax purposes.

Section 8.04 Protection of the Charitable Deduction

Death taxes are not to be allocated to or paid from any assets passing to any organization that qualifies for the federal estate tax charitable deduction, or from any assets passing to a split-interest charitable trust, unless my Executor has first used all other assets available to my Executor to pay the taxes.

Section 8.05 Property Passing Outside of My Will

Death taxes imposed with respect to property included in my gross estate for purposes of computing the tax and passing other than by my Will are to be apportioned among the persons and entities benefited in the proportion that the taxable value of the property or interest bears to the total taxable value of the property and interests received by all persons benefited. The values to be used for the apportionment are the values as finally determined under federal, state, or local law as the case may be.

Section 8.06 No Apportionment Between Current and Future Interests

No interest in income and no estate for years or for life or other temporary interest in any property or trust is to be subject to apportionment as between the

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temporary interest and the remainder. The tax on the temporary interest and the tax, if any, on the remainder are chargeable against the corpus of the property or trust subject to the temporary interest and remainder.

Section 8.07 Tax Elections

In exercising any permitted elections regarding taxes, my fiduciaries may make any decisions that they deem to be appropriate in any circumstances, and my fiduciaries are not required to make any compensatory adjustment as a consequence of any election. My Executor may also pay taxes or interest and deal with any tax refunds, interest, or credits as my Executor deems to be necessary or advisable in the interest of my estate.

My Executor, in his or her sole and absolute discretion, may make any adjustments to the basis of my assets authorized by law, including but not limited to increasing the basis of any property included in my gross estate, whether or not passing under my Will, by allocating any amount by which the basis of my assets may be increased. My Executor is not required to allocate basis increase exclusively, primarily or at all to assets passing under my Will as opposed to other property included in my gross estate. My Executor may elect, in his or her sole and absolute discretion, to allocate basis increase to one or more assets that my Executor receives or in which my Executor has a personal interest, to the partial or total exclusion of other assets with respect to which such allocation could be made. My Executor may not be held liable to any person for the exercise of his or her discretion under this Section.

Article Nine
Definitions and General Provisions

Section 9.01 Cremation Instructions

I wish that my remains be cremated and buried in accordance with my pre-paid funeral arrangements with Palm Mortuary in Las Vegas, Nevada.

Section 9.02 Definitions

For purposes of my Will and for the purposes of any trust established under my Will, the following definitions apply:

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(a) Adopted and Afterborn Persons

A legally adopted person in any generation and his or her descendants, including adopted descendants, will have the same rights and will be treated in the same manner under my Will as natural children of the adopting parent, provided the person is legally adopted before attaining the age of 18 years. A person will be deemed to be legally adopted if the adoption was legal in the jurisdiction in which it occurred at the time that it occurred.

A fetus *in utero* that is later born alive will be considered a person in being during the period of gestation.

(b) Descendants

The term "descendants" means any one or more person who follows in direct descent (as opposed to collateral descent) from a person, such as a person's children, grandchildren, or other descended individuals of any generation.

(c) Fiduciary

"Fiduciary" or "Fiduciaries" refer to my Executor. My "Executor" includes any executor, ancillary executor, administrator, or ancillary administrator, whether local or foreign, and whether of all or part of my estate, multiple Executors, and their successors.

Except as otherwise provided in this Last Will and Testament, a fiduciary has no liability to any party for action (or inaction) taken in good faith.

(d) Good Faith

For the purposes of this Last Will and Testament, a fiduciary has acted in good faith if (i) its action or inaction is not a result of intentional wrongdoing, (ii) the fiduciary did not make the decision with reckless indifference to the interests of the beneficiaries, and (iii) its action or inaction does not result in an improper personal pecuniary benefit to the fiduciary.

(e) Incapacity

Except as otherwise provided in my Will, a person is deemed to be incapacitated in any of the following circumstances.

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(1) The Opinion of Two Licensed Physicians

An individual is deemed to be incapacitated whenever, in the opinion of two licensed physicians, the individual is unable to effectively manage his or her property or financial affairs, whether as a result of age, illness, use of prescription medications, drugs or other substances, or any other cause.

An individual is deemed to be restored to capacity whenever the individual's personal or attending physician provides a written opinion that the individual is able to effectively manage his or her property and financial affairs.

(2) Court Determination

An individual is deemed to be incapacitated if a court of competent jurisdiction has declared the individual to be disabled, incompetent or legally incapacitated.

(3) Detention, Disappearance or Absence

An individual is deemed to be incapacitated whenever he or she cannot effectively manage his or her property or financial affairs due to the individual's unexplained disappearance or absence for more than 30 days, or whenever he or she is detained under duress.

An individual's disappearance, absence or detention under duress may be established by an affidavit of any fiduciary. The affidavit must describe the circumstances of an individual's detention under duress, disappearance, or absence and may be relied upon by any third party dealing in good faith with my fiduciary in reliance upon the affidavit.

An individual's disappearance, absence, or detention under duress may be established by an affidavit of my Executor.

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(f) Internal Revenue Code

References to the "Internal Revenue Code" or to its provisions are to the Internal Revenue Code of 1986, as amended from time to time, and the corresponding Treasury Regulations, if any. References to the "Treasury Regulations," are to the Treasury Regulations under the Internal Revenue Code in effect from time to time. If a particular provision of the Internal Revenue Code is renumbered, or the Internal Revenue Code is superseded by a subsequent federal tax law, any reference will be deemed to be made to the renumbered provision or to the corresponding provision of the subsequent law, unless to do so would clearly be contrary to my intent as expressed in my Will. The same rule applies to references to the Treasury Regulations.

(g) Legal Representative

As used in my Will, the term "legal representative" means a person's guardian, conservator, personal representative, executor, administrator, Trustee, or any other person or entity personally representing a person or the person's estate.

(h) Per Stirpes

Whenever a distribution is to be made to a person's descendants *per stirpes*, the distribution will be divided into as many equal shares as there are then-living children of that person and deceased children of that person who left then-living descendants. Each then-living child will receive one share and the share of each deceased child will be divided among the deceased child's then-living descendants in the same manner.

(i) Primary Beneficiary

The Primary Beneficiary of a trust created under this agreement is the oldest Income Beneficiary of that trust unless some other individual is specifically designated as the Primary Beneficiary of that separate trust.

(j) Shall and May

Unless otherwise specifically provided in my Will or by the context in which used, I use the word "shall" in my Will to command, direct or require, and the word "may" to allow or permit, but not

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require. In the context of my Trustee, when I use the word "may" I intend that my Trustee may act in its sole and absolute discretion unless otherwise stated in my Will.

(k) Trust

The term "trust," refers to any trusts created under the terms of my Will.

(l) Trustee

The term "my Trustee" refers to any person or entity that is from time to time acting as the Trustee and includes each Trustee individually, multiple Trustees, and their successors.

(m) Other Definitions

Except as otherwise provided in my Will, terms shall be as defined in Nevada Revised Statutes as amended after the date of my Will and after my death.

Section 9.03 Contest Provision

If any beneficiary of my Will or any trust created under the terms of my Will, alone or in conjunction with any other person engages in any of the following actions, the right of the beneficiary to take any interest given to the beneficiary under my Will or any trust created under the terms of my Will will be determined as it would have been determined as if the beneficiary predeceased me without leaving any surviving descendants.

Contests by a claim of undue influence, fraud, menace, duress, or lack of testamentary capacity, or otherwise objects in any court to the validity of (a) my Will, (b) any trust created under the terms of my Will, or (c) any beneficiary designation of an annuity, retirement plan, IRA, Keogh, pension or profit sharing plan, or insurance policy signed by me, (collectively referred to hereafter in this Section as "Document" or "Documents") or any amendments or codicils to any Document;

Seeks to obtain an adjudication in any court proceeding that a Document or any of its provisions is void, or otherwise seeks to void, nullify, or set aside a Document or any of its provisions;

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Files suit on a creditor's claim filed in a probate of my estate, against my estate, or any other Document, after rejection or lack of action by the respective fiduciary;

Files a petition or other pleading to change the character (community, separate, joint tenancy, partnership, domestic partnership, real or personal, tangible or intangible) of property already so characterized by a Document;

Files a petition to impose a constructive trust or resulting trust on any assets of my estate; or

Participates in any of the above actions in a manner adverse to my estate, such as conspiring with or assisting any person who takes any of the above actions.

My Executor may defend, at the expense of my estate, any violation of this Section. A "contest" includes any action described above in an arbitration proceeding, but does not include any action described above solely in a mediation not preceded by a filing of a contest with a court.

Section 9.04 Survivorship Presumption

If any beneficiary is living at my death, but dies within 90 days thereafter, then the beneficiary will be deemed to have predeceased me for all purposes of my Will.

Section 9.05 General Provisions

The following general provisions and rules of construction apply to my Will:

(a) **Singular and Plural; Gender**

Unless the context requires otherwise, words denoting the singular may be construed as plural and words of the plural may be construed as denoting the singular. Words of one gender may be construed as denoting another gender as is appropriate within the context. The word "or" when used in a list of more than two items may function as both a conjunction and a disjunction as the context requires or permits.

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(b) Headings of Articles, Sections, and Subsections

The headings of Articles, Sections, and subsections used within my Will are included solely for the convenience and reference of the reader. They have no significance in the interpretation or construction of my Will.

(c) Governing State Law

My Will shall be governed, construed and administered according to the laws of Nevada as from time to time amended. Questions of administration of any trust established under my Will are to be determined by the laws of the situs of administration of that trust.

(d) Notices

Unless otherwise stated, whenever my Will calls for notice, the notice will be in writing and will be personally delivered with proof of delivery, or mailed postage prepaid by certified mail, return receipt requested, to the last known address of the party requiring notice. Notice will be effective on the date personally delivered or on the date of the return receipt. If a party giving notice does not receive the return receipt but has proof that he or she mailed the notice, notice will be effective on the date it would normally have been received via certified mail. If notice is required to be given to a minor or incapacitated individual, notice will be given to the parent or legal representative of the minor or incapacitated individual.

(e) Severability

The invalidity or unenforceability of any provision of my Will does not affect the validity or enforceability of any other provision of my Will. If a court of competent jurisdiction determines that any provision is invalid, the remaining provisions of my Will are to be interpreted and construed as if any invalid provision had never been included in my Will.

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I, THEODORE E. SCHEIDE, sign my name to this instrument consisting of sixteen (16) pages on October 2, 2012, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

THEODORE E. SCHEIDE, Testator

Under penalty of perjury pursuant to the law of the State of Nevada, the undersigned, KRISTIN M. TYLER and DIANE L. DeWALT declare that the following is true of their own knowledge: That they witnessed the execution of the foregoing will of the testator, THEODORE E. SCHEIDE; that the testator subscribed the will and declared it to be his last will and testament in their presence; that they thereafter subscribed the will as witnesses in the presence of the testator and in the presence of each other and at the request of the testator; and that the testator at the time of the execution of the will appeared to them to be of full age and of sound mind and memory.

Dated this 2 day of October, 2012.

Declarant 1 - Kristin M. Tyler

Residing at:

3960 Howard Hughes Parkway
9th Floor
Las Vegas, Nevada 89169

Declarant 2 - Diane L. DeWalt

Residing at:

3960 Howard Hughes Parkway
9th Floor
Las Vegas, Nevada 89169

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EXHIBIT PAGE ONLY

EXHIBIT 2

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

AFF
Todd L. Moody (5430)
Russel J. Geist (9030)
HUTCHISON & STEFFEN, LLC
Peccole Professional Park
10080 West Alta Drive, Suite 200
Las Vegas, Nevada 89145
(702) 385-2500
(702) 385-2086
rgeist@hutchlegal.com

Attorneys for St. Jude Children's Research Hospital

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Estate of THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR., Deceased.	Case No.: P-14-082619-E Dept No.: PCI

AFFIDAVIT OF PROOF OF LOST WILL

I, DIANE L. DeWALT, being first duly sworn, do hereby declare to the undersigned authority that I was a Witness to the Last Will and Testament dated October 2, 2012 ("Last Will") of THEODORE E. SCHEIDE, JR., also sometimes known as THEODORE E. SCHEIDE ("Decedent"), and did sign as a witness on that Last Will. I can further attest that the Decedent signed and executed the instrument as his Last Will on October 2, 2012, and that he signed it willingly, and that he executed it as his free and voluntary act for the purposes therein expressed and to the best of my knowledge the Decedent was at that time eighteen years of age or older, of sound mind and under no constraint or undue influence.

I further attest that the Decedent signed and executed the Last Will dated October 2, 2012 in the presence of myself and THEODORE E. SCHEIDE, and we both subscribed the Attestation to the Last Will in the presence of the Decedent.

HUTCHISON & STEFFEN
A PROFESSIONAL LLC
PECCOLE PROFESSIONAL PARK
10080 WEST ALTA DRIVE, SUITE 200
LAS VEGAS, NV 89145

I further attest that, to my knowledge, the Decedent did not intentionally destroy or revoke the Last Will, dated October 2, 2012, and that to the best of my knowledge this was the Decedent's Last Will and Testament.

DATED this July 26, 2016.

Diane L DeWalt
DIANE L. DeWALT

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

Subscribed and Sworn to before me this 26 day of July, 2016.

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
AMBER R. ANDERSON
Appt. No. 08-95684-1
My Appt. Expires March 23,2017

Notary Public

HUTCHISON & STEFFEN
A PROFESSIONAL LLC
PECCOLE PROFESSIONAL PARK
10080 WEST ALTA DRIVE, SUITE 200
LAS VEGAS, NV 89145

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EXHIBIT PAGE ONLY

EXHIBIT 3

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

EIGHTH JUDICIAL DISTRICT COURT
CLERK OF THE COURT
FAMILY DIVISION
FAMILY COURT & SERVICES CENTER
601 N. PECOS ROAD
LAS VEGAS, NEVADA 89101

Steven D. Grierson
Clerk of the Court

Kristina O'Conner
Court Division Administrator

5/20/2016

Case No.: W-16-010344

Filing of the Will of:
Theodore Scheide

Last Will and Testament of Theodore E. Scheide received by the Clerk of the Court

Submitted by:

Garman Turner Gordon

Signature of submitting party:

Valentina Ortega, Deputy Clerk of the Court

W-16-010344

Electronically Filed
05/20/2016
CLERK OF THE COURT

Last Will and Testament of THEODORE E. SCHEIDE

I, THEODORE E. SCHEIDE, a resident of Clark County, Nevada, being of sound mind and disposing memory, hereby revoke any prior wills and codicils made by me and declare this to be my Last Will and Testament.

Article One
Family Information

I am unmarried.

I have one child, THEODORE E. SCHEIDE, III.

However, I am specifically disinheriting THEODORE E. SCHEIDE, III and his descendants. Therefore, for the purposes of my Will, THEODORE E. SCHEIDE, III and his descendants will be deemed to have predeceased me.

Article Two
Specific and General Gifts

Section 2.01 Disposition of Tangible Personal Property

I give all my tangible personal property, together with any insurance policies covering the property and any claims under those policies in accordance with a "Memorandum for Distribution of Personal Property" or other similar writing directing the disposition of the property. Any writing prepared according to this provision must be dated and signed by me.

If I leave multiple written memoranda that conflict as to the disposition of any item of tangible personal property, the memorandum with the most recent date will control as to those items that are in conflict.

If the memorandum with the most recent date conflicts with a provision of this Will as to the specific distribution of any item of tangible personal property, the provisions of the memorandum with the most recent date control as to those items that are in conflict.

I intend that the writing qualify to distribute my tangible personal property under applicable state law.

Section 2.02 Contingent Distribution of Tangible Personal Property

Any tangible personal property not disposed of by a written memorandum, or if I choose not to leave a written memorandum, all my tangible personal property will be distributed as part of my residuary estate.

Section 2.03 Definition of Tangible Personal Property

For purposes of this Article, the term "tangible personal property" includes but is not limited to my household furnishings, appliances and fixtures, works of art, motor vehicles, pictures, collectibles, personal wearing apparel and jewelry, books, sporting goods, and hobby paraphernalia. The term does not include any tangible property that my Executor, in its sole and absolute discretion, determines to be part of any business or business interest that I own at my death.

Section 2.04 Ademption

If property to be distributed under this Article becomes part of my probate estate in any manner after my death, then the gift will not adeem simply because it was not a part of my probate estate at my death. My Executor will distribute the property as a specific gift in accordance with this Article. But if property to be distributed under this Article is not part of my probate estate at my death and does not subsequently become part of my probate estate, then the specific gift made in this Article is null and void, without any legal or binding effect.

Section 2.05 Incidental Expenses and Encumbrances

Until property distributed in accordance with this Article is delivered to the appropriate beneficiary or to the beneficiary's legal representative, my Executor will pay the reasonable expenses of securing, storing, insuring, packing, transporting, and otherwise caring for the property as an administration expense. Except as otherwise provided in my Will, my Executor will distribute property under this Article subject to all liens, security interests, and other encumbrances on the property.

Article Three
My Residuary Estate

Section 3.01 Definition of My Residuary Estate

All the remainder of my estate, including property referred to above that is not effectively disposed of, will be referred to in my Will as my "residuary estate."

Section 3.02 Disposition of My Residuary Estate

I give my residuary estate to VELMA G. SHAY, if she survives me.

If VELMA G. SHAY predeceases me, then I give my residuary estate to ST. JUDE CHILDREN'S HOSPITAL located in Memphis, Tennessee.

Article Four
Remote Contingent Distribution

If, at any time after my death, there is no person or entity then qualified to receive final distribution of my estate or any part of it under the foregoing provisions of my Will, then the portion of my estate with respect to which the failure of qualified recipients has occurred shall be distributed to those persons who would inherit it had I then died intestate owning the property, as determined and in the proportions provided by the laws of Nevada then in effect (other than THEODORE E. SCHEIDE, III and his descendants).

Article Five
Designation of Executor

Section 5.01 Executor

I name KAREN HOAGLAND as my Executor. If KAREN HOAGLAND fails or ceases to act as my Executor, I name NEVADA STATE BANK as my Executor.

Section 5.02 Guardian for Testator

If I should become mentally incompetent to handle my affairs prior to my demise, I request that KAREN HOAGLAND be appointed guardian of my estate and my person, to serve without bond. In the event that she is unable or unwilling to serve, then I request that a representative from NEVADA STATE BANK be appointed guardian of my estate and my person, to serve without bond.

Article Six
General Administrative Provisions

~~The provisions of this Article apply to my probate estate.~~

Section 6.01 No Bond

No Fiduciary is required to furnish any bond for the faithful performance of the Fiduciary's duties, unless required by a court of competent jurisdiction and only if the court finds that a bond is needed to protect the interests of the beneficiaries. No surety is required on any bond required by any law or rule of court, unless the court specifies that a surety is necessary.

Section 6.02 Distributions to Incapacitated Persons and Persons Under Twenty-One Years of Age

If my Executor is directed to distribute any share of my probate estate to any beneficiary who is under the age of 21 years or is in the opinion of my Executor, under any form of incapacity that renders such beneficiary unable to administer distributions properly when the distribution is to be made, my Executor may, as Trustee, in my Executor's discretion, continue to hold such beneficiary's share as a separate trust until the beneficiary reaches the age of 21 or overcomes the incapacity. My Executor shall then distribute such beneficiary's trust to him or her.

While any trust is being held under this Section, my Independent Trustee may pay to the beneficiary for whom the trust is held such amounts of the net income and principal as the Trustee determines to be necessary or advisable for any purpose. If there is no Independent Trustee, my Trustee shall pay to the beneficiary for whom the trust is held such amounts of the net income and

principal as the fiduciary determines to be necessary or advisable for the beneficiary's health, education, maintenance or support.

Upon the death of the beneficiary, my Trustee shall distribute any remaining property in the trust, including any accrued and undistributed income, to such persons as such beneficiary appoints by his or her Will. This general power may be exercised in favor of the beneficiary, the beneficiary's estate, the beneficiary's creditors, or the creditors of the beneficiary's estate. To the extent this general power of appointment is not exercised, on the death of the beneficiary, the trust property is to be distributed to the beneficiary's then living descendants, *per stirpes*, or, if none, *per stirpes* to the living descendants of the beneficiary's nearest lineal ancestor who was a descendant of mine, or if no such descendant is then living, to my then living descendants, *per stirpes*. If I have no then living descendants the property is to be distributed under the provisions of Article Four entitled "Remote Contingent Distribution."

Section 6.03 Maximum Term for Trusts

Notwithstanding any other provision of my Will to the contrary, unless terminated earlier under other provisions of my Will, each trust created under my Will will terminate 21 years after the last to die of the descendants of my maternal and paternal grandparents who are living at the time of my death.

At that time, the remaining trust property will vest in and be distributed to the persons entitled to receive mandatory distributions of net income of the trust and in the same proportions. If no beneficiary is entitled to mandatory distributions of net income, the remaining trust property will vest in and be distributed to the beneficiaries entitled to receive discretionary distributions of net income of the trust, in equal shares *per stirpes*.

Section 6.04 Representative of a Beneficiary

The guardian of the person of a beneficiary may act for such beneficiary for all purposes under my Will or may receive information on behalf of such beneficiary.

Section 6.05 Ancillary Administration

In the event ancillary administration is required or desired and my domiciliary Executor is unable or unwilling to act as an ancillary fiduciary, my domiciliary Executor will have the power to designate, compensate, and remove the ancillary fiduciary. The ancillary fiduciary may be either a natural person or a

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corporation. My domiciliary Executor may delegate to such ancillary fiduciary such powers granted to my original Executor as my Executor may deem proper, including the right to serve without bond or surety on bond. The net proceeds of the ancillary estate are to be paid over to the domiciliary Executor.

Section 6.06 Delegation of Authority; Power of Attorney

Any Fiduciary may, by an instrument in writing, delegate to any other Fiduciary the right to exercise any power, including a discretionary power, granted the Fiduciary in my Will. During the time a delegation under this Section is in effect, the Fiduciary to whom the delegation was made may exercise the power to the same extent as if the delegating Fiduciary had personally joined in the exercise of the power. The delegating Fiduciary may revoke the delegation at any time by giving written notice to the Fiduciary to whom the power was delegated.

The Fiduciary may execute and deliver a revocable or irrevocable power of attorney appointing any individual or corporation to transact any and all business on behalf of the trust. The power of attorney may grant to the attorney-in-fact all of the rights, powers, and discretion that the Fiduciary could have exercised.

Section 6.07 Merger of Corporate Fiduciary

If any corporate fiduciary acting as my Fiduciary under my Will is merged with or transfers substantially all of its trust assets to another corporation or if a corporate fiduciary changes its name, the successor shall automatically succeed to the position of my Fiduciary as if originally named my Fiduciary. No document of acceptance of the position of my Fiduciary shall be required.

Article Seven
Powers of My Fiduciaries

Section 7.01 Fiduciaries' Powers Act

My Fiduciaries may, without prior authority from any court, exercise all powers conferred by my Will or by common law or by Nevada Revised Statutes or other statute of the State of Nevada or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as

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specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.02 Powers Granted by State Law

In addition to all of the above powers, my Executor may, without prior authority from any court, exercise all powers conferred by my Will; by common law; by the laws of the State of Nevada, including, without limitation by reason of this enumeration, each and every power enumerated in NRS 163.265 to 163.410, inclusive; or any other jurisdiction whose law applies to my Will. My Executor has absolute discretion in exercising these powers. Except as specifically limited by my Will, these powers extend to all property held by my fiduciaries until the actual distribution of the property.

Section 7.03 Alternative Distribution Methods

My Fiduciary may make any payment provided for under my Will as follows:

Directly to the beneficiary;

In any form allowed by applicable state law for gifts or transfers to minors or persons under a disability;

To the beneficiary's guardian, conservator, agent under a durable power of attorney or caregiver for the benefit of the beneficiary; or

By direct payment of the beneficiary's expenses, made in a manner consistent with the proper exercise of the fiduciary's duties hereunder. A receipt by the recipient for any such distribution fully discharges my Fiduciary.

Article Eight
Provisions for Payment of Debts, Expenses and Taxes

Section 8.01 Payment of Debts and Expenses

I direct that all my legally enforceable debts, secured and unsecured, be paid as soon as practicable after my death.

Section 8.02 No Apportionment

Except as otherwise provided in this Article or elsewhere in my will, my Executor shall provide for payment of all estate, inheritance and succession taxes payable by reason of my death ("death taxes") from my residuary estate as an administrative expense without apportionment and will not seek contribution toward or recovery of any death tax payments from any individual.

For the purposes of this Article, however, the term "death taxes" does not include any additional estate tax imposed by Section 2031(c)(5)(C), Section 2032A(c) or Section 2057(f) of the Internal Revenue Code or any other comparable taxes imposed by any other taxing authority. Nor does the term include any generation-skipping transfer tax, other than a direct skip.

Section 8.03 Protection of Exempt Property

Death taxes are not to be allocated to or paid from any assets that are not included in my gross estate for federal estate tax purposes. In addition, to the extent practicable, my Trustee should not pay any death taxes from assets that are exempt for generation-skipping transfer tax purposes.

Section 8.04 Protection of the Charitable Deduction

Death taxes are not to be allocated to or paid from any assets passing to any organization that qualifies for the federal estate tax charitable deduction, or from any assets passing to a split-interest charitable trust, unless my Executor has first used all other assets available to my Executor to pay the taxes.

Section 8.05 Property Passing Outside of My Will

Death taxes imposed with respect to property included in my gross estate for purposes of computing the tax and passing other than by my Will are to be apportioned among the persons and entities benefited in the proportion that the taxable value of the property or interest bears to the total taxable value of the property and interests received by all persons benefited. The values to be used for the apportionment are the values as finally determined under federal, state, or local law as the case may be.

Section 8.06 No Apportionment Between Current and Future Interests

No interest in income and no estate for years or for life or other temporary interest in any property or trust is to be subject to apportionment as between the

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temporary interest and the remainder. The tax on the temporary interest and the tax, if any, on the remainder are chargeable against the corpus of the property or trust subject to the temporary interest and remainder.

Section 8.07 Tax Elections

In exercising any permitted elections regarding taxes, my fiduciaries may make any decisions that they deem to be appropriate in any circumstances, and my fiduciaries are not required to make any compensatory adjustment as a consequence of any election. My Executor may also pay taxes or interest and deal with any tax refunds, interest, or credits as my Executor deems to be necessary or advisable in the interest of my estate.

My Executor, in his or her sole and absolute discretion, may make any adjustments to the basis of my assets authorized by law, including but not limited to increasing the basis of any property included in my gross estate, whether or not passing under my Will, by allocating any amount by which the basis of my assets may be increased. My Executor is not required to allocate basis increase exclusively, primarily or at all to assets passing under my Will as opposed to other property included in my gross estate. My Executor may elect, in his or her sole and absolute discretion, to allocate basis increase to one or more assets that my Executor receives or in which my Executor has a personal interest, to the partial or total exclusion of other assets with respect to which such allocation could be made. My Executor may not be held liable to any person for the exercise of his or her discretion under this Section.

Article Nine
Definitions and General Provisions

Section 9.01 Cremation Instructions

I wish that my remains be cremated and buried in accordance with my pre-paid funeral arrangements with Palm Mortuary in Las Vegas, Nevada.

Section 9.02 Definitions

For purposes of my Will and for the purposes of any trust established under my Will, the following definitions apply:

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(a) Adopted and Afterborn Persons

A legally adopted person in any generation and his or her descendants, including adopted descendants, will have the same rights and will be treated in the same manner under my Will as natural children of the adopting parent, provided the person is legally adopted before attaining the age of 18 years. A person will be deemed to be legally adopted if the adoption was legal in the jurisdiction in which it occurred at the time that it occurred.

A fetus *in utero* that is later born alive will be considered a person in being during the period of gestation.

(b) Descendants

The term "descendants" means any one or more person who follows in direct descent (as opposed to collateral descent) from a person, such as a person's children, grandchildren, or other descended individuals of any generation.

(c) Fiduciary

"Fiduciary" or "Fiduciaries" refer to my Executor. My "Executor" includes any executor, ancillary executor, administrator, or ancillary administrator, whether local or foreign, and whether of all or part of my estate, multiple Executors, and their successors.

Except as otherwise provided in this Last Will and Testament, a fiduciary has no liability to any party for action (or inaction) taken in good faith.

(d) Good Faith

For the purposes of this Last Will and Testament, a fiduciary has acted in good faith if (i) its action or inaction is not a result of intentional wrongdoing, (ii) the fiduciary did not make the decision with reckless indifference to the interests of the beneficiaries, and (iii) its action or inaction does not result in an improper personal pecuniary benefit to the fiduciary.

(e) Incapacity

Except as otherwise provided in my Will, a person is deemed to be incapacitated in any of the following circumstances.

ROA000765

(1) The Opinion of Two Licensed Physicians

An individual is deemed to be incapacitated whenever, in the opinion of two licensed physicians, the individual is unable to effectively manage his or her property or financial affairs, whether as a result of age, illness, use of prescription medications, drugs or other substances, or any other cause.

An individual is deemed to be restored to capacity whenever the individual's personal or attending physician provides a written opinion that the individual is able to effectively manage his or her property and financial affairs.

(2) Court Determination

An individual is deemed to be incapacitated if a court of competent jurisdiction has declared the individual to be disabled, incompetent or legally incapacitated.

(3) Detention, Disappearance or Absence

An individual is deemed to be incapacitated whenever he or she cannot effectively manage his or her property or financial affairs due to the individual's unexplained disappearance or absence for more than 30 days, or whenever he or she is detained under duress.

An individual's disappearance, absence or detention under duress may be established by an affidavit of any fiduciary. The affidavit must describe the circumstances of an individual's detention under duress, disappearance, or absence and may be relied upon by any third party dealing in good faith with my fiduciary in reliance upon the affidavit.

An individual's disappearance, absence, or detention under duress may be established by an affidavit of my Executor.

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(f) Internal Revenue Code

References to the "Internal Revenue Code" or to its provisions are to the Internal Revenue Code of 1986, as amended from time to time, and the corresponding Treasury Regulations, if any. References to the "Treasury Regulations," are to the Treasury Regulations under the Internal Revenue Code in effect from time to time. If a particular provision of the Internal Revenue Code is renumbered, or the Internal Revenue Code is superseded by a subsequent federal tax law, any reference will be deemed to be made to the renumbered provision or to the corresponding provision of the subsequent law, unless to do so would clearly be contrary to my intent as expressed in my Will. The same rule applies to references to the Treasury Regulations.

(g) Legal Representative

As used in my Will, the term "legal representative" means a person's guardian, conservator, personal representative, executor, administrator, Trustee, or any other person or entity personally representing a person or the person's estate.

(h) Per Stirpes

Whenever a distribution is to be made to a person's descendants *per stirpes*, the distribution will be divided into as many equal shares as there are then-living children of that person and deceased children of that person who left then-living descendants. Each then-living child will receive one share and the share of each deceased child will be divided among the deceased child's then-living descendants in the same manner.

(i) Primary Beneficiary

The Primary Beneficiary of a trust created under this agreement is the oldest Income Beneficiary of that trust unless some other individual is specifically designated as the Primary Beneficiary of that separate trust.

(j) Shall and May

Unless otherwise specifically provided in my Will or by the context in which used, I use the word "shall" in my Will to command, direct or require, and the word "may" to allow or permit, but not

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require. In the context of my Trustee, when I use the word "may" I intend that my Trustee may act in its sole and absolute discretion unless otherwise stated in my Will.

(k) Trust

The term "trust," refers to any trusts created under the terms of my Will.

(l) Trustee

The term "my Trustee" refers to any person or entity that is from time to time acting as the Trustee and includes each Trustee individually, multiple Trustees, and their successors.

(m) Other Definitions

Except as otherwise provided in my Will, terms shall be as defined in Nevada Revised Statutes as amended after the date of my Will and after my death.

Section 9.03 Contest Provision

If any beneficiary of my Will or any trust created under the terms of my Will, alone or in conjunction with any other person engages in any of the following actions, the right of the beneficiary to take any interest given to the beneficiary under my Will or any trust created under the terms of my Will will be determined as it would have been determined as if the beneficiary predeceased me without leaving any surviving descendants.

Contests by a claim of undue influence, fraud, menace, duress, or lack of testamentary capacity, or otherwise objects in any court to the validity of (a) my Will, (b) any trust created under the terms of my Will, or (c) any beneficiary designation of an annuity, retirement plan, IRA, Keogh, pension or profit sharing plan, or insurance policy signed by me, (collectively referred to hereafter in this Section as "Document" or "Documents") or any amendments or codicils to any Document;

Seeks to obtain an adjudication in any court proceeding that a Document or any of its provisions is void, or otherwise seeks to void, nullify, or set aside a Document or any of its provisions;

ROA000768

Files suit on a creditor's claim filed in a probate of my estate, against my estate, or any other Document, after rejection or lack of action by the respective fiduciary;

Files a petition or other pleading to change the character (community, separate, joint tenancy, partnership, domestic partnership, real or personal, tangible or intangible) of property already so characterized by a Document;

Files a petition to impose a constructive trust or resulting trust on any assets of my estate; or

Participates in any of the above actions in a manner adverse to my estate, such as conspiring with or assisting any person who takes any of the above actions.

My Executor may defend, at the expense of my estate, any violation of this Section. A "contest" includes any action described above in an arbitration proceeding, but does not include any action described above solely in a mediation not preceded by a filing of a contest with a court.

Section 9.04 Survivorship Presumption

If any beneficiary is living at my death, but dies within 90 days thereafter, then the beneficiary will be deemed to have predeceased me for all purposes of my Will.

Section 9.05 General Provisions

The following general provisions and rules of construction apply to my Will:

(a) **Singular and Plural; Gender**

Unless the context requires otherwise, words denoting the singular may be construed as plural and words of the plural may be construed as denoting the singular. Words of one gender may be construed as denoting another gender as is appropriate within the context. The word "or" when used in a list of more than two items may function as both a conjunction and a disjunction as the context requires or permits.

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(b) Headings of Articles, Sections, and Subsections

The headings of Articles, Sections, and subsections used within my Will are included solely for the convenience and reference of the reader. They have no significance in the interpretation or construction of my Will.

(c) Governing State Law

My Will shall be governed, construed and administered according to the laws of Nevada as from time to time amended. Questions of administration of any trust established under my Will are to be determined by the laws of the situs of administration of that trust.

(d) Notices

Unless otherwise stated, whenever my Will calls for notice, the notice will be in writing and will be personally delivered with proof of delivery, or mailed postage prepaid by certified mail, return receipt requested, to the last known address of the party requiring notice. Notice will be effective on the date personally delivered or on the date of the return receipt. If a party giving notice does not receive the return receipt but has proof that he or she mailed the notice, notice will be effective on the date it would normally have been received via certified mail. If notice is required to be given to a minor or incapacitated individual, notice will be given to the parent or legal representative of the minor or incapacitated individual.

(e) Severability

The invalidity or unenforceability of any provision of my Will does not affect the validity or enforceability of any other provision of my Will. If a court of competent jurisdiction determines that any provision is invalid, the remaining provisions of my Will are to be interpreted and construed as if any invalid provision had never been included in my Will.

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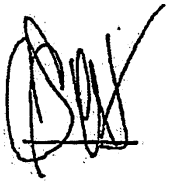

I, THEODORE E. SCHEIDE, sign my name to this instrument consisting of sixteen (16) pages on June 8, 2012, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind, and under no constraint or undue influence.

THEODORE E. SCHEIDE, Testator

Under penalty of perjury pursuant to the law of the State of Nevada, the undersigned, Kristin M. Tyler and Diane L. DeWalt, declare that the following is true of their own knowledge: That they witnessed the execution of the foregoing will of the testator, THEODORE E. SCHEIDE; that the testator subscribed the will and declared it to be his last will and testament in their presence; that they thereafter subscribed the will as witnesses in the presence of the testator and in the presence of each other and at the request of the testator; and that the testator at the time of the execution of the will appeared to them to be of full age and of sound mind and memory.

Dated this 8 day of June, 2012.

Declarant 1

Residing at:

541 Sierra Morena St

Las Vegas, NV 89144

Declarant 2

Residing at:

8209 Jo Marcy Drive

Las Vegas, NV 89131

MAY 20 2016

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ROA000771

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I WOULD LIKE TO SEARCH BY:

(•) Starts With ( ) Contains ( ) Exact Match ( ) All Words

Name:

St. Jude Children's Research Hospital

BUSINESS ENTITY SEARCH CRITERIA

Entity Number:

NV Business ID Number:

Officer Name:

Registered Agent Name:

Alert

No records found with your search criteria.

OK

MARKS SEARCH CRITERIA

Mark Number:

Classification:

-- Select --

Goods and Services:

Applicant Name:

ADVANCED SEARCH OPTIONS

◉ All ○ Show Only Business Entity Information ○ Show Only Mark Information

Type:

-- Select --

Status:

-- Select --

Search Clear

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Name:

St. Judes Research Hospital

BUSINESS ENTITY SEARCH CRITERIA

Entity Number:

NV Business ID Number:

Officer Name:

Registered Agent Name:

Alert

No records found with your search criteria.

OK

MARKS SEARCH CRITERIA

Mark Number:

Classification:

-- Select --

Goods and Services:

Applicant Name:

ADVANCED SEARCH OPTIONS

◉ All ○ Show Only Business Entity Information ○ Show Only Mark Information

Type:

-- Select --

Status:

-- Select --

Search Clear

BUSINESS ENTITY AND MARK SEARCH RESULT

Name	Status	Filing Date	Type	NV Business ID	Entity Number	Mark Number	Actions
ST. JUDE'S CARE, LLC	Permanently Revoked	01/03/2008	Domestic Limited-Liability Company (86)	NV20081062418	E0002982008-0		Mana
ST. JUDE'S RANCH FOR CHILDREN - NEVADA REGION, INC.	Active	01/10/1994	Domestic Nonprofit Corporation (82)	NV19941032326	C370-1994		Mana
ST. JUDE'S RANCH FOR CHILDREN CHARITABLE FOUNDATION, INC.	Active	07/01/2008	Domestic Nonprofit Corporation (82)	NV20081057125	E0419452008-0		Mana
ST. JUDE'S RANCH FOR CHILDREN, INC., A NEVADA NON-PROFIT CORPORATION	Active	05/06/1966	Domestic Nonprofit Corporation (82)	NV19661000910	C750-1966		Mana
ST. JUDE'S WOMEN'S AUXILIARY	Active	12/04/1972	Domestic Nonprofit Corporation (82)	NV19721005203	C3823-1972		Mana
ST. JUDES INTERNATIONAL COMMUNITY FOUNDATION, INC.	Permanently Revoked	05/03/1999	Domestic Nonprofit Corporation (82)	NV19991249122	C10801-1999		Mana

Name	Status	Filing Date	Type	NV Business ID	Entity Number	Mark Number	Actions
ST. JUDES, INC.	Permanently Revoked	01/02/1997	Domestic Nonprofit Corporation (82)	NV19971141238	C7075-1997		Mana

Page 1 of 1, records 1 to 7 of 7

Return To Search

CARY COLT PAYNE, CHTD.
Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

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EXHIBIT "B" 1

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St. Jude Children's Research Hospital-Nevada

1635 Village Center Cir, Ste 270, Las Vegas (NV), 89134, United States

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Work hours: Add information

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Mission: Finding cures. Saving children.

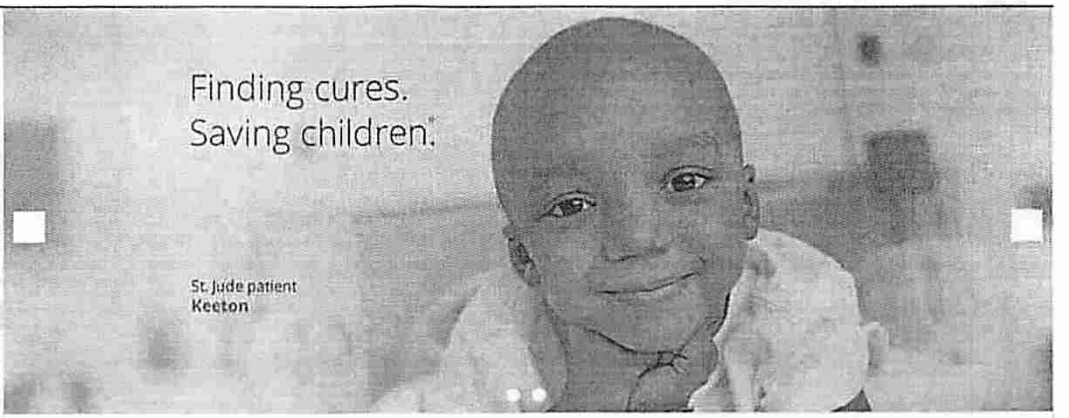
Description: St. Jude Children's Research Hospital is leading the way the world understands, treats and defeats childhood cancer and other deadly diseases. Everything we do is centered on finding cures and saving children. And families never receive a bill from St. Jude. We pay for treatment, travel, housing and food - because all a family should worry about is helping their child live.

By sharing our knowledge freely and exchanging

Lease An SUV Rather Tha
Search for Best Crossover SUV
Save On Leases for Latest Moc
Yahoo Search

Email or Phone | Password | Log In

Forgot account?



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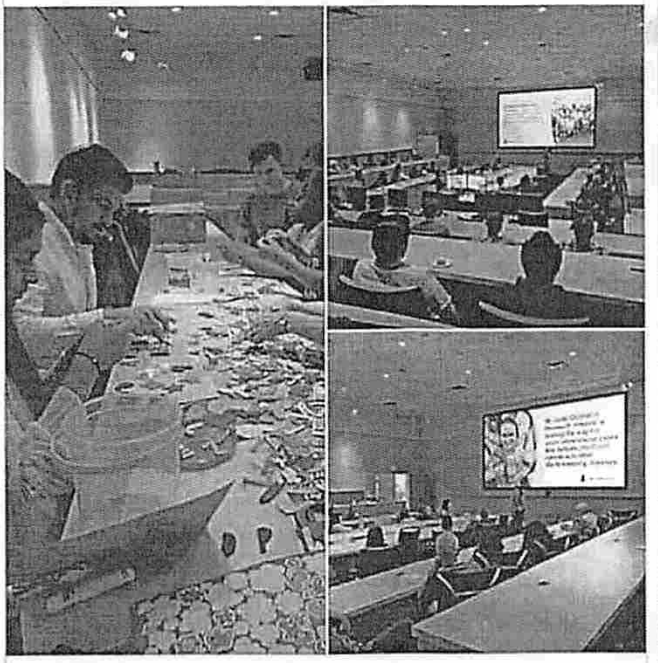

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St. Jude Children's Research Hospital-Nevada
Hospital in Las Vegas, Nevada

5
Always Open ST. JUDE CHILDREN'S RESEARCH HOSPITAL-NEVADA

Our Story

St. Jude Children's Research Hospital is leading the way the world understands, treats and defeats c...

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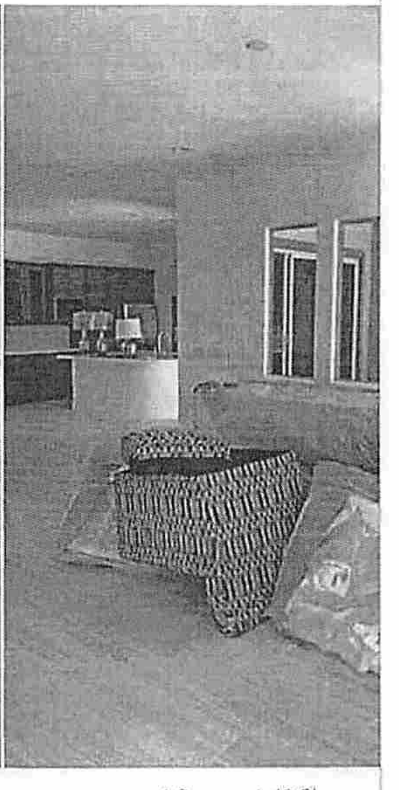
July 18 at 10:49 AM ·

Our 2019 Las Vegas St. Jude Dream Home Giveaway Open House prize partner Ashley HomeStore is hard at work turning this year's house into a home...with a few surprise touches! Tune in to KSNV News 3, Las Vegas on Wednesday, July 31 to learn more about this year's house built by Woodside Homes Nevada and all the amazing prizes you could win!



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Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

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EXHIBIT "B" 2

St. Jude Children's Research Hospital
Finding cures. Saving children.
ALSAC • DANNY THOMAS, FOUNDER

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Detach form at perforations.

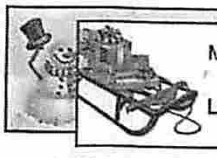
Sarah
spinal cancer

TO ST. JUDE CHILDREN'S RESEARCH HOSPITAL

I want to help St. Jude save children's lives.

I enclose my gift of:
☐ $10 ☐ $20 ☐ $35 ☐ $_____

☐ Please charge my credit card. (see back of form)



Mr. & Mrs. Corv Colt Payne
Las Vegas, NV 89

8889057 - 1

AND@181218254001867186793

Dear Mr. & Mrs. Payne,

I am asking for your help on behalf of all innocent little children treated by St. Jude Children's Research Hospital -- children like Sarah.

Thousands of children are diagnosed with cancer and other deadly diseases each year. And St. Jude relies on funding from people like you to continue our lifesaving mission.

Families never receive a bill from St. Jude for treatment, travel, housing or food -- because we believe all a family should worry about is helping their child live. Please help us, Mr. & Mrs. Payne -- today if possible -- by sending a contribution to St. Jude.

Please accept these personalized gifts made especially for you. We hope you think of our precious girls and boys when you use them.

For the children,

Marlo Thomas

Marlo Thomas

P.S. Thank you for your support!

St. Jude Children's Research Hospital®

ALSAC is the fundraising and awareness organization for St. Jude Children's Research Hospital ("St. Jude"). ALSAC is an Illinois nonprofit, tax-exempt organization which exists to raise funds and awareness for St. Jude whose mission is to find cures for children with cancer and other life-threatening diseases through research and treatment. American Lebanese Syrian Associated Charities, Inc. (ALSAC) is located at 501 St. Jude Place, Memphis, TN 38105. For questions, Donor Services can be reached at 1-800-822-6344.

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For questions about financial information or about ALSAC's purpose, programs and activities, call Donor Services at 1-800-822-6344, visit www.stjude.org, or write to ALSAC, or for residents of the following states, as stated below. California: ALSAC's audited financial statement is available upon request to ALSAC. Florida: A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE, 1-800-435-7352, OR AT WWW.FLORIDACONSUMERHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. ALSAC's REGISTRATION NUMBER IS CH-431. Georgia: Upon request, ALSAC will provide a full and fair description of this and its other programs, and a financial statement or summary. Maryland: A copy of the current financial statement for American Lebanese Syrian Associated Charities, Inc. is available by sending the request to 501 St. Jude Place, Memphis, TN 38105 or calling 1-800-822-6344. Documents and information submitted under the Maryland Solicitations Act are also available, for the cost of postage and copies, from the Maryland Secretary of State, State House, Annapolis MD 21401, (410) 974-5534. Michigan: MICS No. 3799. Mississippi: The official registration and financial information of American Lebanese Syrian Associated Charities, Inc. may be obtained from the Mississippi Secretary of State's office by calling 1-888-236-6167. Registration by the Secretary of State does not imply endorsement by the Secretary of State. New Jersey: INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING 1-973-504-6215 AND IS AVAILABLE ON THE INTERNET AT http://www.state.nj.us/lps/ca/charfrm.htm. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. New York: A copy of ALSAC's last financial report filed with the Attorney General is available by sending the request to ALSAC at 501 St. Jude Place, Memphis, TN 38105 or the Attorney General Charities Bureau, Department of State, 120 Broadway, 3rd Floor, New York, NY 10271. North Carolina: Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989 or 919-807-2214. The license is not an endorsement by the state. Pennsylvania: The official registration and financial information of American Lebanese Syrian Associated Charities, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. Virginia: Upon request, a financial statement is available from State Office of Consumer Affairs in the Department of Agriculture and Consumer Services, 102 Governor Street, Richmond, VA 23219. Washington: The registration required by the Charitable Solicitation Act is on file with the Secretary of State's office. You may obtain financial disclosure information by contacting the Secretary of State at 1-800-332-4483 or www.sos.wa.gov. West Virginia: West Virginia residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. Registration does not imply endorsement. Wisconsin: A financial statement of the charitable organization disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year will be provided to any person upon request. REGISTRATION IN A STATE DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION OF ALSAC BY THE STATE.

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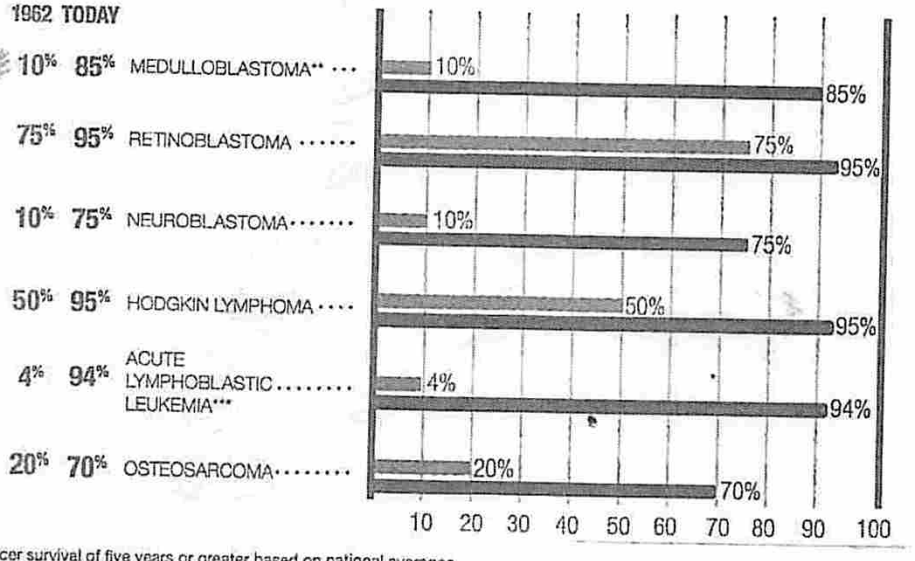
ST JUDE CHILDREN'S RESEARCH HOSPITAL
PO BOX 50
MEMPHIS TN 38101-9929

Please be sure address shows through window of return envelope. Thank you!

5-YEAR CANCER SURVIVAL RATES*
THANKS IN PART TO THE WORK AT ST. JUDE CHILDREN'S RESEARCH HOSPITAL



*Percentages reflect cancer survival of five years or greater based on national averages
**Reflects survival rate at St. Jude, standard risk and high risk, the highest among national cooperative groups for medulloblastoma
***Reflects survival rate at St. Jude, the highest worldwide for ALL

Recognize the warning signs of childhood cancer

How does a person distinguish between a relatively minor illness and a serious illness such as cancer? If a child has any of the following symptoms that are persistent, seek medical attention. Of course, these symptoms can occur for reasons other than serious illness. Do not hesitate to seek second opinions if a doctor is not able to determine the cause.

- Fever
- Fatigue and paleness
- Swelling or lumps anywhere on the body
- Nausea or loss of appetite
- Insomnia or sleeping too much
- Change in disposition, e.g., whining or crying spells, unusual irritability
- Regression of toilet habits
- Stumbling or falling
- Double vision or other eye problems
- Easy and frequent bruising
- Nosebleeds or bleeding from any part of the body

Because children may ignore or not recognize symptoms of illness, or be too young to communicate them, parents or caretakers should make certain children have regular medical checkups and be alert to signs that indicate something might be seriously wrong.

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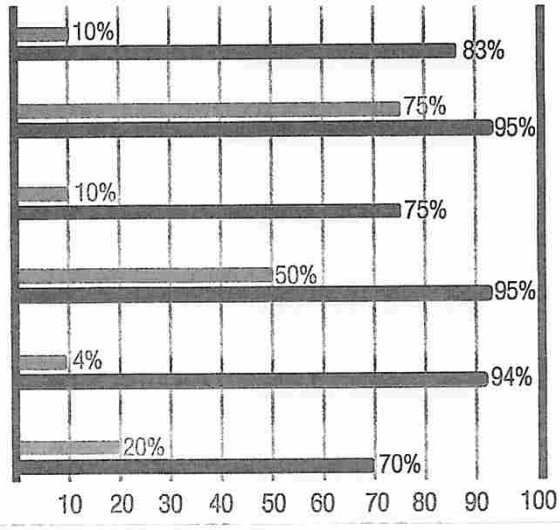

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ALSAC is the fundraising and awareness organization that supports St. Jude Children's Research Hospital ("St. Jude"). ALSAC is an Illinois nonprofit, tax-exempt organization which exists solely to raise and provide the funds necessary to operate and maintain St. Jude whose mission is to find cures for children with cancer and other life-threatening diseases through research and treatment. American Lebanese Syrian Associated Charities, Inc. (ALSAC) is located at 501 St. Jude Place, Memphis, TN 38105. For questions, Donor Services can be reached at 1-800-822-6344.

We honor our donors' right to change their communication preferences at any time. If you would like to make any changes, please write to us, call us at 1-800-493-6993, or e-mail us at DonorChoice@stjude.org. To ensure the privacy of our friends and supporters, St. Jude does not sell, lease, rent or loan any personally identifiable information to anyone not acting on our behalf. Furthermore, we share this data with service providers that have agreed to adhere to our privacy policy.

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CARY COLT PAYNE, CHTD.
Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

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EXHIBIT "B" 3

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❑ Yes! I want to help further the St. Jude mission: *Finding cures. Saving children.®*
Please reserve _____ St. Jude Dream Home® Giveaway ticket(s) at $100 each.

❑ I do not wish to reserve a ticket, but enclosed is my gift of $ _____.

Name ☐☐☐

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❑ Yes! I want to help further the St. Jude mission: *Finding cures. Saving children.®*
Please reserve _____ St. Jude Dream Home® Giveaway ticket(s) at $100 each.

❑ I do not wish to reserve a ticket, but enclosed is my gift of $ _____.

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Address ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

State ☐☐ ZIP ☐☐☐☐☐ Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐

Email ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

❑ Check Check Number ☐☐☐☐

Please make checks payable to St. Jude Children's Research Hospital®.

❑ Credit Card

CC# ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp Date ☐☐☐☐

Signature _____

Return form and your check or credit card number to:

ST. JUDE DREAM HOME® Giveaway | PO Box 530838
Henderson, NV 89053

You should receive confirmation of your entry within three weeks. Tickets must still be available, and this form must be received by the respective deadlines, to be eligible for each drawing. All mail-in forms must be received by September 23, 2019, and tickets must still be available, to be eligible to win the house. For event details, terms and conditions, and a list of all prizes, visit dreamhome.org. Limited tickets available. Must be a living U.S. resident 18 years of age or older to participate and win any prize. Void where prohibited by law. Please refer to the map on dreamhome.org for a complete list of terms and conditions in your market. The IRS requires that taxes on prizes valued greater than $5,000 must be paid upon acceptance and before SJCRH may deliver the prize to the winner. Winners are encouraged to consult a tax professional.

Giveaway date: September 25, 2019

800-378-5386 | dreamhome.org

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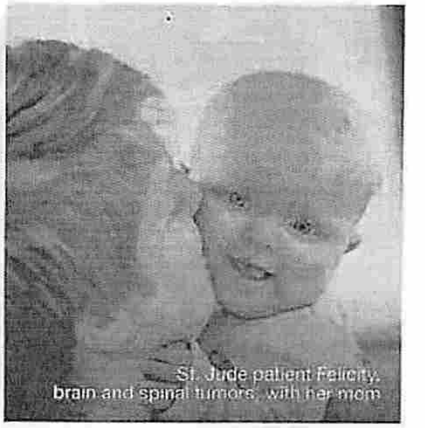

St. Jude patient Felicity, brain and spinal tumors, with her mom

Win this House

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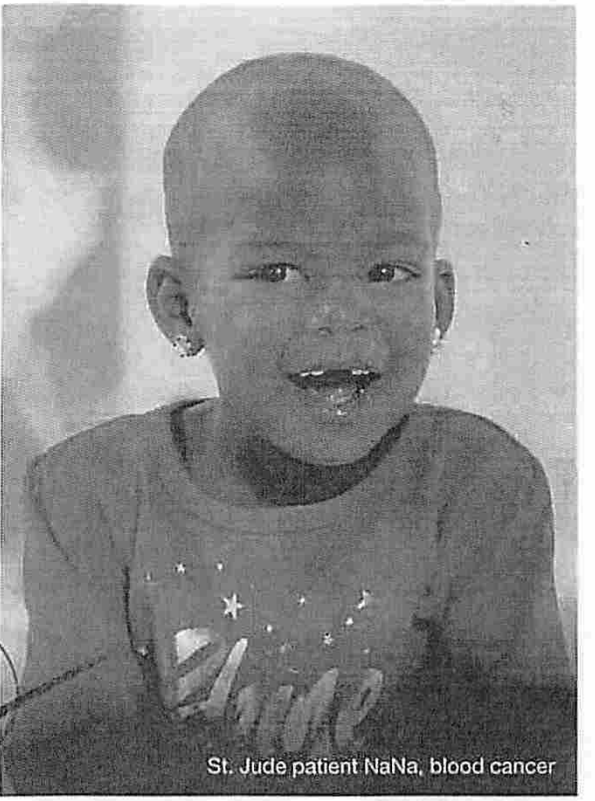
Help kids like Felicity and NaNa

Your St. Jude Dream Home® Giveaway ticket helps ensure families never receive a bill from St. Jude for treatment, travel, housing or food—because all a family should worry about is helping their child live.

Treatments invented at St. Jude have helped push the overall childhood cancer survival rate from 20% to more than 80% since it opened more than 50 years ago. St. Jude is working to drive the overall survival rate for childhood cancer to 90%, and we won't stop until no child dies from cancer.



St. Jude patient NaNa, blood cancer

Get your ticket

Your $100 ticket enters you to win this house built by Woodside Homes with an estimated value of $410,000.

A limited number of tickets are available for the St. Jude Dream Home® Giveaway.

ROA000793

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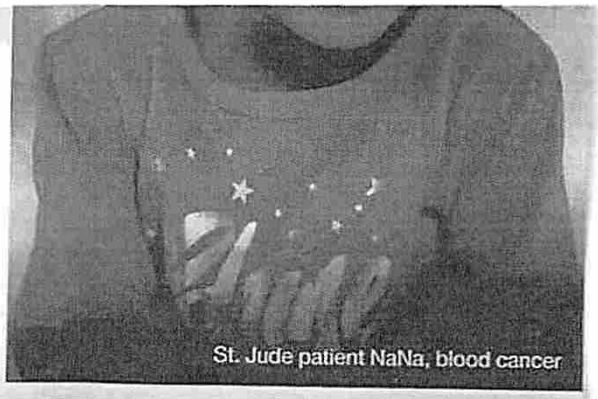
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- 2 bedrooms, 2 baths and an estimated 1,800 square feet
- master suite with spa-like walk-in shower
- custom gray cabinets with white quartz countertops and large kitchen island
- private covered courtyard with 12' sliding glass door

Free tours available

September 7 – 22
Saturdays: 9 a.m. – 5 p.m.
Sundays: noon – 5 p.m.

Register for free at the Open House to win a $10,000 shopping spree at Ashley HomeStore®.

You could win a house.
You will help end childhood cancer.

THE EARLIER YOU GET TICKETS THE MORE PRIZES YOU CAN WIN

Tickets on Sale Prize—exclusive opportunity for four with the Vegas Golden Knights™ Production Team for a behind the scenes experience before and during a 2019–2020 season home game, plus 4 seats to a 2019–2020 home game in a private box, courtesy of Revolution FMO and the Vegas Golden Knights™. Get your tickets by August 4.

VEGAS GOLDEN KNIGHTS

Early Bird Prize—$10,000 VISA gift card. Get your tickets by August 23.

OTHER GREAT PRIZES

- Artesso® Articulating Kitchen Faucet with SmartTouch® Technology, courtesy of Brizo®
- $1,000 gift card at Shaw Floors®

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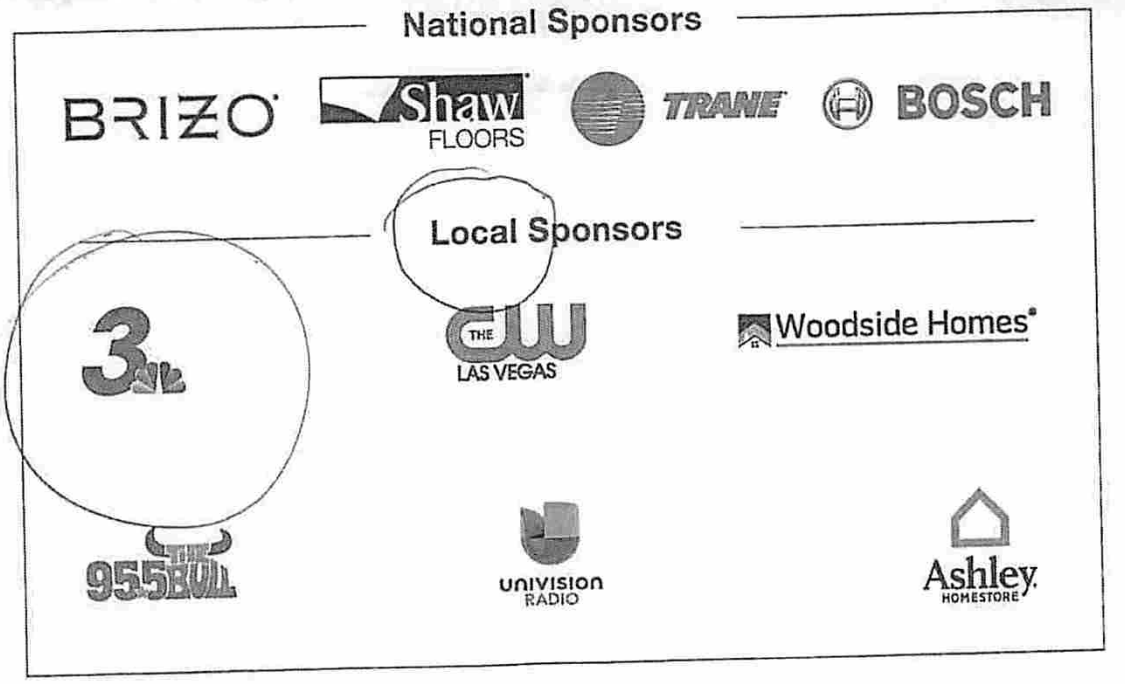

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❑ Yes! I want to help further
Please reserve ___
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St. Jude patient Felicity, brain and spinal tumors, with her mom

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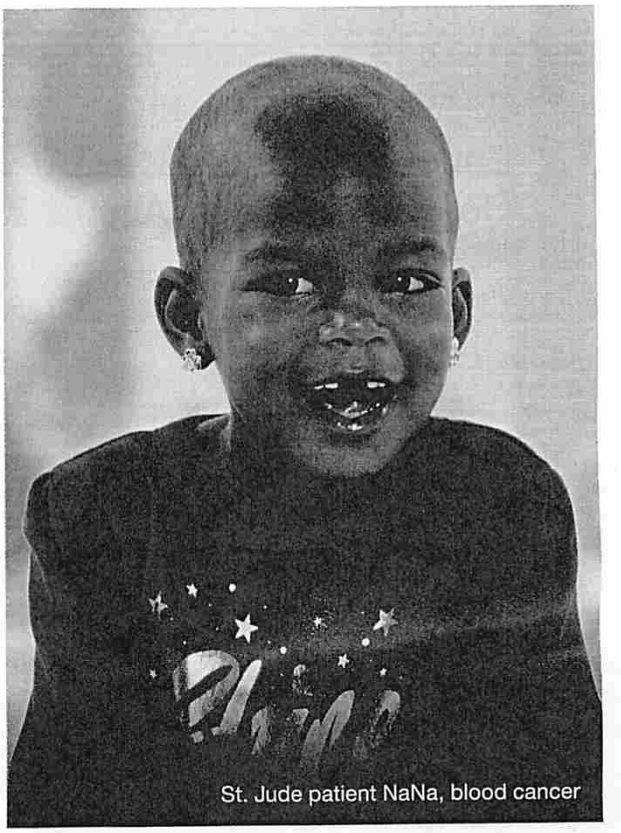

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ROA000798

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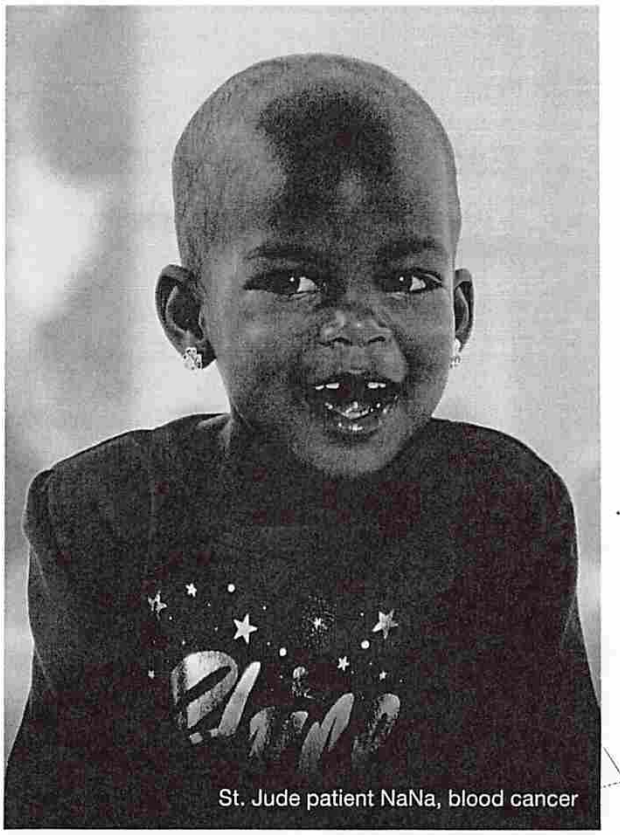

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Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
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EXHIBIT "B" 4

Photos from Pat Treichel's post

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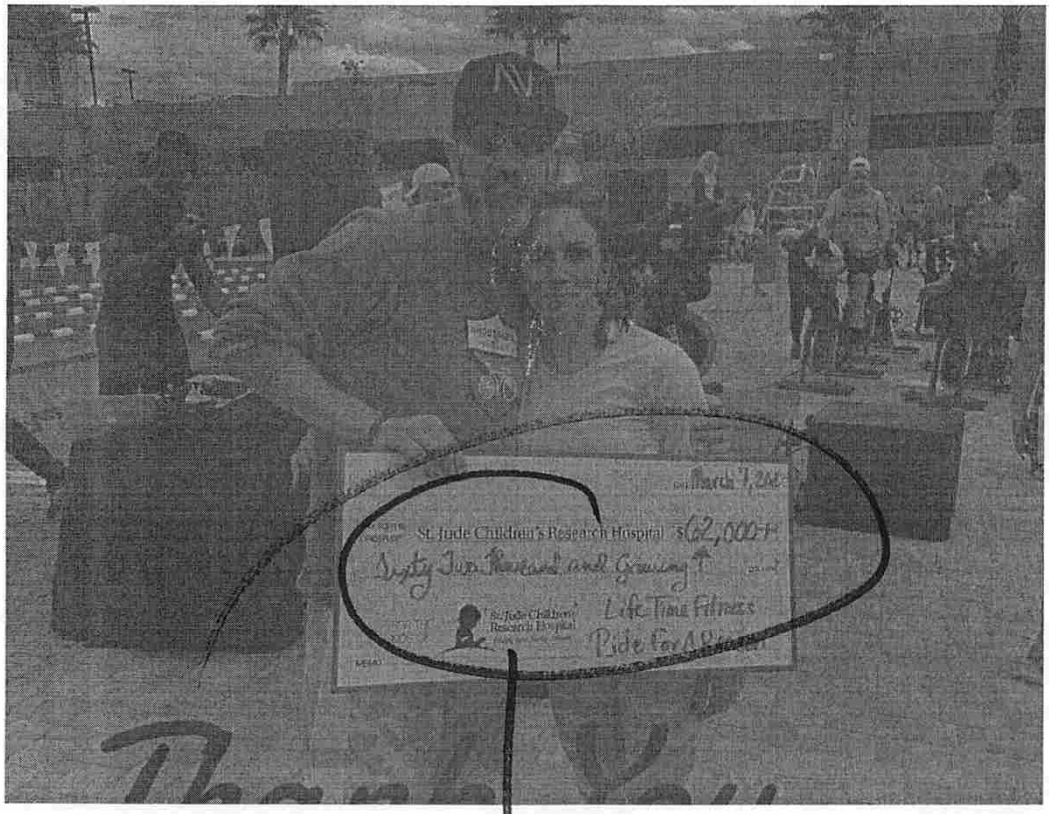

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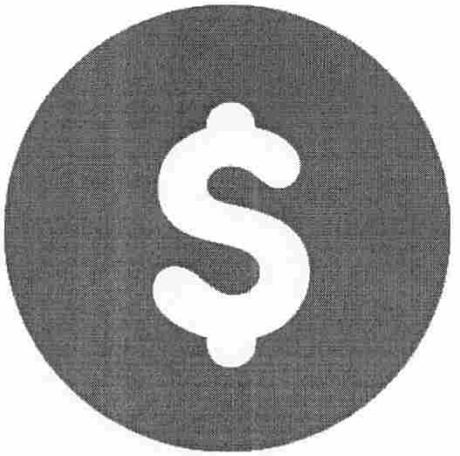
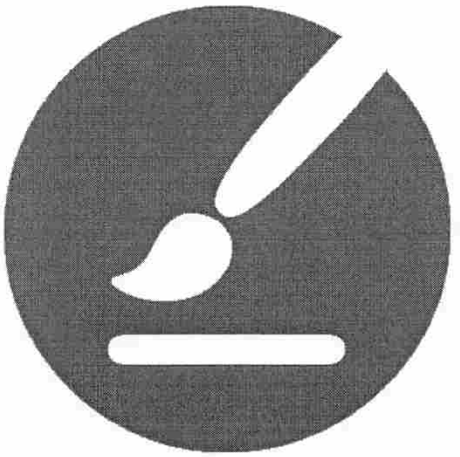
MARC WINARD





Thank you for partnering with me in Ride for a Reason Benefiting St. Jude Children's Research Hospital.

Together we are raising funds as St. Jude Hero's® for healthier kids in support of St. Jude.

St. Jude has a **mission of helping kids get healthy.** St. Jude is leading the fight against childhood cancer.

The funds we raise will help kids everywhere. Please donate and together we will create real change in children's lives.

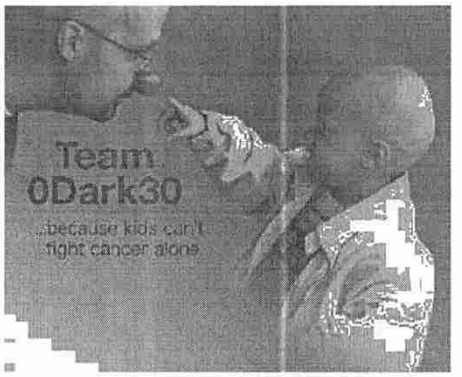
Does this page contain objectionable content? **Please inform the system administrator**.

© Copyright 2020. St. Jude Children's Research Hospital, a not-for-profit, section 501 (c)(3) corporation.
St. Jude Children's Research Hospital/ ALSAC, 501 St. Jude Place, Memphis, TN 38105 USA donors@stjude.org
Legal information Privacy Policy COPPA

ROA000804

St. Jude Heroes

- find a participant
- Log in



0Dark30

Join Team

Ride for a Reason-Life Time Summerlin

Share

0

https://fundraising.stjude.(

FUNDS RAISED FOR ST. JUDE

$32,732

OUR TEAM'S PROGRESS

93%
of Goal

Raised $32,732
Raised

OUR EVENT

Ride for a Reason-Life Time Summerlin

Thank you for supporting Ride for a Reason benefiting St. Jude Children's Research Hospital.

We're raising funds as St. Jude Heroes® as we ride for healthier kids

Team Roster view all

- Pat Treichel
- Kerry Treichel

ROA000805

in support of St. Jude and the Life Time Foundation.

St. Jude and Life Time are **united in the mission of helping kids get healthy.** St. Jude is leading the fight against childhood cancer, and the Life Time Foundation is committed to improving school lunch programs.

Please join our team! Together we can help kids everywhere.

Becky
Mark Blackman
Sharon Christ
Ninette Dasilva
Brook Frank
Carol Haase
Adrienne McNamee
Ryan McNamee

Denotes a Team Captain

3 LV LOCALS

Our Progress

Our Donors

Anonymous	$6,
Vergith Contracti...	$5,
Brook Frank/Fres...	$4,
The PENTA Buildi...	
MARC WINARD	$1

4

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Legal information Privacy Policy COPPA

ROA000806

St. Jude Heroes

- find a participant
- Log in

Ride for a Reason-Life Time Summerlin

Ride for a Reason-Life Time Summerlin

Las Vegas, NV • March 7, 2020

Register
Donate to this event

Share

0

https://fundraising.stjude

FUNDS RAISED FOR St. Jude

$64,606

OUR PROGRESS

69% of Goal | Make a gift! | Raised $64,606 Raised

LOCATION

Las Vegas
10721 W Charleston Blvd
Las Vegas, NV
89135

Event schedule

- 8:00 PWR/EDG with Pat Treichel and Kerry Treichel
- 9:00 EDG with Jessica Fasulo and Andrea Martin
- 10:00 AMP with Kiana McFarland and Mary Ruis Sanchez
- 11:00 EDG with Alfredo Brandt and Brian Catanio

Contact The Event Team

Join our 4-hour indoor cycling relay March 7, 2020. Life Time members and non-members can sign up, raise funds as a St. Jude Hero® and ride for healthier kids in support of St. Jude Children's Research Hospital and the Life Time Foundation.

Donate:

Donate directly

Find a Participant or Team:

Participant | Team

First Name

Last Name

Participate:

Form a team

Join an existing team

Register as an individual

Company List Page

Ride for a Reason-Life Time Summerlin

Top Teams

0Dark30	$
Peanut Butter	$
Kiana's AMP Army	
Rhythm Riders w...	

ROA000807

How it works:

- **Register:** Sign up solo or with a team of up to four people for a 4-hour indoor ride. Participants may choose to ride for 1, 2, 3 or all 4 hours.
- **Raise:** Raise money to support the kids of St. Jude and the Life Time Foundation.
- **Ride:** Join us March 7, 2020, and rock your workout while you cycle for healthier kids.

How your support helps:

- Families never receive a bill from St. Jude for treatment, travel, housing or food because all a family should worry about is helping their child live.
- The Life Time Foundation is dedicated to healthy, sustainable change in school food through education, grants, programs and partnerships.

Sign up!

Top fundraisers

Glenn Pollack

Shannon Friel

Brook Frank

Top teams

0Dark30

Peanut Butter

Kiana's AMP Army

Top Fundraisers

Glenn Pollack

Shannon Friel

Brook Frank

Pat Treichel

Victor Dubois

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St. Jude Children's Research Hospital/ ALSAC, 501 St. Jude Place, Memphis, TN 38105 USA donors@stjude.org
Legal information Privacy Policy COPPA

ROA000808

CARY COLT PAYNE, CHTD.
Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

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EXHIBIT "B" 5

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 6375 MEMPHIS, TN

POSTAGE WILL BE PAID BY ADDRESSEE

ST JUDE DREAM HOME GIVEAWAY
ST JUDE CHILDREN'S RESEARCH HOSPITAL
PO BOX 530838
HENDERSON NV 89053-9908

DE DREAM HOME®
way

❑ I want to help further the St. Jude mission: *Finding cures. Saving children.®*
Please reserve _____ St. Jude Dream Home® Giveaway ticket(s) at $100 each.

❑ I do not wish to reserve a ticket, but enclosed is my gift of $ _____.

Name

Address

City

State ZIP Phone – –

Email

❑ Check Check Number

Please make checks payable to St. Jude Children's Research Hospital®.

❑ Credit Card

CC# Exp Date

Signature _____

Return form and your check or credit card number to:

ST. JUDE DREAM HOME® Giveaway | PO Box 530838
Henderson, NV 89053

You should receive confirmation of your entry within three weeks. Tickets must still be available, and this form must be received by the respective deadlines, to be eligible for each drawing. All mail-in forms must be received by September 23, 2019, and tickets must still be available, to be eligible to win the house. For event details, terms and conditions, and a list of all prizes, visit dreamhome.org. Limited tickets available. Must be a living U.S. resident 18 years of age or older to participate and win any prize. Void where prohibited by law. Please refer to the map on dreamhome.org for a complete list of terms and conditions in your market. The IRS requires that taxes on prizes valued greater than $5,000 must be paid upon acceptance and before SJCRH may deliver the prize to the winner. Winners are encouraged to consult a tax professional.

Giveaway date: September 25, 2019

800-378-5386 | dreamhome.org

Proceeds benefit St. Jude Children's Research Hospital® in Memphis, TN. ©2019 ALSAC/St. Jude Children's Research Hospital (41975). Charitable lottery authorized by Nevada Gaming Control Board.

St. Jude Children's® Research Hospital
Finding cures. Saving children.

NEV GAMING CONTROL BOARD

You could win a house.
You will help end childhood cancer.

THE EARLIER YOU GET TICKETS THE MORE PRIZES YOU CAN WIN

Tickets on Sale Prize—exclusive opportunity for four with the Vegas Golden Knights™ Production Team for a behind the scenes experience before and during a 2019–2020 season home game, plus 4 seats to a 2019–2020 home game in a private box, courtesy of Revolution FMO and the Vegas Golden Knights™. Get your tickets by August 4.

VEGAS GOLDEN KNIGHTS

Early Bird Prize—$10,000 VISA gift card.
Get your tickets by August 23.

OTHER GREAT PRIZES

- Artesso® Articulating Kitchen Faucet with SmartTouch® Technology, courtesy of Brizo®
- $1,000 gift card at Shaw Floors®

National Sponsors

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EXHIBIT PAGE ONLY

EXHIBIT 4

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

AFF
Todd L. Moody (5430)
Russel J. Geist (9030)
HUTCHISON & STEFFEN, LLC
Peccole Professional Park
10080 West Alta Drive, Suite 200
Las Vegas, Nevada 89145
(702) 385-2500
(702) 385-2086
rgeist@hutchlegal.com

Attorneys for St. Jude Children's Research Hospital

DISTRICT COURT

CLARK COUNTY, NEVADA

In the Matter of the Estate of THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR., Deceased.	Case No.: P-14-082619-E Dept No.: PCI

AFFIDAVIT OF PROOF OF LOST WILL

I, KRISTIN M. TYLER, being first duly sworn, do hereby declare to the undersigned authority that I was a Witness to the Last Will and Testament dated October 2, 2012 ("Last Will") of THEODORE E. SCHEIDE, JR., also sometimes known as THEODORE E. SCHEIDE ("Decedent"), and did sign as a witness on that Last Will. I can further attest that the Decedent signed and executed the instrument as his Last Will on October 2, 2012, and that he signed it willingly, and that he executed it as his free and voluntary act for the purposes therein expressed and to the best of my knowledge the Decedent was at that time eighteen years of age or older, of sound mind and under no constraint or undue influence.

I further attest that the Decedent signed and executed the Last Will dated October 2, 2012 in the presence of myself and Diane DeWalt, and we both subscribed the Attestation to the Last Will in the presence of the Decedent.

I further attest that the Decedent contacted me as his estate planning counsel to

discuss changes in his wishes expressed in his previous Last Will and Testament dated June 8, 2012, which I had drafted as the attorney for the Decedent and was the Decedent's regular course of action when he wanted to change the wishes expressed in his prior estate planning documents. Specifically, the Decedent wanted to remove the nomination of KAREN HOAGLAND as the Executor under Article Five of the Last Will and Testament dated June 8, 2012, and instead appoint PATRICIA BOWLIN as the Executor.

I further attest that in discussing the preparation of Last Will dated October 2, 2012, the Decedent did not express any desire to change the disposition of his residuary estate which was then designated to VELMA G. SHAY, if living, otherwise to ST. JUDE CHILDREN'S RESEARCH HOSPITAL.

I further attest that I remained in contact with the Decedent after he executed his Last Will dated October 2, 2012, as his health and mental condition declined afterward, and

I further attest that I continued to represent and advise the Decedent as his estate planning counsel until NEVADA GUARDIAN SERVICES, LLC was appointed his temporary guardian on February 18, 2014 and his general guardian over his person and estate on March 19, 2014.

I can further attest that at no time after executing his Last Will dated October 2, 2012, did the Decedent express to me any intention to change the disposition of his residuary estate which was then designated to VELMA G. SHAY, if living, otherwise to ST. JUDE CHILDREN'S RESEARCH HOSPITAL.

I further attest that, to my knowledge, the Decedent did not intentionally destroy or revoke the Last Will dated October 2, 2012, and that to the best of my knowledge this was the Decedent's Last Will and Testament. I can further attest that, to the best of my knowledge, the Last Will dated October 2, 2012, was in existence at the death of the Decedent.

I further attest that, after the death of the Decedent, I was contacted by NEVADA GUARDIAN SERVICES, LLC or its counsel and asked if I had the original of

Last Will dated October 2, 2012. I informed NEVADA GUARDIAN SERVICES, LLC or its counsel that the Decedent chose to retain the original executed Last Will dated October 2, 2012, but that I had the original of the Decedent's Last Will and Testament dated June 8, 2012, which differed only in the nomination of the Executor. I was not asked for the original of the Decedent's Last Will and Testament dated June 8, 2012, nor was I contacted by NEVADA GUARDIAN SERVICES, LLC or its counsel regarding the Decedent's estate to provide an affidavit of lost will pursuant to NRS 136.240(4) regarding the Last Will dated October 2, 2012.

DATED this September 7, 2016.

KRISTIN M. TYLER

STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

Subscribed and Sworn to before me this 7th day of September, 2016.

Notary Public

CAROLINE TOFANELLI
Notary Public-State of Nevada
APPT. NO. 15-2302-1
My App. Expires July 07, 2019

ROA000816
Docket 84279 Document 2023-07695

CARY COLT PAYNE, CHTD.
Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

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EXHIBIT "B"

DECLARATION OF CARY C. PAYNE, ESQ.

I, Cary C. Payne, attorney for Theodore Scheide, III a/k/a Chip Scheide in Case No. P-14-082619, pursuant to the laws of the state of Nevada (NRS 53.045), and under penalty of perjury, hereby declares that the following is true to the best of his knowledge and belief.

1. That your affiant's office conducted several inquiries with the Nevada Secretary of State's filings, website, etc.

2. That as of June 2019, and even as the of the date below, St. Jude Children's Research Hospital, Inc. has not registered to do business in the State of Nevada.

3. Based on information and belief, despite doing business, St. Jude Children's Research Hospital, Inc. is not in compliance with NRS 82.523, *et al.*

4. That attached hereto as exhibits that have been circulated by St. Jude Children's Research Hospital, Inc. The US tax returns, including St Jude's Research Children's Hospital, Inc., the American Lebanese Syrian Associated Charites, Inc. documents found on the St Jude's Research Hospital website, and other matters from the State of Nevada.

5. That "St. Jude of Nevada" asserts at least the following:

   (a) Facebook pages referencing St. Jude Children's Research Hospital in Las Vegas, Nevada.

   (b) Facebook pages referencing St. Jude Children's Research Hospital "Las Vegas St. Jude Dream Home Giveaway Open House."

   (c) Facebook pages referencing St. Jude Children's Research Hospital-Nevada, 1635 Village Center Cir., Suite 270, La Vegas, NV 89134; (702) 341-2900; further referencing "fundraising opportunities in Nevada."

   (d) Mailing with win a house (Henderson) return address of "St. Jude Dream Home Giveaway, P.O. Box 530838, Henderson, NV 89053."

(e) Insert in same mailing, buy a $100 ticket and mail your money to Henderson Post Office Box and (St. Jude Dream Home Giveaway) referenced in paragraph (d) above states: "Charitable Lottery Authorized by Nevada Gaming Control Board."

(f) Prepaid postage envelope which is part of mailing referenced in paragraph (d) above has return address of "St. Jude Dream Home Giveaway, St. Jude Children's Research Hospital, P.O. Box 530838, Henderson, NV 89053-9908."

(g) Additional insert to mailing referenced in paragraph (d) above is for a "Dream Home Giveaway" for a Woodside Home located in Henderson, Nevada and further states "Register for free at the Open House to win a $10,000 shopping spree at Ashley HomeStore."

(h) Additional insert to mailing referenced in paragraph (d) above states "Tickets on Sale Prize – exclusive opportunity for four with the Vegas Golden Knights Production Team for a behind the scenes experience before and during a 2019-2020 season home game..." with "Other Great Prizes" of an Artesso Articulating Kitchen Faucet and a $1,000 gift card at Shaw Floors.

(i) Pursuant to the mailing referenced in paragraph (d) above, local sponsors include Chanel 3, The CW Las Vegas, Woodside Homes, 95.5 The Bull, Univision Radio, and Ashley HomeStore.

6. That your affiant has also reviewed the following:

(a) Form 990 (calendar year 2016) U.S. tax return for St. Jude Children's Research Hospital, Inc.

(b) Form 990 (calendar year 2018) U.S. tax return for St. Jude Children's Research Hospital, Inc.

(c) Form 990 (calendar year 2018) for the American Lebanese Syrian Associated Charities, Inc.

(d) The St. Jude Children's Research Hospital, Inc. and its subsidiaries – Consolidated Financial Statement as of and for the year ending June 30, 2017 and 2016 and Independent Audit Report (pages 1 – 20).

7. That according to form 990 (2018) St Jude tax filing (schedule F) identifies of the $15 million (plus) spent "outside of the US" that $3,975,072 was spent on "program services" in the Middle East and North Africa. That the middle east in

particular the area of South of Beirut Lebanon is occupied by Hezbollah which is a Shia Islamist political party and militant group based in the area.

8. That according to the form 990 (2018) American Lebanese Syrian Associated Charities, Inc. tax filing (schedule F) $1,495,908,551 of investments "outside the US". According to the same returns of the 9 (Officers) listed the top salary is $1,134,497 plus "other comp." of $144,053 is for James R. Downing. The next officer listed Richard C. Shadyac, Jr listed at $840,195 plus "other comp." of $118,691. The lowest listed chief investment officer Anurag Pandt makes only $470,749 in compensation, and $73,568 in "other compensation".

Form (Schedule J) for 2018 tax return provides the payment for "companions to travel". Pg1. Payments Health or social club dues or initiation fees". They also participate in supp. Non qualified retirement plans. (box 4b)

(Schedule L) pg.1-3 states Director Bruce B Hopkins has employed Carter Hopkins (family member) $58,127 a year. CEO-Ricard C. Shadyac, Jr. employs (family member) Coury Shadyac $173,953 a year. Emily Greer (chief adm. officer) employees family member Karon Nash (no disc. Amt.) Pg. 3 shows other payments to Emily Callahan for $14,623, Sue Harole $10,065 and Robert Machen $16,845.

9. That attached hereto are (**Exhibit "~~E~~ 67**") postings, e.g., Pat Treuichel's social media fundraising effort for St. Jude Research Hospital, etc.

Date: 3/15/21

Cary C. Payne, Esq.

NEVADA BUSINESS SEARCH

* Includes Trademarks, Trade Names, Service Marks, Reserved Names & Business Licenses

I WOULD LIKE TO SEARCH BY:

(•) Starts With ( ) Contains ( ) Exact Match ( ) All Words

Name:

St Jude's Research Hospital

BUSINESS ENTITY SEARCH CRITERIA

Entity Number:

NV Business ID Number:

Officer Name:

Registered Agent Name:

Alert

No records found with your search criteria.

OK

MARKS SEARCH CRITERIA

Mark Number:

Classification:

-- Select --

Goods and Services:

Applicant Name:

ADVANCED SEARCH OPTIONS

◉ All ○ Show Only Business Entity Information ○ Show Only Mark Information

Type:

-- Select --

Status:

-- Select --

Search Clear

Tennessee Secretary of State
Tre Hargett

Business Entity Detail

Available Entity Actions: File Annual Report | Certificate of Existence | More

Entity details cannot be edited. This detail reflects the currer of the filing in the system.

Return to the Business Information Search.

000083284: Nonprofit Corporation - Domestic

Printer Friendly Ver

Name:	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.		
Old Name:	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TENNESSEE		
Status:	Active	Initial Filing Date:	07/18/1959
Formed In:	TENNESSEE	Delayed Effective Date:	
Fiscal Year Close:	June	AR Due Date:	10/01/2019
Term of Duration:	Perpetual	Inactive Date:	
Principal Office:	ROBYN DIAZ 262 DANNY THOMAS PL STOP 280 MEMPHIS, TN 38105-3678 USA		
Mailing Address:	ROBYN DIAZ 262 DANNY THOMAS PL STOP 280 MEMPHIS, TN 38105-2678 USA		
AR Exempt:	No	Obligated Member Entity:	No
Public Benefit Corporation:	Yes		

Assumed Names | History | Registered Agent

Name	Status	Expires
No Assumed Names Found...		

Division of Business Services
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor
Nashville, TN 37243
615-741-2286
8:00 a.m. until 4:30 p.m. (Central) Monday - Friday.
Directions | State Holidays | Methods of Payment

Business Filings and Information (615) 741-2286 | TNSOS.CORPINFO@tn.gov

NEVADA SECRETARY OF STATE
Barbara K. Cegavske

Nevada Business Search

*** Includes Trademarks, Trade Names, Service Marks, Reserved Names & Business Licenses**

Search by Entity Name: st. jude children research hospital

Sort by Relevance ◉ descending ○ ascending order

☐ Include phonetic matches ?

Search Tips

Search

No results for entity name search on "st. jude children research hospital"

Data in this system may be up to fifteen minutes behind actual filings in the Secretary of State's office. In order to optimize the business search experience for all our customers, the automated and/or systematic collection of data from this website is strictly prohibited.

101 N Carson Street Suite 3 Carson City, NV 89701 | (775) 684-5708

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CARY COLT PAYNE, CHTD.
Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

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EXHIBIT "C"

PUBLIC DISCLOSURE COPY

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable: Address change; Name change; Initial return; Final return/ termin-ated; Amended return; Applica-tion pending

C Name of organization
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 501 ST. JUDE PLACE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105

F Name and address of principal officer: RICHARD C. SHADYAC, JR.
SAME AS C ABOVE

D Employer identification number
35-1044585

E Telephone number
(901) 578-2000

G Gross receipts $ 2,427,792,884.

H(a) Is this a group return for subordinates? Yes [X] No

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

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.STJUDE.ORG

K Form of organization: [X] Corporation Trust Association Other ▶

L Year of formation: 1957

M State of legal domicile: IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE CHILDREN'S RESEARCH		
	2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	44
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	2105
	6	Total number of volunteers (estimate if necessary)	6	1000000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-4,226,968.
	b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,446,493,050.	1,667,190,856.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	168,588,999.	212,808,116.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,903,186.	39,767,318.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,651,985,235.	1,919,766,290.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	757,401,881.	865,122,365.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	153,380,025.	173,868,497.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	9,869,627.	9,307,214.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 252,021,933.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	319,098,782.	351,430,671.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,239,750,265.	1,399,728,747.
	19	Revenue less expenses. Subtract line 18 from line 12	412,234,970.	520,037,543.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,780,599,912.	5,461,105,812.
	21	Total liabilities (Part X, line 26)	84,741,849.	95,035,227.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,695,858,063.	5,366,070,585.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date

▶ ABED ABDO, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
FRANCIS J. BEDARD	Francis J Bedard	4/14/2020		P00752421

Firm's name ▶ DELOITTE TAX LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN STREET, SUITE 400
NASHVILLE, TN 37203 — Phone no. (615) 259-1800

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes No

832001 12-31-18 LHA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ROA000826

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) WAS FOUNDED IN 1957 AND EXISTS SOLELY TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 1,007,518,258. including grants of $ 865,122,365.) (Revenue $ 25,830,721.)
ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION FOR ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. (ST. JUDE). ALSAC EXISTS SOLELY TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT WHILE HONORING THE MEMORY AND HERITAGE OF OUR FOUNDER, DANNY THOMAS. NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY. THANKS TO GENEROUS DONORS, FAMILIES NEVER RECEIVE A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD - BECAUSE WE BELIEVE ALL A FAMILY SHOULD WORRY ABOUT IS HELPING THEIR CHILD LIVE.

(CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses ▶ 1,007,518,258.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		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 of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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	
35a	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		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1338		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	80		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
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 2105			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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	X	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	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			
c	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44		
	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	41		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AL, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI

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

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

ABED ABDO - (901) 578-2150

501 ST. JUDE PLACE, MEMPHIS, TN 38105

ROA000831

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE ABOUSSIE	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(2) SUSAN MACK AQUILLARD, MD	4.00									
VOTING DIRECTOR	8.00	X						0.	0.	0.
(3) MAHIR AWDEH, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(4) JOSEPH S. AYOUB, JR., ESQ.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(5) PAUL J. AYOUB, ESQ.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(6) FREDERICK M. AZAR, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(7) JAMES B. BARKATE	8.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(8) MARTHA PERINE BEARD	8.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(9) SHERYL BOURISK	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(10) ROBERT A. BREIT, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(11) TERRY BURMAN	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(12) ANN M. DANNER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(13) JOSEPH M. DEVIVO	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(14) FRED P. GATTAS, III, PHARMD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(15) RUTH GAVIRIA	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(16) CHRISTOPHER GEORGE, MD	4.00									
VOTING DIRECTOR	8.00	X						0.	0.	0.
(17) JUDY HABIB	8.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GABRIEL (GABBY) HADDAD, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(19) PAUL K. HAJAR	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(20) CHUCK HAJJAR	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(21) FOUAD HAJJAR, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(22) FREDERICK R. HARRIS, JR., MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(23) BRUCE B. HOPKINS	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(24) J. DAVID KARAM, II	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(25) SHARON L. MCCOLLAM	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(26) MICHAEL D. MCCOY	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								4,206,061.	1,134,497.	847,594.
d Total (add lines 1b and 1c) ▶								4,206,061.	1,134,497.	847,594.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 372

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INNERWORKINGS, INC. 600 W. CHICAGO AVENUE, CHICAGO, IL 60654	PRINT MATERIALS PRODUCTION	6,798,601.
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE, AKRON, OH 44333-4501	CALL CENTER	6,030,933.
VACO MEMPHIS, LLC, 5410 MARYLAND WAY, #460, BRENTWOOD, TN 37027	IT CONTRACT LABOR	5,141,901.
EAGLECOM, INC., 2300 YONGE STREET, SUITE 1700, TORONTO, ONTARIO, CANADA	MEDIA PURCHASING	3,715,603.
TEKSYSTEMS P.O. BOX 198568, ATLANTA, GA 30384-8568	IT CONTRACT LABOR	3,423,791.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 46

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT T. MOLINET, ESQ.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(28) RAMZI NUWAYHID	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(29) THOMAS PENN, III	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(30) CHRISTINA M. RASHID	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(31) CAMILLE F. SARROUF, JR., ESQ.	4.00									
VOTING DIRECTOR	8.00	X						0.	0.	0.
(32) JOSEPH C. SHAKER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(33) JOSEPH G. SHAKER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(34) GEORGE A. SIMON, II	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(35) MICHAEL SIMON	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(36) PAUL J. SIMON	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(37) TONY THOMAS	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(38) RICHARD M. UNES	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(39) PAUL H. WEIN, ESQ.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(40) THOMAS WERTZ	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(41) SUSAN R. WINDHAM-BANNISTER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(42) TAMA ZAYDON	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(43) JAMES R. DOWNING	1.00									
EX-OFFICIO DIRECTOR	55.00	X						0.	1,134,497.	144,053.
(44) RICHARD C. SHADYAC, JR.	55.00									
CEO & EX-OFFICIO DIRECTOR	1.00	X		X				840,195.	0.	118,691.
(45) EMILY S. GREER	55.00									
CHIEF ADMIN. OFFICER	0.00			X				518,600.	0.	89,903.
(46) JEFFREY T. PEARSON	55.00									
CHIEF FINANCIAL OFFICER	0.00			X				474,685.	0.	91,149.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) EMILY CALLAHAN	55.00									
CHIEF MARKETING & EXPERIENCE OFFICER	0.00					X		494,157.	0.	86,701.
(48) SARA HALL	55.00									
CHIEF LEGAL OFFICER	0.00					X		454,173.	0.	82,166.
(49) SUE HARPOLE	55.00									
CHIEF DEVELOPMENT OFFICER	0.00					X		477,091.	0.	77,809.
(50) ROBERT MACHEN	55.00									
CHIEF OPERATING OFFICER	0.00					X		476,411.	0.	83,554.
(51) ANURAG PANDIT	55.00									
CHIEF INVESTMENT OFFICER	0.00					X		470,749.	0.	73,568.
Total to Part VII, Section A, line 1c								4,206,061.	1,134,497.	847,594.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	3,836,869.				
	b Membership dues	1b					
	c Fundraising events	1c	11,313,800.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,652,040,187.				
	g Noncash contributions included in lines 1a-1f: $ 19,796,635.						
	h **Total.** Add lines 1a-1f			1,667,190,856.			
Program Service Revenue		**Business Code**					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f						
	3 Investment income (including dividends, interest, and other similar amounts)			29,632,000.		-6,087,999.	35,719,999.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents	364,072.					
	b Less: rental expenses	0.					
	c Rental income or (loss)	364,072.					
	d Net rental income or (loss)			364,072.			364,072.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	670,823,138.	266,450.				
	b Less: cost or other basis and sales expenses	487,603,270.	310,202.				
	c Gain or (loss)	183,219,868.	-43,752.				
	d Net gain or (loss)			183,176,116.	-43,752.		183,219,868.
Other Revenue	8a Gross income from fundraising events (not including $ 11,313,800. of contributions reported on line 1c). See Part IV, line 18	a	18,639,338.				
	b Less: direct expenses	b	6,971,596.				
	c Net income or (loss) from fundraising events			11,667,742.			11,667,742.
	9a Gross income from gaming activities. See Part IV, line 19	a	37,058,311.				
	b Less: direct expenses	b	11,183,838.				
	c Net income or (loss) from gaming activities			25,874,473.	25,874,473.		
	10a Gross sales of inventory, less returns and allowances	a	3,818,719.				
	b Less: cost of goods sold	b	1,957,688.				
	c Net income or (loss) from sales of inventory			1,861,031.		1,861,031.	
	Miscellaneous Revenue	**Business Code**					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d						
	12 **Total revenue.** See instructions			1,919,766,290.	25,830,721.	-4,226,968.	230,971,681.

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	865,122,365.	865,122,365.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,886,690.	371,995.	575,563.	939,132.
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	137,436,587.	27,251,625.	41,923,193.	68,261,769.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,891,909.	1,747,773.	2,668,304.	4,475,832.
9 Other employee benefits	16,257,431.	3,173,176.	4,893,240.	8,191,015.
10 Payroll taxes	9,395,880.	1,862,013.	2,741,349.	4,792,518.
11 Fees for services (non-employees):				
a Management				
b Legal	2,510,261.	394,992.	631,768.	1,483,501.
c Accounting	309,528.		309,528.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,307,214.			9,307,214.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,318,185.	4,523,227.	6,243,809.	7,551,149.
12 Advertising and promotion				
13 Office expenses	746,782.	120,126.	384,802.	241,854.
14 Information technology	24,537,117.	3,837,946.	19,308,078.	1,391,093.
15 Royalties				
16 Occupancy	9,171,991.	1,575,467.	3,503,990.	4,092,534.
17 Travel	10,409,491.	2,087,193.	1,790,324.	6,531,974.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,132,272.	956,768.	778,035.	3,397,469.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,264,341.	3,902,751.	16,787,098.	2,574,492.
23 Insurance	2,988,275.	538,613.	1,127,566.	1,322,096.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN EXPENSES	110,830,192.	49,397,268.	7,878,063.	53,554,861.
b MAILING & SHIPPING	101,898,385.	31,541,415.	15,801,608.	54,555,362.
c PRINTING & PUBLICATIONS	6,561,715.	1,132,888.	976,705.	4,452,122.
d UBI TAXES	538,917.		538,917.	
e All other expenses	34,213,219.	7,980,657.	11,326,616.	14,905,946.
25 **Total functional expenses.** Add lines 1 through 24e	1,399,728,747.	1,007,518,258.	140,188,556.	252,021,933.
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 ▶ X if following SOP 98-2 (ASC 958-720)	134,878,941.	70,080,401.	15,121,792.	49,676,748.

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Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		143,460,238.	2	142,979,801.
	3	Pledges and grants receivable, net		28,836,741.	3	35,598,691.
	4	Accounts receivable, net		914,913.	4	795,268.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,756,710.	8	2,481,853.
	9	Prepaid expenses and deferred charges		2,815,734.	9	10,640,584.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 322,283,988.			
	b	Less: accumulated depreciation	10b 101,776,319.	205,969,217.	10c	220,507,669.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		4,396,846,359.	12	5,048,101,946.
	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 equal line 34)		4,780,599,912.	16	5,461,105,812.
Liabilities	17	Accounts payable and accrued expenses		48,095,482.	17	52,961,089.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		36,646,367.	25	42,074,138.
	26	**Total liabilities.** Add lines 17 through 25		84,741,849.	26	95,035,227.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,594,615,589.	27	4,278,902,412.
	28	Temporarily restricted net assets		76,544,144.	28	0.
	29	Permanently restricted net assets		1,024,698,330.	29	1,087,168,173.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,695,858,063.	33	5,366,070,585.
	34	Total liabilities and net assets/fund balances		4,780,599,912.	34	5,461,105,812.

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,919,766,290.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,399,728,747.
3	Revenue less expenses. Subtract line 2 from line 1	3	520,037,543.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,695,858,063.
5	Net unrealized gains (losses) on investments	5	150,174,979.
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	5,366,070,585.

Part XII Financial Statements and Reporting

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

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

ROA000839

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	35-1044585

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations .....

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

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

ROA000840

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1028565644.	1129523176.	1314189700.	1446493050.	1667190856.	6585962426.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1028565644.	1129523176.	1314189700.	1446493050.	1667190856.	6585962426.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						6585962426.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1028565644.	1129523176.	1314189700.	1446493050.	1667190856.	6585962426.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,637,216.	22,528,839.	23,051,442.	26,152,721.	35,719,999.	133,090,217.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,154,757.	434,311.	719,985.	754,615.	0.	3,063,668.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	40,875,736.	38,532,271.	44,211,185.	51,485,671.	55,697,649.	230,802,512.
11 **Total support.** Add lines 7 through 10						6952918823.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.72 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	94.49 %

16a **33 1/3% support test - 2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a government entity (see instructions).*

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

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

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

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

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

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

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

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

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

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

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

PART II, LINE 10:

COLUMN (A): 2014 - TOTAL OF 40,875,736 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 13,672,319

B. GROSS GAMING RECEIPTS: 27,203,417

COLUMN (B): 2015 - TOTAL OF 38,532,271 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 15,414,176

B. GROSS GAMING RECEIPTS: 23,118,095

COLUMN (C): 2016 - TOTAL OF 44,211,185 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 17,139,341

B. GROSS GAMING RECEIPTS: 27,071,844

COLUMN (D): 2017 - TOTAL OF 51,485,671 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 19,414,166

B. GROSS GAMING RECEIPTS: 32,071,505

COLUMN (E): 2018 - TOTAL OF 55,697,649 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 18,639,338

B. GROSS GAMING RECEIPTS: 37,058,311

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number
35-1044585

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number
35-1044585

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 50,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

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

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

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

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

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

Part II Conservation Easements.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ROA000850

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,024,698,330.	965,253,422.	873,056,599.	873,885,134.	915,104,075.
b Contributions	4,864,242.	21,281,957.	12,552,432.	2,341,719.	2,970,640.
c Net investment earnings, gains, and losses	64,664,085.	92,690,065.	103,475,245.	-72,118.	8,222,632.
d Grants or scholarships					
e Other expenditures for facilities and programs	38,875,713.	54,527,114.	23,830,854.	3,098,136.	52,412,213.
f Administrative expenses					
g End of year balance	1,055,350,944.	1,024,698,330.	965,253,422.	873,056,599.	873,885,134.

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,597,320.		44,597,320.
b Buildings		132,586,503.	25,145,529.	107,440,974.
c Leasehold improvements		4,590,965.	1,225,696.	3,365,269.
d Equipment		53,112,792.	28,314,790.	24,798,002.
e Other		87,396,408.	47,090,304.	40,306,104.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				220,507,669.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GLOBAL EQUITY	1,972,411,797.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	1,357,388,781.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	366,625,874.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	777,719,090.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME	446,999,466.	END-OF-YEAR MARKET VALUE
(F) CASH EQUIVALENTS	126,956,938.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,048,101,946.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	42,074,138.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	42,074,138.

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 [X]

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,081,125,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	150,174,979.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	150,174,979.
3	Subtract line 2e from line 1			3	1,930,950,128.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-11,183,838.		
c	Add lines 4a and 4b			4c	-11,183,838.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,919,766,290.

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

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

1	Total expenses and losses per audited financial statements			1	1,410,912,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	11,183,838.		
e	Add lines 2a through 2d			2e	11,183,838.
3	Subtract line 2e from line 1			3	1,399,728,747.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	1,399,728,747.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO SUPPORT THE CURRENT AND FUTURE NEEDS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. LIKE ANY RESPONSIBLE ORGANIZATION, WE HAVE A RESERVE FUND, BECAUSE IT NOW COSTS MORE THAN $1 BILLION PER YEAR TO OPERATE ST. JUDE.

OUR PIONEERING RESEARCH CAN TAKE FIVE TO 10 YEARS OR MORE PER PROJECT TO COMPLETE AND CAN COST MILLIONS. FOR INSTANCE, THE ST. JUDE PEDIATRIC CANCER GENOME PROJECT, WHICH IS REVOLUTIONIZING HOW CANCER IS TREATED WORLDWIDE, HAS BEEN UNDERWAY SINCE 2010 AND HAS COST MORE THAN $100 MILLION.

Part XIII Supplemental Information *(continued)*

WE ARE IN THE MIDST OF A MULTI-BILLION DOLLAR EXPANSION PLAN THAT WAS ANNOUNCED IN 2015. THIS PLAN INCLUDES NEW RESEARCH AND CLINICAL CARE FACILITIES, HOUSING FOR MORE PATIENTS AND AN AMBITIOUS GLOBAL PLAN. THROUGH OUR EXPANDED GLOBAL EFFORTS, WE AIM TO IMPACT 30 PERCENT OF THE GLOBAL PEDIATRIC CANCER BURDEN.

PEDIATRIC CANCER IS A MULTI-BILLION DOLLAR, MULTI-YEAR PROBLEM, AND WE MUST CONTINUE OUR WORK NO MATTER WHAT HAPPENS WITH THE ECONOMY OR IN THE EVENT OF A DISASTER. THE PUBLIC AND OUR AMAZING PARTNERS MAKE IT POSSIBLE FOR US TO SAVE CHILDREN TOGETHER.

PART X, LINE 2:

AS OF JUNE 30, 2019, ALSAC HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS. IN THE EVENT ALSAC WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS A GENERAL EXPENSE. GENERALLY, TAX YEARS ENDING 2016 THROUGH 2019 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES	-11,183,838.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES	11,183,838.

DIRECT GAMING EXPENSES INDENTIFIED ABOVE REFER TO THE ST.

Part XIII Supplemental Information *(continued)*

JUDE DREAM HOME GIVEAWAYS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number
35-1044585

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1,361,925,340.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		93,634,252.
EAST ASIA AND THE PACIFIC			INVESTMENTS		18,565,168.
NORTH AMERICA			INVESTMENTS		16,689,654.
SOUTH ASIA			INVESTMENTS		5,094,137.
SOUTH AMERICA			INVESTMENTS		0.
3 a Subtotal	0	0			1,495,908,551.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,495,908,551.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2018**

832071 10-31-18

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

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

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

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number: 35-1044585

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
INFOCISION MANAGEMENT CORP. - 325 SPRINGSIDE DR., AKRON, OH	FUNDRAISING SOLICITOR		X	4,913,700.	4,690,775.	222,925.
COMMSENSE - MONTANA INDUSTRIAL PARK, ROAD 459 KM.	FUNDRAISING SOLICITOR		X	717,130.	413,546.	303,584.
EAGLECOM, INC. - 2300 YONGE STREET, SUITE 1700, BOX 2416,	MEDIA PUBLISHING		X	0.	3,462,034.	-3,462,034.
MINDSET DIRECT - 1700 N. JEFFERSON ST., ARLINGTON, VA	FUNDRAISING COUNSEL		X	0.	427,500.	-427,500.
NNE MARKETING, LLC - 1666 MASSACHUSETTS AVE., SUITE 14,	FUNDRAISING COUNSEL		X	0.	223,000.	-223,000.
ELEVENTY MARKETING GROUP - 453 S. HIGH ST., SUITE 101,	FUNDRAISING COUNSEL		X	0.	90,359.	-90,359.
Total ▶				5,630,830.	9,307,214.	-3,676,384.

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

AK,AL,AR,CA,CO,CT,DC,FL,GA,HI,IL,KS,KY,LA,MA,MD,ME,MI,MN,MO,MS,NC,ND,NH,NJ
NM,NV,NY,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WI,WV

ROA000861

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

		(a) Event #1 GALA (event type)	(b) Event #2 GALA (event type)	(c) Other events 155 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,439,361.	1,073,206.	27,440,571.	29,953,138.
	2 Less: Contributions	340,670.	584,280.	10,388,850.	11,313,800.
	3 Gross income (line 1 minus line 2)	1,098,691.	488,926.	17,051,721.	18,639,338.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	12,180.	3,515.	47,856.	63,551.
	6 Rent/facility costs	6,942.	21,200.	991,840.	1,019,982.
	7 Food and beverages	39,207.	130,469.	2,639,146.	2,808,822.
	8 Entertainment	15,720.	56,184.	1,219,444.	1,291,348.
	9 Other direct expenses	26,063.	31,600.	1,730,230.	1,787,893.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	6,971,596.
	11 Net income summary. Subtract line 10 from line 3, column (d)			▶	11,667,742.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			37,058,311.	37,058,311.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			5,823,880.	5,823,880.
	4 Rent/facility costs			22,472.	22,472.
	5 Other direct expenses			5,337,486.	5,337,486.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)			▶	11,183,838.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)			▶	25,874,473.

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: CA,GA,ID,IL,KS,KY,LA,MA,MN,MO,MS,NC

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☒ No

b If "Yes," explain:

ROA000862

11 Does the organization conduct gaming activities with nonmembers? ..... [X] 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 [X] No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... 13a 5.00 %

b An outside facility ..... 13b 95.00 %

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

Name ▶ ABED ABDO

Address ▶ 501 ST. JUDE PLACE - MEMPHIS, TN 38105

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ..... [ ] Yes [X] No

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ BRIAN DOYLE

Gaming manager compensation ▶ $ 164,002.

Description of services provided ▶ MANAGES THE PLANNING AND EXECUTION OVERSIGHT OF RAFFLE ACTIVITIES

[ ] Director/officer [X] Employee [ ] Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ..... [X] 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 ▶ $ 9,210,009.

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR., AKRON, OH 44333-4501

(I) NAME OF FUNDRAISER: COMMSENSE

(I) ADDRESS OF FUNDRAISER:

MONTANA INDUSTRIAL PARK, ROAD 459 KM. 0.5, LOT 52, AGUADILLA, PUERTO RICO

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: EAGLECOM, INC.

(I) ADDRESS OF FUNDRAISER:

2300 YONGE STREET, SUITE 1700, BOX 2416, TORONTO, ON, CANADA M4P 1E4

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER: 1700 N. JEFFERSON ST., ARLINGTON, VA 22205

(I) NAME OF FUNDRAISER: NNE MARKETING, LLC

(I) ADDRESS OF FUNDRAISER:

1666 MASSACHUSETTS AVE., SUITE 14, LEXINGTON, MA 02420

(I) NAME OF FUNDRAISER: ELEVENTY MARKETING GROUP

(I) ADDRESS OF FUNDRAISER: 453 S. HIGH ST., SUITE 101, AKRON, OH 44311

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTVITIES:

CA,GA,ID,IL,KS,KY,LA,MA,MN,MO,MS,NC,NV,NY,OH,OK,RI,TN,TX,VA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	865122365	0.			SUPPORT FOR OPERATIONAL AND CAPITAL BUDGET NEEDS

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

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

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

Schedule I (Form 990) (2018)

832101 11-02-18

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Schedule I (Form 990) (2018) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. 35-1044585

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE SOLE RECIPIENT OF GRANTS AND SUPPORT IS ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION FOR ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC EXISTS SOLELY TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE. IT COSTS MORE THAN $1 BILLION TO OPERATE ST. JUDE, AND MORE THAN 75 PERCENT OF ST. JUDE'S OPERATING BUDGET IS COVERED BY GENEROUS DONORS WHO SUPPORT THE LIFE-SAVING MISSION OF ST. JUDE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number: 35-1044585

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ First-class or charter travel		
	☒ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☒ Health or social club dues or initiation fees		
	☐ Personal services (such as maid, chauffeur, chef)		
b	If any 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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
	☒ Compensation committee		
	☒ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☒ Written employment contract		
	☒ Compensation survey or study		
	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES R. DOWNING	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO DIRECTOR	(ii)	1,054,860.	150.	79,487.	120,250.	23,803.	1,278,550.	0.
(2) RICHARD C. SHADYAC, JR.	(i)	790,449.	0.	49,746.	99,580.	19,111.	958,886.	46,182.
CEO & EX-OFFICIO DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY S. GREER	(i)	482,366.	0.	36,234.	70,792.	19,111.	608,503.	31,412.
CHIEF ADMIN. OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY T. PEARSON	(i)	440,766.	0.	33,919.	68,136.	23,013.	565,834.	31,597.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EMILY CALLAHAN	(i)	470,359.	0.	23,798.	60,581.	26,120.	580,858.	23,258.
CHIEF MARKETING & EXPERIENCE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARA HALL	(i)	432,853.	0.	21,320.	57,740.	24,426.	536,339.	20,510.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUE HARPOLE	(i)	454,762.	0.	22,329.	67,655.	10,154.	554,900.	18,765.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT MACHEN	(i)	452,859.	0.	23,552.	60,121.	23,433.	559,965.	22,310.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANURAG PANDIT	(i)	457,944.	0.	12,805.	49,441.	24,127.	544,317.	10,483.
CHIEF INVESTMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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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.

PART I, LINE 1A:

TRAVEL FOR COMPANIONS: PAYMENT FOR COMPANION TRIPS IS AN INFREQUENT PRACTICE. IT IS LIMITED TO INSTANCES WHERE IT IS NECESSARY, APPROPRIATE AND EXPECTED FOR THE CEO'S SPOUSE TO PARTICIPATE IN HOSTING AND REPRESENTING ALSAC. THESE AMOUNTS ARE NOT TREATED AS TAXABLE INCOME BECAUSE THE TRAVEL IS BUSINESS RELATED.

HEALTH OR SOCIAL CLUB DUES: A SOCIAL CLUB MEMBERSHIP WAS MADE AVAILABLE TO THE CEO BUT LIMITED TO BUSINESS PURPOSES IN ACCORDANCE WITH A WRITTEN POLICY DIRECTIVE. THE AMOUNT OF THE MEMBERSHIP WAS NOT TREATED AS TAXABLE INCOME BECAUSE THE USE WAS BUSINESS RELATED.

PART I, LINE 4B:

THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING

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.

LISTED PERSONS IN PART VII:

EMILY CALLAHAN $14,623

SUE HARPOLE $10,065

ROBERT MACHEN $16,845

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARTER HOPKINS	SEE PART V	58,127.	EMPLOYMENT		X
COURY SHADYAC	SEE PART V	173,953.	EMPLOYMENT		X
KARON NASH	SEE PART V	79,464.	EMPLOYMENT		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: CARTER HOPKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF VOTING DIRECTOR, BRUCE B. HOPKINS

(C) AMOUNT OF TRANSACTION: $58,127

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: COURY SHADYAC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER (CEO & EX-OFFICIO DIRECTOR), RICHARD C. SHADYAC, JR.

(C) AMOUNT OF TRANSACTION: $173,953

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: KARON NASH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER (CHIEF ADMIN. OFFICER), EMILY S. GREER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION: $79,464

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number: 35-1044585

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number: 35-1044585

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	149		
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	26		
7	Boats and planes	X	4		
8	Intellectual property				
9	Securities - Publicly traded	X	283	19,796,635.	COST OR SELLING PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	28		
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	177		
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (PRIZE PACKAGE)	X	766	0.	
26	Other ▶ (GIFT CARDS)	X	156	0.	
27	Other ▶ (OTHER PRIZES)	X	618	0.	
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 2

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a		X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS IN COLUMN (B) REFER TO THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 33:

RECEIPTS FOR LINES 1, 6, 7, 15, 18, 25, 26 AND 27 ARE REPORTED ON FORM 990, PART VIII, LINE 1F, LINE 8A OR LINE 9A.

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	2018 Open to Public Inspection

Name of the organization	Employer identification number
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	35-1044585

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOSPITAL, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASES THROUGH RESEARCH AND TREATMENT WHILE HONORING THE MEMORY AND HERITAGE OF OUR FOUNDER, DANNY THOMAS.

FORM 990, PART III, LINE 4A:

IT COSTS MORE THAN $1 BILLION TO OPERATE ST. JUDE AND MORE THAN 75% OF ST. JUDE'S BUDGET MUST BE RAISED FROM GENEROUS DONORS WHO SUPPORT THE LIFE-SAVING MISSION OF ST. JUDE.

WHEN ST. JUDE OPENED ITS DOORS IN 1962, THE SURVIVAL RATE FOR CHILDHOOD CANCER WAS 20%.

SINCE THAT TIME, TREATMENTS INVENTED AT ST. JUDE HAVE HELPED PUSH THE OVERALL SURVIVAL RATE FOR CHILDHOOD CANCER TO MORE THAN 80 PERCENT TODAY. ST. JUDE WON'T STOP UNTIL NO CHILD DIES FROM CANCER.

TODAY, ST. JUDE IS LEADING THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING DISEASES. ST. JUDE WAS THE FIRST CHILDREN'S HOSPITAL TO MAKE A MAJOR INVESTMENT IN PEDIATRIC CANCER GENOME SEQUENCING. THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL - WASHINGTON UNIVERSITY PEDIATRIC CANCER GENOME PROJECT RESULTED IN GROUNDBREAKING DISCOVERIES IN SEVERAL CHILDHOOD CANCERS.

BEFORE THIS PROJECT, NOT EVEN ONE PEDIATRIC CANCER GENOME PROJECT HAD

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

BEEN SEQUENCED.

AND ST. JUDE CONTINUES TO UPHOLD ITS PROMISE OF CONDUCTING PIONEERING RESEARCH AND PROVIDING EXCEPTIONAL PATIENT CARE, ALL WHILE ENSURING THAT NO FAMILY EVER RECEIVES A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD - BECAUSE ALL A FAMILY SHOULD WORRY ABOUT IS HELPING THEIR CHILD LIVE. ST. JUDE ALSO MAINTAINS A SCHOOL PROGRAM TO PROVIDE OPPORTUNITIES FOR PATIENTS TO CONTINUE THEIR NORMAL EDUCATIONAL ACTIVITIES AND TO PROVIDE RE-ENTRY SERVICES TO EASE THE TRANSITION BACK TO COMMUNITY SCHOOLS.

ST. JUDE FREELY SHARES THE DISCOVERIES WE MAKE, AND EVERY CHILD SAVED AT ST. JUDE MEANS DOCTORS AND SCIENTISTS WORLDWIDE CAN USE THAT KNOWLEDGE TO SAVE THOUSANDS MORE CHILDREN.

ST. JUDE IS THE FIRST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER DEVOTED SOLELY TO CHILDREN. ST. JUDE IS ALSO THE FIRST WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR CHILDHOOD CANCER. DOCTORS FROM ALL 50 STATES AND AROUND THE WORLD REFER THEIR PATIENTS TO ST. JUDE BECAUSE ST. JUDE HAS THE WORLD'S BEST SURVIVAL RATES FOR SOME OF THE MOST AGGRESSIVE CHILDHOOD CANCERS.

ST. JUDE CREATES MORE CLINICAL TRIALS FOR CANCER THAN ANY OTHER CHILDREN'S HOSPITAL, TURNING LABORATORY DISCOVERIES INTO LIFESAVING TREATMENTS THAT BENEFIT PATIENTS EVERY DAY.

ST. JUDE HAS ACHIEVED THE HIGHEST SURVIVAL RATE IN THE WORLD FOR ACUTE LYMPHOBLASTIC LEUKEMIA (ALL), THE MOST COMMON CHILDHOOD CANCER.

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

NINETY-FOUR PERCENT OF CHILDREN WITH ALL AT ST. JUDE SURVIVE, COMPARED TO THE NATIONAL SURVIVAL RATE OF 90%. AND IT WAS ST. JUDE'S GROUNDBREAKING DEVELOPMENT IN THE TREATMENT OF ALL THAT REVOLUTIONIZED LEUKEMIA THERAPY WORLDWIDE.

IN ADDITION TO CHILDHOOD CANCER, ST. JUDE PLAYS A CRITICAL LEADERSHIP ROLE IN GROUNDBREAKING STUDIES ON SICKLE CELL DISEASE, INFECTIOUS DISEASES AND GENETIC DISORDERS. THESE EFFORTS ARE INSTRUMENTAL TO IMPROVING CARE FOR CHILDREN AROUND THE WORLD.

A ST. JUDE PATIENT WAS THE FIRST IN THE WORLD TO BE CURED OF SICKLE CELL DISEASE WITH A BONE MARROW TRANSPLANT, AND ST. JUDE HAS ONE OF THE LARGEST PEDIATRIC SICKLE CELL PROGRAMS IN THE COUNTRY.

IN ADDITION, THE BRAIN TUMOR SCIENCE AND TECHNOLOGY AT ST. JUDE ARE AT THE CUTTING EDGE WORLDWIDE, AND ST. JUDE HAS THE LARGEST RESEARCH-BASED PEDIATRIC BRAIN TUMOR RESEARCH PROGRAM IN THE COUNTRY. ST. JUDE IS THE COORDINATING CENTER OF THE NATIONAL PEDIATRIC BRAIN TUMOR CONSORTIUM, WHICH RECEIVES FUNDING FROM THE NATIONAL CANCER INSTITUTE.

AND ST. JUDE'S EFFORTS TO SAVE THE LIVES OF CANCER PATIENTS DON'T END WHEN TREATMENT STOPS. THE ST. JUDE AFTER COMPLETION OF THERAPY (ACT) PROGRAM IS THE LARGEST LONG-TERM, FOLLOW-UP CLINIC FOR PEDIATRIC CANCER PATIENTS IN THE UNITED STATES AND ST. JUDE DOES THIS AT NO COST TO THE PATIENTS. THE CLINIC HELPS PATIENTS STAY HEALTHY AFTER ACTIVE TREATMENT ENDS AND HAS BEEN A PROTOTYPE FOR OTHER LONGER TERM FOLLOW-UP PROGRAMS. FORMER ST. JUDE PATIENTS ALSO ARE PARTICIPATING IN THE ST. JUDE LIFE STUDY, DESIGNED TO HELP ADULT SURVIVORS OF CHILDHOOD CANCER LEARN ABOUT

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

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ISSUES THAT AFFECT THEIR HEALTH AS WELL AS WAYS TO STAY HEALTHY. AND ST. JUDE IS HOME TO THE CHILDHOOD CANCER SURVIVOR STUDY, A COLLABORATIVE STUDY AMONG 30 U.S. AND CANADIAN INSTITUTIONS THAT INCLUDES MORE THAN 20,000 CHILDHOOD CANCER SURVIVORS.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AUSTRALIA, BERMUDA, BRITISH VIRGIN IS, CANADA, CAYMAN ISLANDS, CHINA, DENMARK, FRANCE, GERMANY, GUERNSEY, HONG KONG, INDIA, IRELAND, JAPAN, MEXICO, NETHERLANDS, SPAIN, SWEDEN, SWITZERLAND, TAIWAN, UNITED KINGDOM

FORM 990, PART V, LINE 4B (CONTINUED):

THE FINANCIAL ACCOUNTS IN THE FOREIGN COUNTRIES LISTED ON FORM 990, PART V, LINE 4B (AND SCHEDULE O) ARE RELATED TO INVESTMENTS. NO FINANCIAL ACCOUNTS FOR OPERATIONAL PURPOSES WERE MAINTAINED IN FOREIGN COUNTRIES.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J. AYOUB, ESQ.; GEORGE A. SIMON, II AND PAUL J. SIMON; ROBERT A. BREIT, MD AND JOSEPH G. SHAKER; JOSEPH C. SHAKER AND JOSEPH G. SHAKER; PAUL J. SIMON AND MICHAEL SIMON.

FORM 990, PART VI, SECTION B, LINE 11B:

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

IN FEBRUARY OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE AUDIT COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY THE COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE FORM 990, AND THE CONFLICT OF INTEREST COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE FINALIZED DOCUMENT IS FILED WITH THE IRS. EACH VOTING MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD OF DIRECTORS. IN ADDITION TO EDUCATION OF NEW BOARD MEMBERS ON THE CONFLICT OF INTEREST POLICY, THE ADMINISTRATOR TO THE BOARD/CHIEF GOVERNANCE OFFICER MONITORS CONFLICT MANAGEMENT PLANS (WHICH MAY INCLUDE CHANGING VENDORS, DIVESTITURE OF FINANCIAL INTERESTS, AND THE LIKE) TO ENSURE THEY ARE COMPLETED IN A TIMELY FASHION. UNDISCLOSED CONFLICTS ARE DISCOVERED, WHERE POSSIBLE, THROUGH THE ORGANIZATION'S CONTRACTING PROCESS. THIS IS TRUE FOR THE BOARD'S CONFLICT OF INTEREST POLICY AND FOR THE SEPARATE CONFLICT OF INTEREST POLICY APPLICABLE TO ALL ADMINISTRATION OF THE ORGANIZATION (POTENTIAL CONFLICTS OF THE ORGANIZATION ARE DISCUSSED AND RESOLVED AT A SENIOR-LEVEL CONFLICTS OF INTEREST COMMITTEE). POTENTIAL RESTRICTIONS RANGE FROM UNWINDING OR PROHIBITING A TRANSACTION, TO PREVENTING SOMEONE FROM PARTICIPATING IN A DELIBERATION, TO SIMPLE DISCLOSURE TO THE BOARD OF THE CONFLICTING INTEREST, DEPENDING ON THE FACTS AND CIRCUMSTANCES OF THE CONFLICT.

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

FORM 990, PART VI, SECTION B, LINE 15:

TO ATTRACT THE BEST PROFESSIONALS AND EMPLOYEES OF ALL TYPES, COMPENSATION FOR OUR SENIOR EXECUTIVES IS DETERMINED BY A COMPENSATION COMMITTEE OF OUR BOARD MADE UP OF INDEPENDENT DIRECTORS ONLY WHO ARE ADVISED BY AN OUTSIDE, INDEPENDENT COMPENSATION EXPERT. OUR SALARIES FALL WITHIN THE 50-75 PERCENTILE OF THE MARKET RANGE FOR ORGANIZATIONS OF SIMILAR SIZE AND SHAPE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL,CA,CT,FL,GA,HI,IL,KS,KY,MA,MD,MI,MN,MS,NH,NJ,NM,NY,OH,OK,OR,PA,RI,SC,TN UT,WA,WI,WV

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 26:

WE CONDUCT A NUMBER OF ACTIVITIES, WHICH JOINTLY BENEFIT OUR EDUCATION, TRAINING, AND COMMUNITY SERVICE PROGRAM OBJECTIVES, AS WELL AS FUNDRAISING AND GENERAL AND ADMINISTRATIVE ACTIVITIES. THE EDUCATIONAL INFORMATION SHARED WITHIN THESE ACTIVITIES SUPPORT OUR MISSION TO LEAD THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATING DISEASES AND INCLUDE OUR TELEVISION AND RADIO PROGRAMS AND COMMERCIALS, DIRECT MAIL PROGRAM, AND CERTAIN OTHER FUNDRAISING AND PUBLIC AWARENESS EVENTS. IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD GUIDELINES, WE ALLOCATED A PORTION OF OUR FUNDRAISING EXPENSES TO PROGRAM SERVICE AND GENERAL AND ADMINISTRATIVE EXPENSES IN OUR COMBINED STATEMENTS OF FUNCTIONAL EXPENSES.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number: 35-1044585

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 62-0646012, 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105	HOSPITAL	TENNESSEE	SECTION 501(C)(3)	3	N/A		X

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

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

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

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

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

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

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

ROA000885

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

CARY COLT PAYNE, CHTD.
Attorney at Law
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

EXHIBIT PAGE INTENTIONALLY LEFT BLANK

EXHIBIT "D"

PUBLIC DISCLOSURE COPY

Form 990 Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

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

C Name of organization
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 262 DANNY THOMAS PLACE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105-3678

F Name and address of principal officer: JAMES R. DOWNING
SAME AS C ABOVE

D Employer identification number 62-0646012

E Telephone number (901) 595-3903

G Gross receipts $ 902,595,854.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.STJUDE.ORG

K Form of organization: X Corporation Trust Association Other ▶

L Year of formation: 1959

M State of legal domicile: TN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF		
2	Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	43
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	41
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4929
6	Total number of volunteers (estimate if necessary)	6	3506
7a	Total unrelated 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
8	Contributions and grants (Part VIII, line 1h)	895,523,715.	753,145,680.
9	Program service revenue (Part VIII, line 2g)	114,471,276.	124,099,314.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-931,340.	-1,169,284.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,454,213.	24,726,224.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,027,517,864.	900,801,934.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,804,019.	4,956,619.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	426,318,943.	462,005,025.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	367,096,278.	390,060,200.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	797,219,240.	857,021,844.
19	Revenue less expenses. Subtract line 18 from line 12	230,298,624.	43,780,090.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,292,347,585.	4,787,635,534.
21	Total liabilities (Part X, line 26)	334,430,658.	127,718,358.
22	Net assets or fund balances. Subtract line 21 from line 20	3,957,916,927.	4,659,917,176.

Part II Signature Block

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

Sign Here

▶ Signature of officer Date

▶ PAT KEEL, SVP AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name FRAN BEDARD	Preparer's signature	Date 4/26/2018	Check if self-employed	PTIN P00752421
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶	86-1065772
Firm's address ▶ 1033 DEMONBREUN, SUITE 400, NASHVILLE, TN 37203			Phone no. (615) 259-1800	

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

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2016)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

ROA000888

Form **8868**
(Rev. January 2017)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868* .**

OMB No. 1545-1709

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Enter filer's identifying number Employer identification number (EIN) or 62-0646012
	Number, street, and room or suite no. If a P.O. box, see instructions. 262 DANNY THOMAS PLACE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38105-3678	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SHARON HENDRIX 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105-3678
  Telephone No. ▶ (901) 595-3903 Fax No. ▶ (901) 595-2296
- If the organization does not have an office or place of business in the United States, check this box ..... ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ _____. If it is for part of the group, check this box ▶ _____ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ _____ calendar year _____ or
▶ X tax year beginning JUL 1, 2016, and ending JUN 30, 2017.

2 If the tax year entered in line 1 is for less than 12 months, check reason: _____ Initial return _____ Final return
_____ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2017)

623841 01-11-17

ROA000889

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ..... Yes X No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ..... Yes X No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 427,944,725. including grants of $ 4,863,669.) (Revenue $ 130,698,282.)
PATIENT CARE: THE HOSPITAL PROVIDED 19,732 INPATIENT DAYS OF CARE DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 4,704 OR 24% OF THOSE INPATIENT DAYS. PATIENTS MADE 78,587 CLINIC VISITS DURING THE YEAR.

4b (Code:) (Expenses $ 368,333,510. including grants of $ 92,950.) (Revenue $)
RESEARCH: THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSES. THE HOSPITAL AWARDS NO GRANTS TO OUTSIDE AGENCIES. ALL RESEARCH ACTIVITIES ARE CONDUCTED BY HOSPITAL PERSONNEL.

4c (Code:) (Expenses $ 15,778,174. including grants of $) (Revenue $)
EDUCATION AND TRAINING: AS PART OF ITS MISSION, THE HOSPITAL HAS DEVELOPED A GLOBAL INITIATIVE (ST. JUDE GLOBAL) TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE GLOBAL ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. THESE INITIATIVES ARE SPEARHEADED BY ST. JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE PROFESSIONALS AT OUR PARTNER SITES.

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

4e Total program service expenses ▶ 812,056,409.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		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 of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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	
35a	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		
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1144		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		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	4929		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	43		
	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	41		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

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

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

Section C. Disclosure

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

18 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 for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE ABOUSSIE	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(2) SUSAN MACK AGUILLARD, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(3) MAHIR AWDEH, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(4) JOSEPH S. AYOUB, JR., ESQ.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(5) PAUL J. AYOUB, ESQ.	4.00									
VOTING DIRECTOR	8.00	X						0.	0.	0.
(6) FREDERICK M. AZAR, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(7) JAMES B. BARKATE	4.00									
VOTING DIRECTOR	8.00	X						0.	0.	0.
(8) MARTHA PERINE BEARD	8.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(9) SHERYL BOURISK	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(10) ROBERT A. BREIT, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(11) TERRY BURMAN	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(12) ANN M. DANNER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(13) JOSEPH M. DEVIVO	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(14) FRED P. GATTAS, III, PHARMD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(15) RUTH GAVIRIA	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(16) CHRISTOPHER GEORGE, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(17) JUDY HABIB	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GABRIEL (GABY) HADDAD, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(19) PAUL K. HAJAR	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(20) CHUCK HAJJAR	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(21) FOUAD HAJJAR, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(22) FREDERICK R. HARRIS	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(23) FREDERICK R. HARRIS, JR., MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(24) BRUCE B. HOPKINS	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(25) J. DAVID KARAM II	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(26) MICHAEL D. MCCOY	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								10,688,636.	772,284.	867,566.
d Total (add lines 1b and 1c)								10,688,636.	772,284.	867,566.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 766

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO LLC 2179 HILLSHIRE CIRCLE, MEMPHIS, TN 38133	CONSTRUCTION CONTRACTOR	37,621,274.
BELZ CONSTRUCTION SERVICES, 100 PEABODY PLACE, SUITE 1400, MEMPHIS, TN 38103	CONSTRUCTION CONTRACTOR	8,869,892.
UNIVERSITY OF TENNESSEE, 62 SOUTH DUNLAP, SUITE 300, MEMPHIS, TN 38163	MEDICAL SERVICES	8,402,521.
METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE., MEMPHIS, TN 38104	MEDICAL SERVICES	6,751,458.
PHILIPS HEALTHCARE, 3000 MINUTEMAN RD., MS2214, ANDOVER, MA 01810	MAINTENANCE SERVICES	5,793,524.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 215

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT T. MOLINET, ESQ.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(28) JAMES NAIFEH, JR.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(29) RAMZI NUWAYHID	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(30) THOMAS PENN, III	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(31) CAMILLE F. SARROUF, JR., ESQ.	8.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(32) JOSEPH C. SHAKER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(33) JOSEPH G. SHAKER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(34) GEORGE A. SIMON II	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(35) MICHAEL SIMON	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(36) PAUL J. SIMON	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(37) TONY THOMAS	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(38) RICHARD M. UNES	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(39) PAUL H. WEIN, ESQ.	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(40) THOMAS WERTZ	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(41) TAMA ZAYDON	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(42) RICHARD SHADYAC, JR.	1.00									
EX-OFFICIO DIRECTOR	55.00	X						0.	772,284.	96,359.
(43) JAMES R. DOWNING	55.00									
PRESIDENT & CEO, EX-OFFICIO DIRECTOR	1.00	X		X				1,039,955.	0.	47,189.
(44) PAT KEEL	55.00									
SVP/CFO	0.00			X				598,921.	0.	30,147.
(45) JAMES I. MORGAN	55.00									
EVP/SCIENTIFIC DIRECTOR	0.00			X				594,267.	0.	49,630.
(46) ELLIS NEUFELD	55.00									
EVP/CLINICAL DIR (BEGAN 2/7/17)	0.00			X				0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) MARY ANNA QUINN	55.00									
EVP/CHIEF ADMIN OFFICER	0.00			X				665,750.	0.	71,119.
(48) CHARLES M. ROBERTS	55.00									
EVP/DIRECTOR CANCER CENTER	0.00			X				750,846.	0.	143,369.
(49) CARLOS RODRIGUEZ-GALINDO	55.00									
EVP/CHAIR	0.00			X				757,311.	0.	36,096.
(50) DAVID ELLISON	55.00									
CHAIR	0.00					X		869,626.	0.	69,223.
(51) THOMAS E. MERCHANT	55.00									
CHAIR	0.00					X		1,190,070.	0.	59,558.
(52) CHING-HON PUI	55.00									
CHAIR	0.00					X		923,008.	0.	79,222.
(53) LESLIE L. ROBISON	55.00									
CHAIR	0.00					X		879,554.	0.	47,130.
(54) ELAINE I. TUOMANEN	55.00									
CHAIR	0.00					X		750,272.	0.	44,184.
(55) MICHAEL C. CANARIOS	0.00									
FORMER SVP/CHIEF FINANCIAL OFFICER	0.00						X	466,200.	0.	17,363.
(56) WILLIAM E. EVANS	55.00									
FACULTY/FORMER PRES. & CEO	0.00						X	678,640.	0.	37,822.
(57) LARRY KUN	55.00									
FORMER EVP/CLINICAL DIRECTOR	0.00						X	524,216.	0.	39,155.
Total to Part VII, Section A, line 1c								10,688,636.	772,284.	867,566.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	663,714,692.			
	e	Government grants (contributions)	1e	79,430,395.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,000,593.			
	g	Noncash contributions included in lines 1a-1f: $					
	h	**Total.** Add lines 1a-1f		753,145,680.			
Program Service Revenue			Business Code				
	2a	PATIENT CARE	621110	124,099,314.	124,099,314.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f		124,099,314.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		53,778.			53,778.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		4,587,763.			4,587,763.
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	532,943. / 37,915.				
	b	Less: cost or other basis and sales expenses	455,214. / 1,338,706.				
	c	Gain or (loss)	77,729. / -1,300,791.				
	d	Net gain or (loss)		-1,223,062.	-1,300,791.		77,729.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	BOND DEFEASANCE GAIN	900099	8,152,422.			8,152,422.
	b	CAFETERIA/VENDING	722514	4,086,280.			4,086,280.
	c	CHGME/CHCA	900099	2,058,124.	2,058,124.		
	d	All other revenue	900099	5,841,635.	5,841,635.		
	e	**Total.** Add lines 11a-11d		20,138,461.			
	12	**Total revenue.** See instructions.		900,801,934.	130,698,282.	0.	16,957,972.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,956,619.	4,956,619.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,847,287.	2,862,030.	2,985,257.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,007,480.	788,139.	219,341.	
7 Other salaries and wages	355,728,362.	329,928,888.	25,799,474.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	22,068,722.	20,468,171.	1,600,551.	
9 Other employee benefits	52,835,044.	49,003,142.	3,831,902.	
10 Payroll taxes	24,518,130.	22,739,934.	1,778,196.	
11 Fees for services (non-employees):				
a Management	22,053,885.	20,952,761.	1,101,124.	
b Legal	2,306,008.	2,190,872.	115,136.	
c Accounting	249,522.	237,064.	12,458.	
d Lobbying	44,215.		44,215.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	78,481,617.	69,646,578.	8,835,039.	
12 Advertising and promotion	806,218.	765,965.	40,253.	
13 Office expenses	2,535,016.	2,492,051.	42,965.	
14 Information technology	21,817,392.	20,728,076.	1,089,316.	
15 Royalties				
16 Occupancy	30,352,986.	27,126,463.	3,226,523.	
17 Travel	11,294,999.	10,723,676.	571,323.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,876,999.	1,456,156.	420,843.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	77,810,083.	74,037,738.	3,772,345.	
23 Insurance	1,576,077.	1,163,902.	412,175.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICAL SUPPLIES	56,705,552.	55,744,479.	961,073.	
b LABORATORY SUPPLIES	40,496,773.	39,810,415.	686,358.	
c TELEPHONE	1,399,353.	1,213,498.	185,855.	
d ALLOCATION ADJUSTMENTS	0.	17,568,038.	-17,568,038.	
e All other expenses	40,253,505.	35,451,754.	4,801,751.	
25 **Total functional expenses.** Add lines 1 through 24e	857,021,844.	812,056,409.	44,965,435.	0.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ If following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		26,610.	1	21,110.
	2	Savings and temporary cash investments		207,132,006.	2	
	3	Pledges and grants receivable, net		18,181,367.	3	20,889,800.
	4	Accounts receivable, net		21,496,532.	4	19,183,301.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		7,178,927.	8	7,505,346.
	9	Prepaid expenses and deferred charges		10,966,158.	9	16,177,850.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,448,743,860.			
	b	Less: accumulated depreciation	10b 809,864,922.	599,678,476.	10c	638,878,938.
	11	Investments - publicly traded securities		1,822,937.	11	2,045,240.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		3,425,864,572.	15	4,082,933,949.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,292,347,585.	16	4,787,635,534.
Liabilities	17	Accounts payable and accrued expenses		109,714,635.	17	113,161,164.
	18	Grants payable			18	
	19	Deferred revenue		10,792,331.	19	11,299,828.
	20	Tax-exempt bond liabilities		211,247,710.	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		2,675,982.	25	3,257,366.
	26	**Total liabilities.** Add lines 17 through 25		334,430,658.	26	127,718,358.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,019,955,372.	27	3,620,941,222.
	28	Temporarily restricted net assets		64,904,956.	28	73,722,532.
	29	Permanently restricted net assets		873,056,599.	29	965,253,422.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,957,916,927.	33	4,659,917,176.
	34	Total liabilities and net assets/fund balances		4,292,347,585.	34	4,787,635,534.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	900,801,934.
2	Total expenses (must equal Part IX, column (A), line 25)	2	857,021,844.
3	Revenue less expenses. Subtract line 2 from line 1	3	43,780,090.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,957,916,927.
5	Net unrealized gains (losses) on investments	5	135,494.
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	658,084,665.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,659,917,176.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	62-0646012

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations .....

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

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

ROA000903

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	581,788,213.	611,432,510.	674,808,276.	895,523,715.	753,145,680.	3516698394.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	581,788,213.	611,432,510.	674,808,276.	895,523,715.	753,145,680.	3516698394.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						3516698394.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	581,788,213.	611,432,510.	674,808,276.	895,523,715.	753,145,680.	3516698394.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,291,661.	24,413,935.	7,579,828.	11,681,881.	4,641,541.	51,608,846.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,012,056.	8,697,307.	7,390,478.	6,775,862.	20,138,461.	50,014,164.
11 **Total support.** Add lines 7 through 10						3618321404.

12 Gross receipts from related activities, etc. (see instructions)	12	545,582,792.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.19 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	97.51 %

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

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

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions	
7	**Total annual distributions.** Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9	Distributable amount for 2016 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	**Excess distributions carryover to 2017.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b	Excess from 2013			
c	Excess from 2014			
d	Excess from 2015			
e	Excess from 2016			

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

PART II, SECTION B, LINE 10:

EXPLANATION FOR OTHER INCOME:

2012

$ 3,119,452 - CAFETERIA/VENDING

$ 1,112,814 - CHGME/CHCA

$ 2,779,790 - OTHER REVENUE

$ 7,012,056 - TOTAL OTHER INCOME

2013

$ 3,314,275 - CAFETERIA/VENDING

$ 1,955,292 - CHGME/CHCA

$ 3,427,740 - OTHER REVENUE

$ 8,697,307 - TOTAL OTHER INCOME

2014

$ 3,534,638 - CAFETERIA/VENDING

$ 1,454,365 - CHGME/CHCA

$ 2,401,475 - OTHER REVENUE

$ 7,390,478 - TOTAL OTHER INCOME

2015

$ 3,709,328 - CAFETERIA/VENDING

$ 1,683,327 - CHGME/CHCA

$ 1,383,207 - OTHER REVENUE

$ 6,775,862 - TOTAL OTHER INCOME

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

2016

$ 8,152,422 - BOND DEFEASANCE GAIN

$ 4,086,280 - CAFETERIA/VENDING

$ 2,058,124 - CHGME/CHCA

$ 5,841,635 - OTHER REVENUE

$ 20,136,461- TOTAL OTHER INCOME

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990* .

OMB No. 1545-0047

2016

Name of the organization	Employer identification number
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	62-0646012

Organization type (check one):

Filers of:	Section:	
Form 990 or 990-EZ	X	501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	62-0646012

Part I **Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. ("ALSAC") 501 ST. JUDE PLACE MEMPHIS, TN 38105	$ 663,714,962.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	62-0646012

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ $

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		19,189.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		25,026.
j Total. Add lines 1c through 1i			44,215.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1A) A ST. JUDE PATIENT/FAMILY TRAVELED TO DC ON BEHALF OF ST. JUDE TO ADVOCATE WITH CONGRESS FOR INCREASED NIH FUNDING; LINE 1B) ST. JUDE EMPLOYS A DIRECTOR OF GOVERNMENT AFFAIRS; LINE 1G) AMOUNT LISTED IS PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS PLUS TRAVEL EXPENSES; LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED RETAINER FEES FOR DIRECT

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Part IV Supplemental Information *(continued)*

AND STATE LEGISLATIVE CONTACTS AS WELL AS A PORTION OF PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

Employer identification number 62-0646012

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	873,056,599.	873,885,134.	915,104,075.	843,843,273.	782,714,653.
b Contributions	12,552,432.	2,341,719.	2,970,640.	1,097,137.	705,311.
c Net investment earnings, gains, and losses	103,475,245.	-72,118.	8,222,632.	121,617,552.	69,209,599.
d Grants or scholarships					
e Other expenditures for facilities and programs	23,830,854.	3,098,136.	52,412,213.	51,453,887.	8,786,290.
f Administrative expenses					
g End of year balance	965,253,422.	873,056,599.	873,885,134.	915,104,075.	843,843,273.

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

a Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ 100.00 %
c Temporarily restricted endowment ▶ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,023,680,309.	511,335,832.	512,344,477.
c Leasehold improvements				
d Equipment		415,473,178.	292,841,681.	122,631,497.
e Other		9,590,373.	5,687,409.	3,902,964.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				638,878,938.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	4,082,933,949.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶		4,082,933,949.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF INSURANCE LIABILITY	2,013,404.
(3) WORKERS COMPENSATION	1,243,962.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	3,257,366.

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 X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	786,140,580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	135,494.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	557,070,266.		
e	Add lines 2a through 2d			2e	557,205,760.
3	Subtract line 2e from line 1			3	228,934,820.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	671,867,114.		
c	Add lines 4a and 4b			4c	671,867,114.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	900,801,934.

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

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

1	Total expenses and losses per audited financial statements			1	857,021,844.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	857,021,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	857,021,844.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC., A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE FUTURE NEEDS OF ST. JUDE.

PART X, LINE 2:

AS OF JUNE 30, 2017, THE ORGANIZATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS COMBINED FINANCIAL STATEMENTS. IN THE EVENT THE ORGANIZATION WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS A GENERAL EXPENSE. GENERALLY, TAX YEARS ENDING IN 2014 THROUGH 2017 ARE OPEN TO

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Part XIII Supplemental Information *(continued)*

EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY.

THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS - ALSAC	557,070,266.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC	663,714,692.
GAIN ON BOND DEFEASANCE	8,152,422.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	671,867,114.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

Employer identification number
62-0646012

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... Yes No

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,229,950.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	3,310,151.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	-265,774.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	4,582,761.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	-1,603.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,313.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	832,337.
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	3,383.
3 a Sub-total	0	0			9,692,518.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			9,692,518.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) 2016**

632071 09-21-16

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

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

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

3 Enter total number of other organizations or entities ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS. PAYMENTS ARE ISSUED BASED ON CONTRACTUAL OBLIGATIONS UPON RECEIPT OF SUPPORTING DOCUMENTATION.

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	62-0646012

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. Applied uniformly to all hospital facilities; Applied uniformly to most hospital facilities; Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: 100% 150% 200% Other _____ %		X
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: 200% 250% 300% 350% 400% Other _____ %		X
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a	Did the organization prepare a community benefit report during the tax year?		X
b	If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			74,493,760.	391,930.	74,101,830.	8.65%
b Medicaid (from Worksheet 3, column a)			152,099,836.	33,008,786.	119,091,050.	13.90%
c Costs of other means-tested government programs (from Worksheet 3, column b)			8,522,000.	1,838,368.	6,683,632.	.78%
d **Total** Financial Assistance and Means-Tested Government Programs			235,115,596.	35,239,084.	199,876,512.	23.33%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			21,192,693.		21,192,693.	2.47%
f Health professions education (from Worksheet 5)			9,677,935.	265,036.	9,412,899.	1.10%
g Subsidized health services (from Worksheet 6)			25,572,063.		25,572,063.	2.98%
h Research (from Worksheet 7)			334,430,853.	77,926,736.	256,504,117.	29.93%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,726,935.		4,726,935.	.55%
j **Total.** Other Benefits			395,600,479.	78,191,772.	317,408,707.	37.03%
k **Total.** Add lines 7d and 7j			630,716,075.	113,430,856.	517,285,219.	60.36%

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development			85,532.		85,532.	.01%
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			7,329.		7,329.	.00%
8	Workforce development			22,268.		22,268.	.00%
9	Other						
10	Total			115,129.		115,129.	.01%

Part III Bad Debt, Medicare, & Collection Practices

				Yes	No
Section A. Bad Debt Expense					
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1			X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	512,000.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME)	5	0.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	455,285.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-455,285.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: Cost accounting system X Cost to charge ratio Other				
Section C. Collection Practices					
9a	Did the organization have a written debt collection policy during the tax year?	9a		X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		X	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

ROA000929

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678 WWW.STJUDE.ORG TN STATE LICENSE NUMBER 0000000113	X		X			X				

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Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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

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

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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

Part V Facility Information *(continued)*

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 5: ST. JUDE'S 2016 CHNA BUILDS UPON THE 2013 CHNA AND REFLECTS THE ACTIVITIES IDENTIFIED IN ST. JUDE'S 2013 COMMUNITY BENEFIT IMPLEMENTATION PLAN. THE 2016 CHNA WAS LED BY AN INTERNAL TEAM OF ST. JUDE STAFF MEMBERS. THE LEADERSHIP OF THIS TEAM ENGAGED HEALTH RESOURCES IN ACTION (HRIA), A NON-PROFIT PUBLIC HEALTH CONSULTANCY ORGANIZATION, TO CONDUCT THE CHNA.

IN AN EFFORT TO DEVELOP A SOCIAL, ECONOMIC, AND HEALTH PORTRAIT OF THE COMMUNITY SERVED BY ST. JUDE FOR THE GREATER MEMPHIS AREA AND NATIONALLY, HRIA REVIEWED EXISTING DATA DRAWN FROM LOCAL, STATE, AND NATIONAL SOURCES. HRIA CONDUCTED QUALITATIVE RESEARCH WITH INTERNAL AND EXTERNAL ST. JUDE STAKEHOLDERS AS WELL AS PATIENTS AND FAMILY MEMBERS SERVED IN ORDER TO SUPPLEMENT QUANTITATIVE FINDINGS WITH PERCEPTIONS OF COMMUNITY STRENGTHS AND ASSETS, THEIR PRIORITY HEALTH CONCERNS, AND SUGGESTIONS FOR FUTURE PROGRAMMING AND SERVICES.

FOCUS GROUPS

FOCUS GROUPS WERE CONDUCTED WITH CURRENT AND FORMER ST. JUDE PATIENTS, PATIENT CAREGIVERS, AND ST. JUDE CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF. DIFFERENT TOPIC AREAS WERE EXPLORED BASED ON THE UNIQUE EXPERIENCES OF EACH OF THE GROUPS. THE PATIENT AND CAREGIVER FOCUS GROUPS, CONDUCTED WITH CURRENT PATIENTS AND REPRESENTATIVES OF THE FAMILY ADVISORY AND QUALITY OF LIFE/PALLIATIVE CARE STEERING COUNCILS, EXPLORED THE EXTENT TO WHICH ST. JUDE IS MEETING THE NEEDS OF CHILDREN WITH CATASTROPHIC ILLNESSES AND OPPORTUNITIES TO BRIDGE PATIENT NEEDS IN THE FUTURE. THE

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Part V Facility Information *(continued)*

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

CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF FOCUS GROUP EXPLORED THESE TOPICS AS WELL AS SPECIFIC ISSUES RELATED TO THE GREATER MEMPHIS COMMUNITY. A SEMI-STRUCTURED MODERATOR S GUIDE WAS USED ACROSS ALL DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED. WHILE SIMILAR, SEPARATE GUIDES WERE USED FOR THE CAREGIVER AND PATIENT FOCUS GROUPS SO THAT THEY WERE AGE AND DEVELOPMENTALLY APPROPRIATE.

EACH FOCUS GROUP WAS FACILITATED BY AN EXPERIENCED HRIA STAFF MEMBER, WHILE A NOTE-TAKER TOOK DETAILED NOTES DURING THE DISCUSSION. ON AVERAGE, FOCUS GROUPS LASTED 30-90 MINUTES. BEFORE THE START OF THE GROUPS, HRIA EXPLAINED THE PURPOSE OF THE STUDY TO PARTICIPANTS AND PARTICIPANTS HAD AN OPPORTUNITY TO ASK QUESTIONS. THEY WERE ALSO NOTIFIED VERBALLY THAT GROUP DISCUSSIONS WOULD REMAIN CONFIDENTIAL, AND NO RESPONSES WOULD BE CONNECTED TO THEM PERSONALLY. PATIENT FOCUS GROUP PARTICIPANTS RECEIVED A $30 GIFT CERTIFICATE AS WELL AS FOOD AND BEVERAGES IN APPRECIATION FOR THEIR TIME. PARTICIPANTS WERE RECRUITED BY ST. JUDE STAFF, WHO ARRANGED ALL LOGISTICS FOR THE ONSITE FOCUS GROUPS.

MEDICAL EXECUTIVE COMMITTEE/CLINICAL COUNCIL (INTERNAL)

- EMILY BROWNE, DIRECTOR, PROFESSIONAL DEVELOPMENT AND APP
- ANDREW M. DAVIDOFF, MD, CHAIR, SURGERY DEPARTMENT
- PAM DOTSON, SVP, PATIENT CARE SERVICES/CNO
- JANICE ENGLISH, DIRECTOR, NURSING
- PATRICIA FLYNN, MD, MEMBER, SVP, MEDICAL DIRECTOR QUALITY AND PATIENT CARE
- WILLIAM L. GREENE, PHARM D, CHIEF PHARMACEUTICAL OFFICER
- LIZA JOHNSON, MD, STAFF PHYSICIAN, HOSPITALIST

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Part V Facility Information *(continued)*

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

- PAT KEEL, SVP, CHIEF FINANCIAL OFFICER

- CINDY LEKHY, VP, CLINICAL OPERATIONS

- MONIKA METZGER, MD, REGIONAL DIRECTOR, CENTRAL AND SOUTH AMERICA REGIONS, INTERNATIONAL OUTREACH PROGRAM

- SEAN PHIPPS, PHD, CHAIR, PSYCHOLOGY DEPARTMENT

- ULRIKE REISS, MD, DIRECTOR, CLINICAL HEMATOLOGY DIVISION

- GILES W. ROBINSON, MD, ASSISTANT MEMBER, ONCOLOGY DEPARTMENT

- VICTOR SANTANA, MD, MEMBER, VP, CLINICAL TRIALS ADMINISTRATION

- RON SMITH, VP, SCIENTIFIC OPERATIONS

- ELAINE TUOMANEN, MD, CHAIR, DEPARTMENT OF INFECTIOUS DISEASES

FAMILY ADVISORY COUNCIL AND QUALITY OF LIFE/PALLIATIVE CARE STEERING COUNCIL (INTERNAL AND EXTERNAL, SOME FAMILY MEMBERS AND FORMER PATIENTS ARE ALSO ST. JUDE EMPLOYEES)

- AUDREY DAVIS

- DEBBIE HIGGINS

- CASEY PAPPAS

- GABBY SALINAS

- KELLY WADDELL

ADOLESCENT PATIENTS, N=4

KEY INFORMANT INTERVIEWS

HRIA CONDUCTED INTERVIEWS WITH 16 INDIVIDUALS; 6 WERE INTERNAL TO THE ST. JUDE HOSPITAL AND 10 WERE EXTERNAL REPRESENTATIVES. INTERVIEWEES REPRESENT A RANGE OF SECTORS, INCLUDING LEADERS IN HEALTH CARE AND HEALTH RESEARCH, GOVERNMENT, AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE

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Part V Facility Information *(continued)*

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

POPULATIONS. SIMILAR TO THE FOCUS GROUPS, A SEMI-STRUCTURED INTERVIEW GUIDE WAS USED ACROSS ALL DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED. INTERVIEWS WERE APPROXIMATELY 30 MINUTES IN LENGTH.

INTERNAL KEY INFORMANT INTERVIEWS

- CAROLYN RUSSO, MD, MEDICAL DIRECTOR AFFILIATE PROGRAM
- JUSTIN BAKER, CHIEF, DIVISION OF QUALITY OF LIFE AND PALLIATIVE CARE
- MARTHA PERINE BEARD, CHAIR, ST. JUDE BOARD OF GOVERNORS
- FRAN GREESON, DIRECTOR OF SOCIAL WORK AND JANA KING, DIRECTOR OF DOMICILIARY SERVICES
- MICHAEL LINK, MD, CHAIR, ST. JUDE SCIENTIFIC ADVISORY BOARD
- ALICIA HUETTEL, DIRECTOR OF FAMILY CENTERED CARE

EXTERNAL KEY INFORMANT INTERVIEWS

- DR. JOHNATHAN MCCULLERS, CHAIR, DEPARTMENT OF PEDIATRICS, UTHSC/LE BONHEUR CHILDREN'S HOSPITAL
- JENNIFER MARSHALL PEPPER, HIV/RYAN WHITE, SHELBY COUNTY
- DR. DAVID STERN, DEAN UTHSC COLLEGE OF MEDICINE
- DR. BARRY GOLDSPIEL, ACTING CHIEF, PHARMACY DEPARTMENT, CHIEF, CLINICAL PHARMACY SPECIALIST SECTION, NIH
- DRS. NADA ELMAGBOUL AND ROBIN WOMEODU, SICKLE CELL DISEASE PROGRAM METHODIST LE BONHEUR HEALTHCARE
- VALERIE NAGOSHINER, DEPUTY COMMISSIONER, TN DEPARTMENT OF HEALTH
- ANGELA MOORE, PH COORDINATOR, COMMUNITY HEALTH PLANNING, SHELBY COUNTY HEALTH DEPARTMENT
- JENNIFER MYRICK, HEALTH SYSTEMS MANAGER, AMERICAN CANCER SOCIETY MID-SOUTH

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