## 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.

Electronically Filed Mar 13 2023 04:44 PM Elizabeth A. Brown Supreme Court No.Clack

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

## APPEAL

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

## APPENDIX

## *VOL.* 4

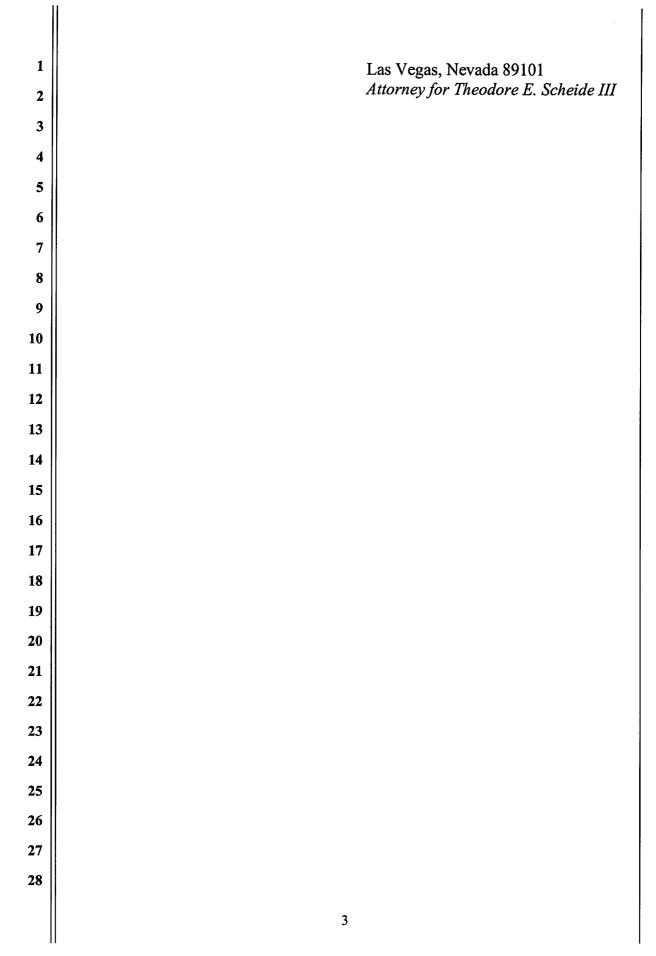
Bradley J. Hofland, Esq. HOFLAND & TOMSHECK 228 S. 4<sup>th</sup> Street, First Floor Las Vegas, Nevada 89101 702-895-6760 Attorney for Appellant

## **CHRONOLOGICAL INDEX OF APPENDIX**

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	MOT CARY COLT PAYNE, ESQ. Nevada Bar No. 4357 CARY COLT PAYNE, CHTD. 700 South Eighth Street Las Vegas, Nevada 89101 (702) 383-9010 carycoltpaynechtd@yahoo.com Attorney for Defendant, 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 E. SCHEIDE JR., a/k/a ) Deceased ) NOTICE OF MOTION AND ) MOTION TO STRIKE THE ) FRAUDULENTLY SUBMITTED ) PETITION RAMING ST. JUDE'S ) RESEARCH HOSPITAL AS ) PETITIONER AND RELATED ) RELIEF. ) Date of Hearing: March 18, 2021	
20 21 22 23 24 25 26 27 28	) 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	

1	with NRS 82.523, 82.5234(2), and respectfully requests that this Court enter an
2	Order:
3 4	1. Remedying the fraud the American Lebanese Syrian Associated
5	Charities ("Lebanese Charities") committed upon this Court and striking the Petition for Probate of Lost Will (NRS 136.240);
6	Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") that was filed
7	on 09/13/2016;
8	2. Striking and vacating all judgments, orders, and filings related to
9 10	and/or stemming from the filing of the above referenced fraudulent Petition;
10	3. Finding St. Jude's Research Hospital ("St. Jude") has neither
12	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
13	action or proceeding in any court of this State as a matter of law (NRS 82.523, §82.5234);
14	
15	4. Finding Lebanese Charities lacks standing, is not a real party in interest, and cannot assert third party rights, in this matter; and
16 17	5. Addressing any additional relief this Court deems necessary and
18	appropriate.
19	This Motion is brought and supported pursuant to the affidavit(s) filed herein,
20	the enclosed Points and Authorities attached hereto, the declarations of the
21 22	interested parties, the papers and pleadings on file, all applicable legal authority,
22	and any argument allowed by this Court.
24	Dated: March 17, 2021.
25	Man
26	CARY COLT PAYNE, ESQ. Nevada Bar No. 4357
27 28	CARY COLT PAYNE, CHTD. 700 South Eighth Street
-0	
	2



1 **MEMORANDUM OF POINTS AND AUTHORITIES** 2 I. 3 Introduction 4 5 As a threshold matter, applicable legal authority requires the Petition<sup>1</sup> at issue 6 and all filings related thereto, or stemming therefrom, be stricken from the record 7 and any orders be vacated and set aside. First, the Petition was improperly filed 8 with this Court and the filing and resulting actions are disallowed and 9 10 *impermissible as a matter of law.* See NRS 82.523,  $82.5234(2)^{2}$ . 11 Secondly, the disregard of the prohibitive statute and subsequent litigation 12 constituted an abuse of the legal system and fraud upon this Court which cannot be 13 14 allowed and must be remedied. Lastly, St. Jude was barred by law from filing or 15 pursuing suit in Nevada, and Lebanese Charities lacks/lacked standing to bring and 16 maintain the action it fraudulently filed and maintained as "St. Jude", conduct 17 18 which failed to constitute requisite jurisdiction for this Court to entertain the matter. 19 Each basis noted above, and described in detail herein, requires the subject 20 Petition to be stricken from the record and all derivative actions therefrom to be set 21 aside and vacated. Moreover, the law clearly requires this Court to dismiss St. 22 23 Jude's Petition and disallow any further action as a result thereof. 24 25 <sup>1</sup> The Record confirms Lebanese Charities, and not St. Jude Children's Research 26 Hospital ("St. Jude") filed a Petition for Probate of Lost Will (NRS 136.240); 27 Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") on 09/13/2016. Submitted herewith as 28 Exhibit "A" for the Court's convenience and review.

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ROA000692

1	II.
2	Statement of Facts
3 4	The decedent, THEODORE E. SCHEIDE JR. died on August 17, 2014, in
5	Clark County, Nevada, and was a resident of the State of Nevada at that time and
6	for all applicable time periods. Susan Hoy was appointed as Administratrix of the
7	estate, with letters of Administration issued May 28, 2015. As confirmed by the
8 9	record and before this Court, no original 2012 documents were ever located and the
10	estate therefore proceed under intestate succession <sup>3</sup> .
11	Thus, the Administrator filed, <i>inter alia</i> , a First and Final Report and
12	
13	Accounting and Petition for Final Distribution and Approval of Costs and Fees for
14 15	the benefit of Chip Scheide, the decedents son. Prior to the matter being heard, St.
16	Jude Children's Research Hospital ("St. Jude") filed a Notice of Appearance <sup>4</sup> , and
17	on through local counsel <sup>5</sup> and verified by a "Fred E. Jones, Jr." of "Lebanese
18	Charities <sup>6</sup> ," filed the legally impermissible Petition referenced above.
19	Counsel for St. Jude never disclosed to the Court that their client, a
20 21	"nonprofit" <sup>7</sup> corporation, was neither registered or "not qualif[ied] to do business in
22	this State" and thus, as a matter of law, disallowed and unable to "commence or
23	
24	<sup>2</sup> Discussed in greater detail, <i>infra</i> .
25 26	<sup>3</sup> See e.g. order dated May 25, 2015. <sup>4</sup> Notice of Appearance filed 05/20/2016.
26 27	<sup>5</sup> The Firm of Hutchison & Steffen, LLC filed a Notice of Appearance as counsel for St. Jude only.
28	<sup>6</sup> Lebanese Charities is short for American Lebanese Syrian Associated Charities ("Lebanese Charities").
	( Lebanese Charmes ). 5
	I I I

1 maintain any action or proceeding in any court of this State"<sup>8</sup>, nor did counsel 2 disclose Lebanese Charities (who, according to the record, was never represented 3 by Hutchinson & Steffen) lacked standing, did not have a legally recognizable 4 5 interest in the matter, and was committing fraud upon the Court with the filing they 6 allowed<sup>9</sup>. Accordingly, the jurisdictional prohibition stemming from the misuse of 7 the legal system, and corresponding manipulation/fraud upon this Court, was not 8 known nor addressed, and equally disturbing, Lebanese Charities, posing as St. 9 10 Jude, was allowed to seek unfair, unwarranted, and impermissible financial gain. 11 As a result, an evidentiary hearing regarding the subject matter of the 12 (impermissible and fraudulent) petitions Lebanese Charities filed under the guise of 13 14 St. Jude, was conducted on June 15 and 16, 2017 on the sole issue of NRS 15 136.240(3) whether the October 2012 will be admitted to Probate. The District 16 Court issued a Decision and Order dated August 6, 2017. St. Jude filed Notice of 17 18 Appeal on September 6, 2018. That the matter was reversed by the Nevada 19 Supreme Court (No. 76924) in its decision dated December 31, 2020, which in part 20 reversed that Decision. 21 22 23 24 25 <sup>7</sup>As detailed from available records, the term "nonprofit" is used loosely. <sup>8</sup> NRS §82.5234. Such concealment, if known, would constitute a violation of the 26 duty of candor that is owed this Court (see Thomas v. City of NLV, 122 Nev. 82, 27 127 P.3d 1057 (2006)); and if not known, an arguable violation of NRCP 11 and failure to perform adequate due diligence. 28 See Fn. 8, supra.

Novertheless, the lass sho		
Nevertheless, the law clea	urly establishes neithe	r St. Jude nor Lebanese
Charities can seek or maintain suit	in this State. All orde	rs must be vacated and set
aside.		
Notably, according to St. Jud	de Children's Research	Hospital, Inc. (hereinafter
"St. Jude) is a 501(c)(3) Corporat	ion doing business in	Memphis, Tennessee, and
according to its tax returns its reve	nue is as follows:	
according to its tax returns, its reve		
		<u>2018</u>
-		\$974,758,247.00
-		109,172,619.00
		(556,846.00)
		24,595,111.00
		\$1,107,969,131.00
_	(4,312,073.00)	(1,538,019.00)
-	(505 567 014 00)	(545 740 401 00)
		(\$1,021,442,301.00)
		(\$1,021,442,501.00)
I O I ALI NEVELIVOE LEGS EATI		\$86,526,830.00
TOTAL ASSETS:		\$6,214,238,431.00
	•	C
Secretary of State's office to do bu	siness in this State as is	s required by statute.
•		
	7	
	Charities can seek or maintain suit aside. Notably, according to St. Jud "St. Jude) is a 501(c)(3) Corporat according to its tax returns, its revea Contributions and grants Program service revenue Investment income Other revenue TOTAL REVENUE: Grants and similar amounts paid Salaries, other compensation and employee benefits <sup>10</sup> Other expenses TOTAL EXPENSES: <b>TOTAL REVENUE LESS EXPI</b> <b>TOTAL REVENUE LESS EXPI</b> <b>TOTAL ASSETS:</b> As noted above, St. Jude Re Secretary of State's office to do bu	Notably, according to St. Jude Children's Research "St. Jude) is a 501(c)(3) Corporation doing business in according to its tax returns, its revenue is as follows: $\frac{2017}{Contributions and grants} $851,803,301.00$ Program service revenue 117,420,862.00 Investment income (7,463,705.00) Other revenue 18,895,861.00 TOTAL REVENUE: \$980,656,319.00 Grants and similar amounts paid (4,312,073.00) Salaries, other compensation and employee benefits <sup>10</sup> (505,567,014.00) Other expenses (440,836,545.00) TOTAL EXPENSES: (\$950,715,632.00) TOTAL EXPENSES: \$29,940,687.00 TOTAL ASSETS: \$5,434,170,902.00 As noted above, St. Jude Research Hospital is not r Secretary of State's office to do business in this State as is <sup>10</sup> Including "Travel" costs of almost \$15 million per yee \$654,000 to \$1,054,000 for the CEO, 401k type plans, a the directors/officers as well as any family members who

1	According to Lebanese Charities tax returns, it too is a 501(c)(3) Corporation
2	(incorporated in Illinois) doing business in Memphis, Tennessee and according to
3	its tax returns, its revenue is as follows:
4	its tax returns, its revenue is as follows.
5	2017 2018

5		<u>2017</u>	<u>2018</u>
6	Contributions and Grants	\$1,446,493,050.00	\$1,667,190,856.00
7	Investment income	168,588,999.00	212,808,116.00
8	Other revenue	36,903,186.00	39,767,318.00
9	TOTAL REVENUE:	\$1,651,985,235.00	\$1,919,766,290.00
10	Grants and similar amounts paid	(757,401,831.00)	(865,122,365.00)
11	Salaries, other compensation		
12	and employee benefits	(153,380,025.00)	(173,868,497.00)
13	Professional fundraising fees	(9,869,627.00)	(9,307,214.00)
14	Other expenses	(319,098,782.00)	(351,430,671.00)
15	TOTAL EXPENSES:	(\$1,239,750,265.00)	(\$1,399,728,747.00)
16	TOTAL REVENUE LESS EXPI	ENSES:	
17		\$412,234,970.00	\$520,037,543.00
18	TOTAL ASSETS:	\$4,780,599,912.00	\$5,461,105,812.00
19	Lebanese Charities admits	to being a "fundraiser	" for St. Jude Research
20	Hospital.		
21	As established herein, St. J	ude is and was prohil	nited as a matter of law
22			
23	from commencing or maintaining	any action in any court	of this State. The subject
24	Petition that was filed was not fil	ed by St. Jude, but rath	er by Lebanese Charities
25	violated the law, the duty of cando	or owed to this Court. an	d committed a fraud upon
26			
26 27	this Court for their own personal g	ain.	
	this Court for their own personal g	ain.	

1	III.
2	Logal Analysia
3	Legal Analysis
4	A. <u>Legal Standard</u>
5	Tatiana NRCP 60(b) is clear and entitles a party to seek relief from the orders
6 7	of the courts for a number of reasons. The recognized grounds are:
, 8	(1) mistake, inadvertence, surprise, or excusable neglect;
9	(2) newly discovered evidence that, with reasonable diligence, could not have been discovered in time to move for a new trial under Rule
10	59(b); (3) <i>fraud</i> (whether previously called intrinsic or extrinsic),
11	misrepresentation, or misconduct by an opposing party; (4) <i>the judgment is void</i> ;
12	(5) the judgment has been satisfied, released, or discharged; it is based
13	on an earlier judgment that has been reversed or vacated; or applying it prospectively is no longer equitable; or
14	(6) any other reason that justifies relief.
15	(Emphasis supplied). Moreover, NRCP 60(d) expressly excludes the six (6) month
16 17	availability window to seek relief when such relief is based upon fraud upon the
18	court <sup>11</sup> . See Affidavit in Support and Exhibit B (B1-B5).
19	The rule allows the court to vacate, set aside, and relieve a party from an
20 21	order or judgment of the court. Courts have long recognized the rule is remedial,
22	and should be liberally construed <sup>12</sup> . Moreover, courts have the inherent authority to
23	remedy any fraud committed upon it and the Nevada Supreme Court has further
24	held Probate Court has jurisdiction to vacate a prior order, just as other courts <sup>13</sup> .
25	
26	
27 28	<sup>11</sup> See NC-DSH, Inc. v. Garner, 125 Nev. 647, 218 P.3d 853 (2009). <sup>12</sup> See La Tex Partnership v. Deters III, Nev. 471, 893 P.2d 361 (1995). <sup>13</sup> A-Mark Coin Co. v. Estate of Redfield, 94 Nev. 495, 585 P.2d 359 (1978).
	9

# **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 3 corporate law that each corporation is a separate legal entity"14 and considered a 4 5 distinct person as a matter of law. Even closely held subsidiaries are separate and 6 distinct entities. Indeed, courts have held two corporate entities "are separate and 7 even if they have identical memberships distinct legal entities" and 8 9 ownerships<sup>15</sup>. Even two corporations that had the same management and were 10 "practically indistinguishable" were nevertheless separate entities and the court 11 refused to recognize them as the same entity for standing to sue on a contract $^{16}$ . 12

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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- <sup>23</sup>
  <sup>14</sup> See Kreisler v. Goldberg, 478 F.3d 209, 213 (2007); In re Commer. Mort., 414
  <sup>24</sup>
  <sup>15</sup> See Surgical Supply Ctr. V. Industrial Comm'n Dep't of Emp't Sec., 118 Utah
  <sup>25</sup>
  <sup>632</sup>, 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.

<sup>16</sup> See Holmes Dev., LLC v. Cook, 48 P.3d 895 (2002).

1 St. Jude, who is the *named* Petitioner in the fraudulent (and impermissible) 2 Petition that was filed with this Court, was, and remains, prohibited from 3 commencing or maintaining "any action or proceeding in any court of this State" as 4 a matter of law. NRS §82.5234 provides in relevant part: 5 6 every foreign nonprofit corporation which is doing business in this State and which fails or neglects to qualify to do business in this 7 State in accordance with the laws of this State may not commence or 8 maintain any action or proceeding in any court of this State until it has qualified to do business in this State. 9 According to the Nevada Secretary of State's website, St. Jude Children's 10 11 Research Hospital, is not an entity that is, or ever has been, gualified to do business 12 as a foreign non-profit corporation (or any other entity) to do business in the State 13 of Nevada, and therefore were legally precluded from filing a Petition in this, or 14 any other court. See Exhibit B 15 16 Nevertheless, Hutchison & Steffen filed a Notice of Appearance for St Jude<sup>17</sup> 17 (and only St. Jude) despite the law that prohibits the commencement of *any* action 18 in any court in this State. More disturbing is the fact that in spite of St. Jude 19 20 lacking legal capacity to even file the subject Petition, Hutchison & Steffen allowed 21 Lebanese Charities—as an impermissible third-party, who clearly lacked standing 22 who was not a real party in interest, and who had no legally recognizable right to 23 24 file the subject Petition with the Court, assert, and seek relief, in the name of St. 25 Jude. 26 27 28 <sup>17</sup> Notice of Appearance, filed 05/20/2016. 11

1	It is significant to note Lebanese Charities impermissibly and fraudulently
2	signed the Petition <sup>18</sup> . Notably, St. Jude, consistent with the law of this State, <i>never</i>
3 4	signed any pleading or document in this matter. It is the responsibility of this Court
5	to remedy this egregious fraud, abuse of the legal system, and patent manipulation
6	of this Court by striking the subject Petition and all related filings from the record.
7 8	C. Both St. Jude and Lebanese Charities lacked the requisite standing to commence or sustain any action in this State.
9	Courts have long held "[s]tanding to sue is critical to the proper functioning
10 11	of the judicial system" <sup>19</sup> and is the "requisite personal interest that must exist at the
12	commencement of the litigation. <sup>20</sup> "Moreover, "a plaintiff may <i>not</i> proceed with an
13	action in the absence of standing" <sup>21</sup> nor bring an action without the existence of an
14	injury in fact <sup>22</sup> .
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20	<sup>18</sup> Examination of the subject Petition filed 09/13/2016, submitted herewith as Exhibit "A", reveals Hutchison & Steffen represented themselves in the
21 22	impermissible Petition as attorneys for St. Jude (page 9), yet allowed Fred E. Jones, Jr., <i>Director of Lebanese Charities</i> , to sign in place of St. Jude (page 10) (who was
23	legally precluded from filing such a petition). <sup>19</sup> Saratoga County Chamber of Commerce v. Pataki, 798 NE2d 1047 (2003).
24	<sup>20</sup> Pharmacia Corp. v. Suggs, 932 So.2d 95 (2005); Frenchman-Cambridge
25	<i>irrigation Dist. v. Dep't of Natural Res.</i> , 801 N.W.2d 253 (2011); see also Wilson v. Holder, 7 F.Supp.3d 1104 (2014).
26	<sup>21</sup> See Ryan, Inc. v. New York State Dept. of Taxation & Fin., 890 NYS2d 306 (2009) (emphasis provided).
27 28	<ul> <li><sup>22</sup> Silver v. Pataki, 755 NE2d 842 (2001); see also Lujan v. Defenders of Wildlife, 504 U.S. 555 (1992); Nev. Recycling &amp; Salvage, Ltd. v. Reno Disposal Co., 134 Nev. Adv. Rep. 55, 423 P.3d 605 (2018)</li> </ul>
	12

1	As this Court knows, "standing is a prerequisite to subject matter
2	jurisdiction" <sup>23</sup> "When a party without standing purports to commence an action,
3 4	the trial court acquires no subject-matter jurisdiction <sup>24</sup> ." It is well established that
4 5	standing is jurisdictional, goes to the jurisdictional core of a court's authority to
5 6	
7	adjudicate a dispute, indeed, the very power of the court to act. The lack of
8	standing may be raised at any time <sup>25</sup> . Simply stated, standing is the right to relief in
9	court. Whether a party has a private right of action goes to the jurisdictional
10	<i>issue of standing</i> and notably, the lack of standing cannot be waived and must be
11	
12	present in every case <sup>26</sup> .
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14	
15	
16	
17	<sup>23</sup> See Associated Builders & Contractors, Inc. v. S.F. Airports Comm'n, 981 P.2d
18	499 (1999); see also Taylor v. Hubbell, 188 F.2d 106 (9 <sup>th</sup> Cir. 1951) ("It is axiomatic that [e]very court of general jurisdiction has power to determine whether
19	the conditions essential to its exercise exist." (internal quotation marks omitted)).
20	<sup>24</sup> 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
21	(2010); Citibank, N.A. v. Stein, 199 A.3d 57 (2018).
22	<sup>25</sup> Landreth v. Malik, 127 Nev. 175, 251 P.3d 163 (2011); Ross v. Bonaventura, 2013 Nev. Unpub. LEXIS 1810;
23 24	<sup>26</sup> 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
24 25	statute that does not provide a private right of action); Vaile v. Eighth Judicial Dist.
25 26	<i>Court</i> , 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); <i>Applera Corp. v. MP</i>
20 27	Biomedicals, LLC, 93 Cal. Rptr. 3d 178, 192 (Ct. App. 2009) (standing is
27	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).
	13

1	It is axiomatic a party must assert his own legal rights and interests, and
2	cannot rest his claim to relief on the legal rights or interests of third parties <sup>27</sup> . As
3 4	noted above, the party must have an "injury in fact", recognized by courts as:
5	an actual legal stake in the matter being adjudicated—[which] ensures
6	that the party seeking review has some concrete interest in prosecuting the action which casts the dispute in a form traditionally capable
7	of judicial resolution. Under the injury in fact analysis standing exists when the plaintiff has sustained actual injury, meaning that he/she has
8	an actual legal stake in the in the [sic] matter being litigated" <sup>28</sup>
9 10	Significantly, St. Jude or its Counsel was (knowingly) and is prohibited from
11	commencing or maintaining any action. The will at issue references St. Jude only.
12	However, Lebanese Charities, who is not named, has no standing, and has no
13	recognizable interest in the estate of the decedent, executed and filed the underlying
14 15	Petition-not St. Jude's Research Hospital. Lebanese Charities pursued that
16	portion of the estate-not St. Jude'. At its most basic sense, Lebanese Charities did
17	not suffer an "injury in fact", and had no legal right or interest in the subject will or
18	the estate at issue, and in short, Lebanese Charities is unable to establish a
19 20	recognizable controversy. The law does not afford Lebanese Charities third party
21	standing, and Lebanese Charities had no right or ability to substitute itself for St.
22	Jude's.
23	
24 25	
25 26	$\frac{1}{2^7}$ Warth v. Seldin, 422 U.S. 490 at 499 1975); see also Kane v. Johns-Manville
27	<i>Corp.</i> , 843 F.2d 636, 644 (2d Cir. 1988) (noting narrow exceptions to the general rule that "a litigant is restricted to asserting <i>his own</i> constitutional and statutory
28	rights") (emphasis supplied). <sup>28</sup> Society of Plastics Indus. v County of Suffolk, 573 NE2d 1034 (1991).
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	I

1 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 3 vacated. Indeed, regardless of the merits of the claim, or lack thereof, without 4 standing, the court cannot entertain the action. 5

6 Lastly, the burden of establishing standing rests upon the Plaintiff 7 (Petitioner)<sup>29</sup>. In sum, St. Jude was and is prevented by law to commence or 8 maintain any action in any court of this State. Lebanese Charities lacks standing, 9 10 has no recognizable interest in the decedent's estate, cannot assert third-party rights, 11 and fraudulently commenced and maintained this matter.

Without standing, the court lacks jurisdiction, and may take no action other 13 14 than to exercise its power to dismiss the action in its entirety. Any action taken by 15 a court lacking jurisdiction is null and void<sup>30</sup>. Indeed, "[w]hen the absence of 16 subject matter jurisdiction is noticed by, or pointed out to, the trial court, that court 17 has no jurisdiction to entertain further motions or pleadings in the case. It can do 18 19 nothing but dismiss the action forthwith."<sup>31</sup>

In sum, lack of standing is a fundamental flaw that requires the Court to 21 dismiss the action fraudulently and impermissibly initiated by Lebanese Charaties 22 23

- 25 <sup>29</sup> See e.g. Lujan, supra, Bennett v. Spear, 520 U.S. 154 (1997); Raines v. Byrd, 521 U.S. 811 (1997). 26
- <sup>30</sup> See Rainbow Drive, 740 So.2d at 1029.

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27 <sup>31</sup> 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...."); 28 Mapoles v. Wilson, 122 So.2d 249 (1960) (limits of a court's jurisdiction are of

1	and rendering all actions taken and every order entered in this matter because of the
2	fraudulently filed Petition, void. Moreover, all filings and documents stemming
3 4	therefrom must be stricken.
5	<b>D.</b> In the absence of jurisdiction, all resulting orders are void ab initio and must be set aside and vacated.
7	The law is well-settled that a judgment, order, or decree is void if the
8	rendering court lacked jurisdiction of the subject matter, or of the parties, or acted
9	in a manner inconsistent with due process <sup>32</sup> . Orders that are void for lack of
10 11	jurisdiction have no legal effect <sup>33</sup> . This fundamental principal is well-established
12	and widely followed:
13	If a court has no jurisdiction of the subject of an action, a judgment
14 15	rendered therein does not adjudicate anything. It does not bind the parties, nor can it thereafter be made the foundation of any right. It
16	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
17	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
18	right <sup>34</sup> .
19 20	Moreover, the Nevada Supreme Court has held:
20 21	
22	"primary concern", requiring the court to address the issue sua sponte when any
23	doubt exists). <sup>32</sup> Klugh v. U.S., 620 F.Supp. 892 (1985); Travelers Ins. Co. Joachim, 315 S.W.3d
24	860 (2010). <sup>33</sup> See Ex parte Seidel, 39 S.W.3d 221 (2001).
25 26	<sup>34</sup> 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
26 27	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
28	orders are regarded as nullities; they are not voidable, but simply void, and this even prior to reversal." (citation omitted).
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<i>Any acts</i> which exceed the defined power of a court in <i>any instance</i> , 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 <sup>35</sup> .
statutory declaration, or rules developed by the courts and followed
•
under the doctrine of state docisis, are in excess of jurisdiction .
It has also been held that "[i]t is not necessary to take any steps to have a
bid judgment reversed, vacated, or set aside. It may be impeached in any action
rect or, collateral." <sup>36</sup> This is because a court cannot confer jurisdiction where
one existed and cannot make a void proceeding valid. It is clear and well-
tablished law that a void order can be challenged in any court <sup>37</sup> .
Because a void judgment has no effect on the parties, or their respective
terests, "[t]here is no time limitation on asserting that [a] judgment is void <sup>38</sup> ." A
purt has a responsibility to correct a void judgment <sup>39</sup> and always has jurisdiction to
prrect a void judgment <sup>40</sup> . The law further provides that the burden of establishing
e existence of subject matter jurisdiction falls on the party invoking that
risdiction <sup>41</sup> .
Del Papa v. Steffen, 112 Nev. 369, 915 P.2d 245 (1996) citing Abelleira v. istrict Court of Appeal (17 Cal. 2d 280, 109 P.2d 942, 948 (1941).(emphasis)
upplied).
See Holder v. Scott, 396 S.W.2d 906 (1965) See Old Wayne Mut. L. Assoc. v. McDonough, 204 U.S. 8 (1907).
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).
See Blevins v. Hillwood Office Ctr. Owners' Ass'n, 51 So.3d 317 (2010).
See State v. Foster, 102 N.E.3d 1199 (2017); See, e.g., Ex parte HealthSouth Corp., 974 So.2d 288 (2007) (setting forth the
aintiff's burden of demonstrating standing to bring an action, an issue of subject- atter jurisdiction); <i>Ex parte Ray–El</i> , 911 So.2d 1100 (2004) (placing the burden to
'justify the jurisdiction of this court' " on the person bringing a habeas petition as
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1 In the case at bar, St. Jude is prohibited as a matter of law from commencing 2 or maintaining any action in any court of this State-and did neither. However, 3 Lebanese Charities lacked standing, are not real parties in interest, have no injury or 4 legal interest in this matter, and committed fraud upon this Court. Lebanese 5 6 Charities is unable to provide sufficient legal or factual justification for this Court's 7 jurisdiction, and importantly, this Court is not obligated to embark on an expedition 8 beyond the parties' arguments in pursuit of a reason to exercise jurisdiction<sup>42</sup>. 9 10 Every issue that happened subsequently to a void judgment is without merit 11 because a void judgment can never gain legitimacy, any argument is also therefore 12 without merit and also void<sup>43</sup>. Nothing can be acquired or lost by a void order; it 13 14 neither bestows nor extinguishes any right, and may be successfully assailed 15 whenever it is offered as the foundation for the assertion of any claim or title. It 16 neither binds nor bars anyone. Notably, all acts performed under it and all claims 17 flowing out of it are void<sup>44</sup>. 18 19 Without jurisdiction in the District Court, there was no legal basis to grant 20 relief as requested<sup>45</sup> in the fraudulent and impermissible Petition filed by Lebanese 21 Charities. Lebanese Charities did not have standing to commence and maintain the 22 23 24 25 a "next friend" (quoting Whitmore v. Arkansas, 495 U.S. 149, 164, 110 S.Ct.

- **26** 1717, 109 L.Ed.2d 135 (1990)). <sup>42</sup> Blevins, supra, at 322.
- <sup>27</sup> <sup>43</sup> See; Harrison v. John Thomas Wray Props., 2008 U.S. Dist. LEXIS 129905.
- 28 44 See Walls v. Erupcion Min. Co., 6 P.2d 1021 (1931).
  - <sup>6</sup> ||<sup>45</sup> 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.

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## 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 12 13 fraud referenced supra, the scope of the bad faith and violation of law goes beyond 14 that established above. In addition to attempting to abuse the legal system and 15 manipulate this Court as they endeavor to wrongfully take the decedent's estate in a 16 17 maneuver disallowed by law, the Lebanese Charities do not limit their money grab 18 to just the decedent's estate. In fact, they actively solicit funds from the residents of 19 Nevada, but refuse to comply with applicable law in the process. Being a multi-20 21 trillion-dollar entity, they apparently believe no one can make them, and more 22 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)

1	in "Gross Gaming Receipts." See Exhibit C for combined revenues of
2	\$1,919,766,290.00 in 2018. Further, St. Jude claims through various mailings,
3	documents, website, and other mediums, that it promotes and participates in give
4	aways, selling of raffles for Henderson real estate, charitable events, fund raising
5	and advertisements, and that it "protects and cares for "children" or "families with
6	cancer" and promotes "Nevada" children and/or their families.
7	Nevada gaming regulations address and require any monies raised in Nevada
8	are required to be kept in Nevada <sup>46</sup> . NRS §462.200 provides, in relevant part, that
9	St. Jude and Lebanese Charities:
10 11	Shall expend the net proceeds of a charitable lottery or charitable game
11	only for the benefit of charitable or nonprofit activities in this state.
12	2. A qualified organization registered by the Chair shall, upon request, submit to the Chair a financial report on a charitable lottery or
13	charitable game. The financial report must include a statement of:
14	(a) The expenses incurred in the operation of the charitable lottery or charitable game; and
16	(b) The amount and use of the net proceeds of the charitable lottery or charitable game.
17	Despite the clarity of such statutory authority, <i>neither entity complies with</i>
18	
19	the law. Instead, they act in a manner more recently popularized by The Steve
20	Miller Band <sup>47</sup> —they take the money and run.
21	Of course, St. Jude has demonstrated a conscious disregard for the laws of
22	Nevada and the integrity of the legal system and this Court, and this is simply
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26	<ul> <li><sup>46</sup> See NRS 462, et seq., 463.130(1)(2)(b).</li> <li><sup>47</sup> "Take the Money and Run" was a song recorded in 1976 by the Steve Miller</li> </ul>
27	Band, peaking at No. 11 on the U.S. <i>Billboard</i> Hot 100. Prior to that, though less
28	known, "Take the Money and Run" was a mockumentary comedy film directed by Woody Allen.
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1 another statute that St. Jude and Lebanese Charities disregards and violates. St. 2 Jude and Lebanese Charities have gone to great lengths, including fraud and 3 violation of court rules and applicable precedent, in pursuit of more money, but no 4 5 respect is given to any rule or law that would impede their ability to obtain funds 6 and to use the funds any way they choose. 7 The Nevada Supreme Court has long held "[t]he doctrine of unclean hands 8 'bars relief to a party who has engaged in improper conduct in the matter in which 9 10 that party is seeking relief""48, and the egregious conduct described herein 11 represents the epitome of unclean hands. 12 Neither St. Jude nor Lebanese Charities are entitled to relief from this Court. 13 14 and the relief that has been procured must be stricken from the record, vacated, and 15 set aside in its entirety. 16 IV. 17 18 Conclusion 19 Based upon the foregoing reasons, movant and son of the decedent, Theodore 20 E. Scheide III, respectfully requests an order be entered: 21 1. Remedying the fraud the American Lebanese Syrian Associated 22 Charities ("Lebanese Charities") committed upon this Court and 23 striking the Petition for Probate of Lost Will (NRS 136.240), with prejudice; Revocation of Letters of Administration (NRS 141.050); 24 Issuance of Letters Testamentary (NRS 136.090) ("Petition") that 25 was filed on 09/13/2016; 26 27 48 Evans v. Dean Witter Reynolds, Inc., 116 Nev. 598, 5 P.3d 1043 (2000); Frey v. 28 Eighth Judicial Dist. Court of State, 2013 Nev. Unpub. LEXIS 1651. 21

1	2. Striking and vacating all judgments, orders, and filings related to
2	and/or stemming from the filing of the above referenced fraudulent Petition;
3 4 5	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
6	court of this State as a matter of law (NRS 82.523,§82.5234);
7 8	4. Finding Lebanese Charities lacks standing, is not a real party in interest, and cannot assert third party rights, in this matter; and
9 10	5. Addressing any additional relief this Court deems necessary and appropriate.
11	Dated this 15 <sup>th</sup> day of March, 2021.
12	
13	CARY COLT PAYNE, CHTD.
14	By: Cary Colt Payne, Esq.
15 16	State Bar of Nevada No. 4357 700 South Eighth Street
17	Las Vegas, Nevada 89101 Telephone: (702) 383-9010
18	Attorney for Theodore E. Scheide III
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1	DECLARATION OF THEODORE E. SCHEIDE III
2 3	I, Theodore E. Scheide III, hereby state and declare as follows:
4	1. That I am the movant in this action and am competent to testify as to
5	the matters stated herein.
6	2. I have read the foregoing motion and the factual averments it contains
7	are true and correct to the best of my knowledge, except as to those matters based
8	on information and belief, and as to those matters, I believe them to be true. Those
9	factual averments contained in the referenced filing are incorporated here as if set
10	forth in full.
11	DATED this 15 <sup>th</sup> day of March, 2021.
12 13	
13	<u>/s</u>
15	Theodore E. Scheide III
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	<b>II</b> 1

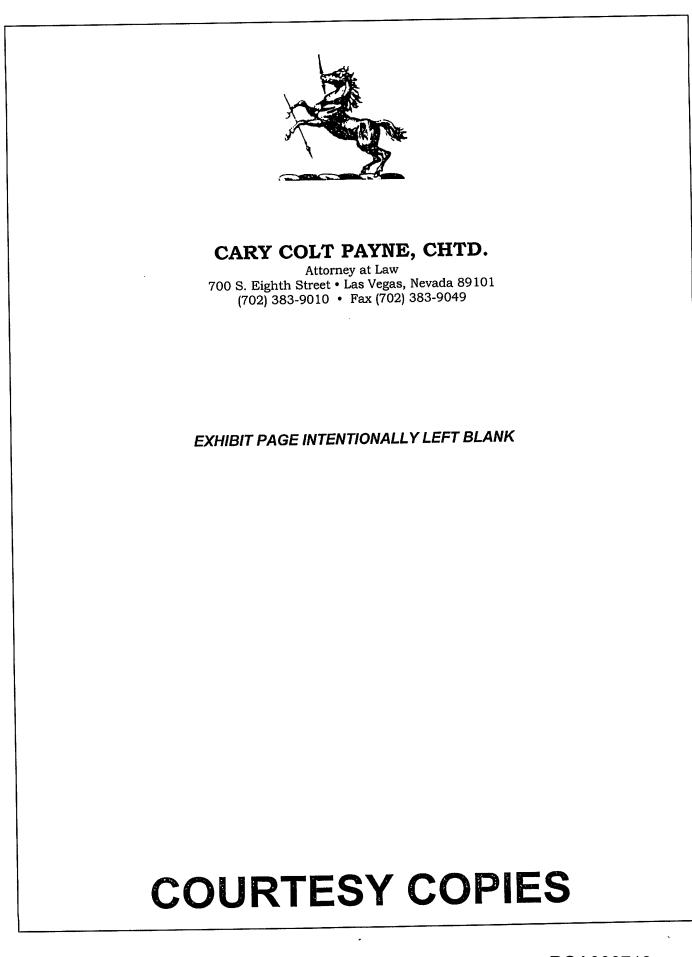
## **CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on March 16<sup>th</sup> 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 Peccole Professional Park 10080 W. Alta Drive, Suite 200 Las Vegas, NB 89145

An employee of CARY COLT PAYNE, CHTD.



ROA000713

## [Rev. 12/21/2019 10:18:11 AM--2019]

## CHAPTER 82 - NONPROFIT CORPORATIONS

## GENERAL PROVISIONS

	Definitions.
NRS 82.006	Definitions.
NRS 82.011	"Articles of incorporation" and "articles" defined.
NRS 82.016	"Corporation" defined.
NRS 82.021	"Corporation for public benefit" defined.
NRS 02.021	"Directors" and "trustees" defined.
NRS 82.026	Directors and read
NRS 82.031	"Member" defined.
NRS 82.034	"Principal office" defined.
NRS 82.036	"Receiver" defined.
NRS 82.041	"Registered office" defined.
NKS 02.041	Construction of chapter.
NRS 82.046	
NRS 82.051	Applicability of chapter, energy to accent chapter: Eligibility: procedure.
NRS 82.056	Applicability of chapter; effect of chapter of our chapter: Eligibility; procedure. Election of existing corporation to accept chapter: Eligibility; procedure.
NRS 82.061	Election of existing corporation to accept chapter: Eligibility; procedure; date Election of existing corporation to accept chapter: Filing requirements; contents. Election of board of directors of expired corporation to accept chapter: Eligibility; procedure; date
NRS 82.063	Election of board of directors of expired corporation to accept chapter. Englishing, provident
NKS 82.005	
	Election of existing and expired corporation to accept chapter: Effect.
NRS 82.066	
NRS 82.071	Limitations on eligibility to organize under chapter. Limitations on eligibility to organize under chapter is part of corporation's charter. Effect of amendment or repeal of chapter; chapter is part of corporation to carry out powers
NRS 82.076	Effect of amendment or repeal of chapter; chapter is part of corporation station to carry out powers Secretary of State authorized to adopt certain regulations to allow corporation to carry out powers
	Connotany of State authorized to adopt certain regulations to unot of
NRS 82.078	and duties through most recent technology.
	and duties through the

### FORMATION

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

### POWERS

NRS 82.121	General powers.
NRS 82.126	Adoption and use of corporate seal or stamp.
NRS 82.131	Specific powers. Restrictions: Issuance of stock; pecuniary gain of members; distributions.
NRS 82.136	Restrictions: Issuance of stock, peculiary gain or mental

NRS 82.131 NRS 82.136

## CORPORATE RECORDS

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	penalties or damages; authority of court to complet production of records Records to be provided to Secretary of State; requirement to assist in criminal investigation; failure to comply; regulations. Right of members and directors to inspect and copy records; denial of inspection; civil liability;
NRS 82.186	Right of members and directors to inspect and copy records, definite the relation of the defense to action for penalties or damages. Manner of storage of records; conversion of electronic records into clear and legible paper form;
NRS 82.188	Manner of storage of records; conversion of electronic records, admissibility in evidence of electronic records.

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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 <u>1991, 1291</u>)

### 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 <u>chapter 76</u> of NRS;
(b) The foreign nonprofit corporation acknowledges that pursuant to <u>NRS 239.330</u>, 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.

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 <u>NRS 82.523</u> to <u>82.524</u>, 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 <u>NRS 82.523</u> to <u>82.524</u>, 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 peid the Secretary of State may return the list for correction or navment

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 <u>225.084</u>

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

https://www.leg.state.nv.us/NRS/NRS-082.html

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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 <u>NRS 82.523</u> to <u>82.524</u>, 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 mayinot 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 <u>chapter 31</u> 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 exporations: 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 .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.

[Rev. 11/17/2020 11:50:48 AM--2020R1]

## 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.
<u>NRS 462.170</u>	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 <u>NRS 462.280</u> and <u>462.290</u> 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.

#### **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 <u>1991, 2257;</u> A <u>2019, 957</u>)

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 <u>1991, 2261</u>; A <u>2019, 958</u>)

NRS 462.035 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in <u>NRS 462.045</u> to <u>462.125</u>, inclusive, have the meanings ascribed to them in those sections. (Added to NRS by <u>1991, 2257</u>; A <u>2019, 958</u>)

NRS 462.045 "Board" defined. "Board" means the Nevada Gaming Control Board. (Added to NRS by 1991, 2257)

NRS 462.055 "Calendar guarter" 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 <u>NRS 463.0152</u>, 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 <u>1991, 2258;</u> A <u>2019, 958</u>)

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 1. Except as outerwise provided in subsection 2, nottery means any scheme for the disposal of 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 preement, 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 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 <u>1991, 925, 2261</u>)

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 <u>1991, 2258;</u> A <u>2019, 958</u>)

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.

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 <u>NRS 462.150</u>,
 → pursuant to the procedure set forth in <u>NRS 463.145</u>. (Added to NRS by <u>1991, 2258</u>; A <u>2019, 958</u>)

NRS 462.140 Conditions for operation of charitable lottery.

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

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

 $\overline{(b)}$  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.

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 <u>1991, 2258;</u> A <u>1997, 294; 2015, 1483; 2019, 959</u>)

### NRS 462.150 Registration of qualified organization: Conditions; revocation.

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 <u>NRS 462.160</u>;
- (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 <u>1991, 2258</u>; A <u>2019, 959</u>)

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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 <u>1991, 2260;</u> A <u>2019, 962</u>)

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

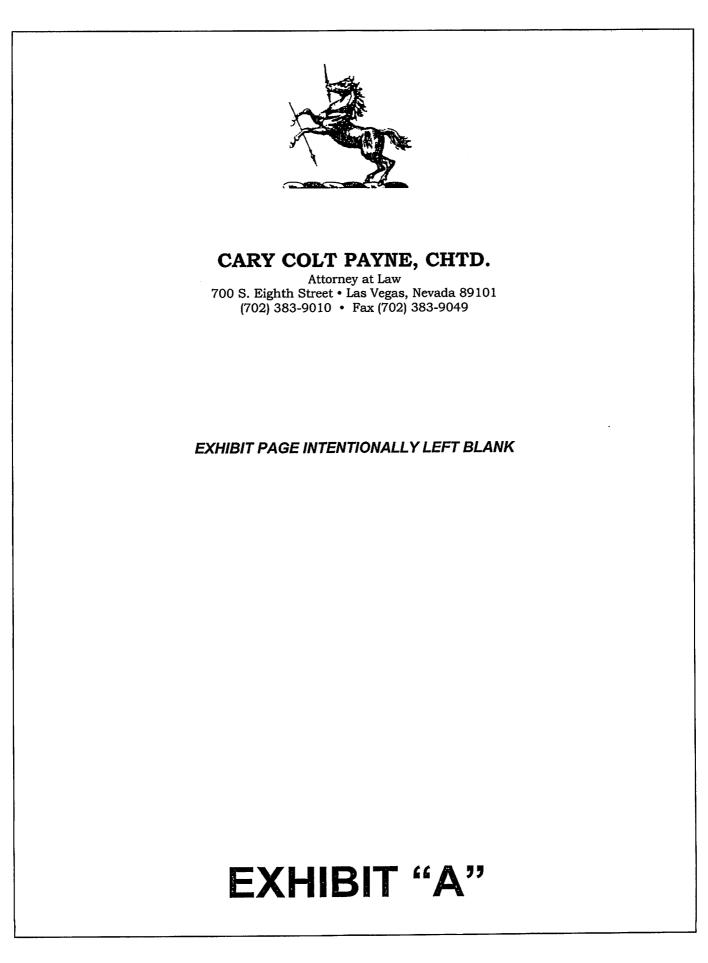
(b) The amount and use of the net proceeds of the charitable lottery or charitable game.

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

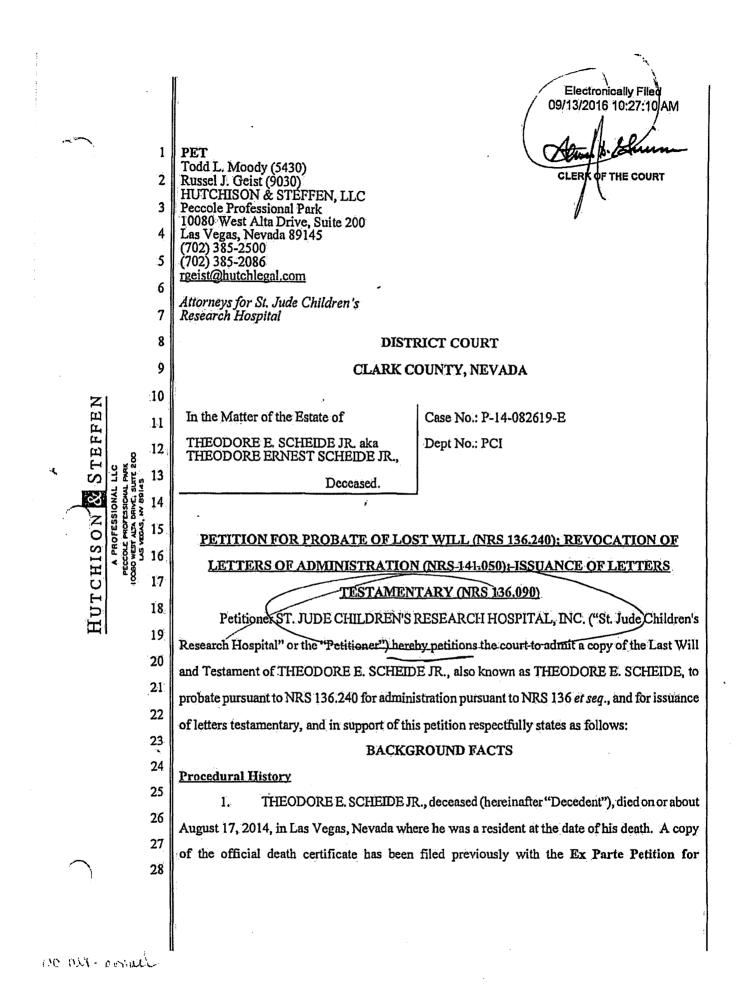
NRS 462.210 Immunity from civil liability. In addition to any other rights, privileges and immunities recognized by law, the State of Nevada, the Board and any of its members, employees, attorneys and other personnel, and the Commission and any of its members, employees, attorneys and other personnel 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 <u>2019, 957</u>)

#### UNLAWFUL ACTS; PENALTIES

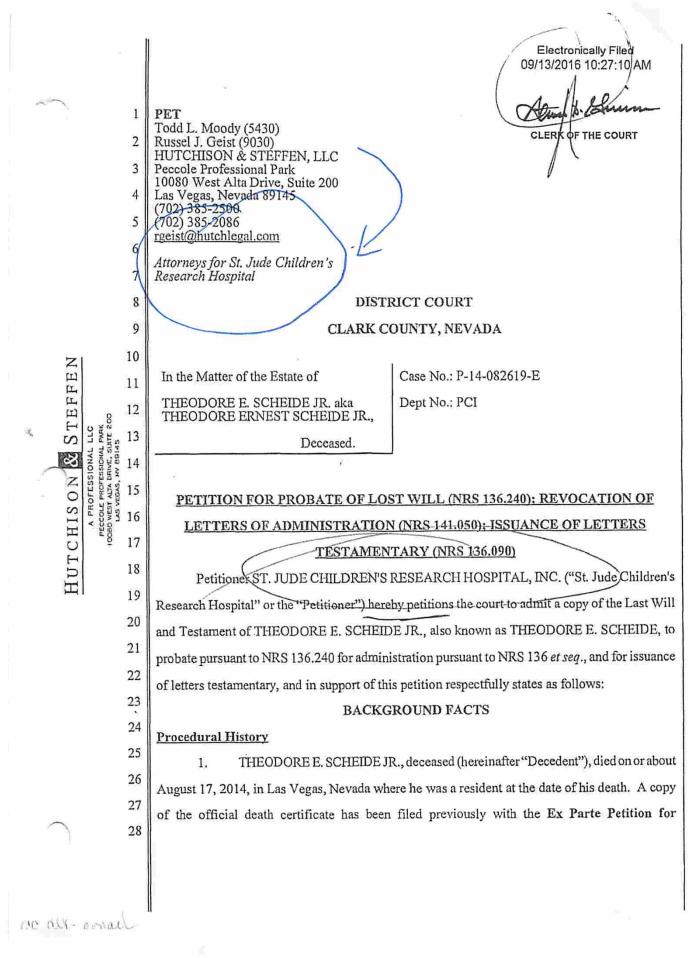


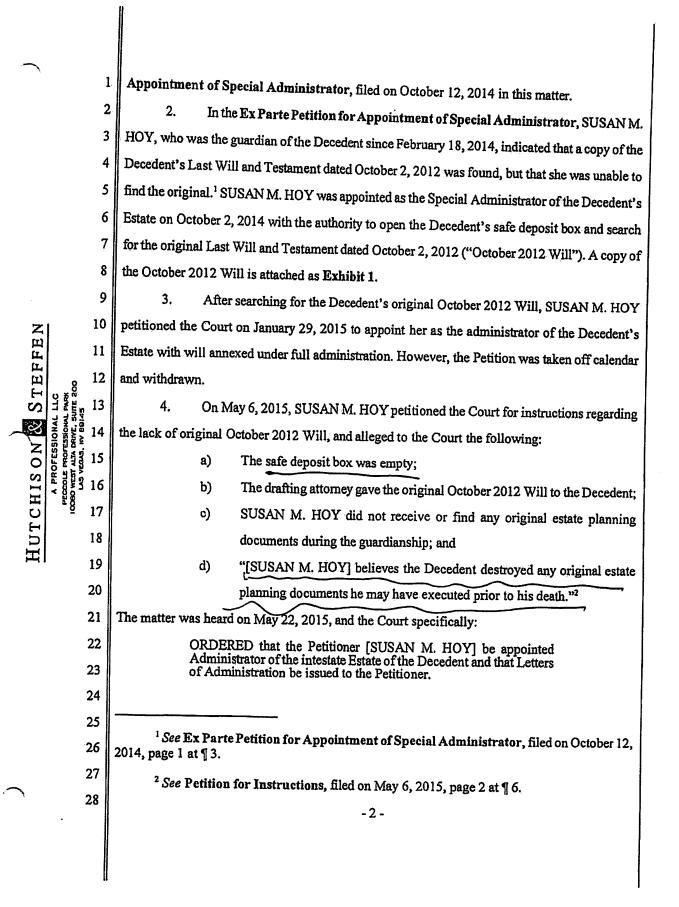
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3 j 2 VERIFICATION STATE OF TENNESSEE ) )ss ) 3 COUNTY OF SHELBY 4 Fred E. Jones, Jr. , on behalf of St. Jude Children's Research Hospital, being first duly sworn under penalty of perjury, declares the following: She/He is the agent or authorized 5 representative for the petitioner herein; that she/he has read the foregoing petition and knows the 6 contents thereof, and that the contents are true of her/his own knowledge, except for those matters 7 stated on information and belief, and as to those matters she/he believes them to be true. 8 9 ST. JUDE CHILDREN'S RESEARCH HOSPITAL 10 S TEFFEN 111 12 By, Fred E. Jones, Jr. 15 FEECOLE PROFESSION. NUK 10360 KEST JIN DUVE, SUITE 200 LAS VEDAS, NV PSIAS (Print Name) 11 13 A PROFESSIONA 14 Its Director - Legal / ALSAC HUTCHISON 15 16 17 18 119 20 21 22 23 24 125 26 27 28 -10 -「おいていたい 1000





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.

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SUSAN M. HOY filed her First and Final Account, Report of Administration 5. 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.

KRISTIN TYLER then contacted ST. JUDE CHILDREN'S RESEARCH 7. 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

<sup>3</sup> See Affidavit of Proof of Lost Will signed by Kristin Tyler, a copy of which is attached as Exhibit 2.

1 Proof of Will and For Issuance of Letters Testamentary Under Full Administration, Petition to 2 Appoint Personal Representative, and Petition to Distribute and Close Estate on May 25, 2016 3 asking the Court to admit the Decedent's June 2012 Will to probate. Concurrently, SUSAN M. 4 HOY filed her Amended First and Final Account, Report of Administration and Petition for 5 Final Distribution and Approval of Costs and Fees on May 25, 2016 and asked this Court to 6 approve distribution of the Decedent's estate to ST. JUDE CHILDREN'S RESEARCH 7 HOSPITAL, the ultimate beneficiary of the Decedent's will since Velma G. Shay had predeceased 8 him.

9 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 10 11 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 12 admitted to probate to permit such determination until the prior Order on Petition for Instructions 13 14 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 15 Petition for Probate and Petition for Distribution and counsel for ST. JUDE CHILDREN'S 16 RESEARCH HOSPITAL, INC. would prepare a petition to admit Decedent's Last Will and 17 18 Testament to probate.

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#### LEGAL AUTHORITIES AND DISCUSSION

20 10. Jurisdiction is proper in this proceeding pursuant to NRS 136.010(2). At the date
21 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.").

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

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1 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 2 October 2, 2012."4 KRISTIN TYLER, further declared that she "remained in contact with the 3 Decedent after he executed his Last Will dated October 2, 2012, as his health and mental condition 4 5 declined afterward." Additionally, KRISTIN TYLER, declared that she "continued to represent 6 and advise the Decedent as his estate planning counsel until NEVADA GUARDIAN SERVICES, 7 LLC was appointed his temporary guardian on February 18, 2014 and his general guardian over his 8 person and estate on March 19, 2014."

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

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;

<sup>4</sup> 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.

- <sup>5</sup> Exhibit 2, page 2 at lines 17-20.
- <sup>6</sup> Id. at page 2 at lines 17-20.

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		1	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
UT		2	4) that at the time of any alleged destruction of the October 2012 Will, the Decedent
		3 4	could not have had intent or ability to revoke the October 2012 Will due to his incapacity since he was under a guardianship.
		5	Therefore, even if the October 2012 Will is alleged to have been destroyed, there is no proof that
		6	such destruction is a valid revocation of the October 2012 Will, nor can there be any proof of such.
		7	18. If a person under a guardianship desires to change his estate plan, such change may
		8	only be done by the guardian with the approval of the guardianship court. See NRS 159.078(1)
		9	("Before taking any of the following actions, the guardian shall petition the court for an order
	Í	10	authorizing the guardian to: (a) Make or change the last will and testament of the ward. (b) Except
		11	as otherwise provided in this paragraph, make or change the designation of a beneficiary in a will,
	8	12	trust, insurance policy, bank account or any other type of asset of the ward which includes the
	L PUT	13	designation of a beneficiary.") In order to authorize the guardian to make such change, the court
	A PROFESSIONAL LLC PECCUL PROFESSIONAL PARK 10000 WEST ALIX PROFE, SUITE 200 LAS VEGAS, NY BDIAS	14	must find by clear and convincing evidence that:
		15 16 17	(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:
		18	(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
H		19	(2) Will benefit from the lack of such an instrument; or
		20 21	(b) The proposed action is otherwise in the best interests of the ward for any other reason not listed in this section.
		22	Without such finding and order granting the guardian authority, no change to the ward's last will
		23	and testament may be made.
		24	19. At no such time during the guardianship of the Decedent did NEVADA
		25	GUARDIAN SERVICES, LLC petition the court to make a change to the Decedent's last will and
		26	testament. Additionally, although ultimately withdrawn upon agreement of the parties, SUSAN M.
		27	HOY asked this Court to admit the Decedent's October 2012 Will to probate in her verified
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1 Petition dated May 25, 2016.

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2 Therefore, based on the Affidavits of KRISTIN TYLER and DIANE L. DEWALT, 20. Petitioner asks this Court to declare that the Decedent's October 2012 Will was more likely than 3 not left unrevoked by the Decedent before his or her death, and order that the Decedent's October 4 2012 Will be admitted to probate. 5

Alternately, if the Court believes that the lost October 2012 Will is not admissible 21. to probate, Petitioner presents the Decedent's June 2012 Will, the original of which has been filed 7 8 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.

17 23. As administration of the Decedent's Estate has already occurred and is in fact nearly 18 complete, Petitioner consents to SUSANM. HOY continuing as the Personal Representative of the 19 Estate to conclude administration and distribution of the Decedent's Estate pursuant to the 20 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:

23 Names/Addresses Age/Relationship

Adult/Son

Theodore "Chip" E. Scheide, III 6016 Wellesley Avenue 24 25 Pittsburgh, Pennsylvania 15206 OT/ 26 101 S. Lexington Ave. Pittsburgh, PA 15208

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1 Velma G. Shay Deceased/Friend 2 St. Jude Children's Research Hospital N/A / Beneficiary 501 St. Jude Place 3 Memphis, TN 38105 Petitioner requests that letters testamentary be issued to SUSAN M. HOY and 4 25. that she serve without bond pursuant to Section 6.01 of Article Six of the Decedent's Last Will 5 6 and Testament. 7 WHEREFORE, petitioner prays: That the Court admit a copy of the Decedent's Will dated October 2, 2012, to 8 Α. 9 probate pursuant to NRS 136.230, or alternately that the Court admit the Decedent's 10 original Will dated June 8, 2012 to probate pursuant to NRS 136.090; Z STEFFE That the Decedent's Estate be opened for General Administration pursuant to NRS 11 Β. 12 A PROFESSION - MAR PECCOLE PROFESSION - MAR 10000 WEST AITA BINE SUN LIS VECKS, IN BOLAS 136 et seq .; 13 C. That Letters of Administration issued to SUSAN M. HOY be revoked and that Ś 14 Letters Testamentary be issued to SUSAN M. HOY, to serve without bond or other HUTCHISON 15 security being required of her; and 16 D. For such other and further relief as the Court deems just and proper. 3 Dated September . 2016. 17 18 **HUTCHISON & STEFFEN** 19 20 Todd L. Moody (5430) 21 Russel J. Geist (9030) 10080 W. Alta Dr., Ste 200 22 Las Vegas, NV 89145 (702) 385-2500 23 (702) 385-2086 Fax tmoody@hutchlegal.com rgeist@hutchlegal.com 24 Attorneys for St. Jude Children's 25 Research Hospital 26 27 28 -9-

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Just 2 VERIFICATION STATE OF TENNESSEE )ss: COUNTY OF SHELBY D-We Fred E: Jones, Jr on behalf of St. Judo Children's Research Hospital, being first duly sworm 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 б contents thereof, and that the contents are true of her/his own knowledge, except for those matters 7 stated on information and belief, and as to those matters she/he believes them to be true. 8 وي 10 ST. JUDE CHILDREN'S RESEARCH HOSPITAL HUTCHISON N STEFFEN 11 12 <u>्</u>र By, Fred E. Jones, Jr. 13 (Print Name) Director - Legal / ALSAC Is A PROFESSI Э. 6 <sup>7</sup>18 ų19 -720 21 23 :24 125 26 27 - 10 -.

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# **EXHIBIT 1**

# HUTCHISON & STEFFEN

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TOBERZ DATEL Testament **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 codicits made by me and declare this to be my Last Will and Testament.

# Article One Family Information

I am unmarried.

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L: ORGAN DONDR ... RECORDED ON MY

I have one child, THEODORE B. 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.

Last Will and Testament of THEODORE E. SCHEIDE Page 1

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EXHBIT "S

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:

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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

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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

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If property to be distributed under this Article becomes part of my probate estate in any manner after my death, then the glft 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 accumprances on the property.

# Article Three My Residuary Estate

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Section 3.01. Definition of My Residuary Estate

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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 VRLMA 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.

#### 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.

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## 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

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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 figuciary. The ancillary fiduciary may be either a natural person or a

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 attorneyin-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

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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

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

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

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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 Mortnary 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:

#### (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 allve 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 deamed 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.

Last Will and Testament of THEODORE E. SCHEIDE Page 11

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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* stippes, 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

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;

Last Will and Testament of THEODORE E. SCHEIDE Page 13

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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.

Last Will and Testament of THEODORE E. SCHEIDE Page 14

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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.

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(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 recuipt 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.

#### **REST OF PAGE INTENTIONALLY LEFT BLANK**

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.



( )

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 R. 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 <u>/</u> day of October, 2012.

Declarant 1 - Kristin Tvler

Declarant 2 - Diane L. DeWalt

Residing at:

Residing at:

3960 Howard	Hughes Par	kway
9th Floor		· · ·
Las Vegas, No	evada 89169	•

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

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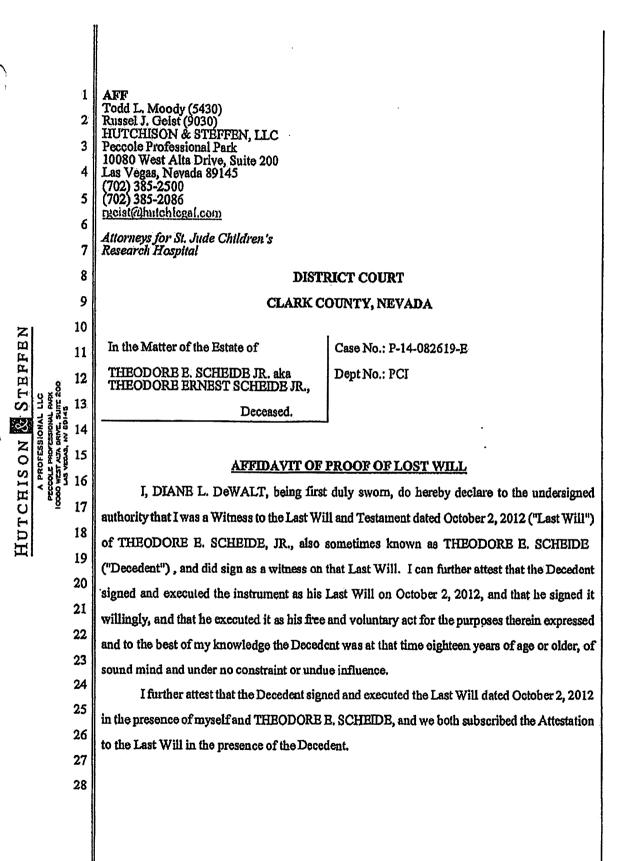
# **EXHIBIT 2**

# HUTCHISON & STEFFEN

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A PROFESSIONAL LLC



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. L. Deshelt STATE OF NEVADA ) 88. COUNTY OF CLARK Subscribed and Sworn to before me this <u>2b</u> day of July, 2016. HUTCHISON 🕅 STEFFEN Anna And Notary Public NOTARY PUBLIC STATE OP NEVADA County of Clark AMBER R. ANDERSON Appl. No. 05-55684-1 YAppl. Explos Nerch 23,2012 ۱. PECCOLE P -2-

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# **EXHIBIT 3**

# HUTCHISON & STEFFEN

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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

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Valentina Ortega, Deputy Clerk of the Court

ų :**:** 

ROA000755

W-16-010344

**Electronically Filed** 05/20/2016 CLERK OF THE COURT

Last Will and Testament of THEODORE E. SCHEIDE

I, THEODORE B. 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

1 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 endumbrances 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 VBLMA G. SHAY predecesses 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 B. 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

Last Will and Testament of THEODORE E. SCHEIDE Page 5

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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 attorneyin-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

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

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 notlimited 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:

### (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.

### (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.

#### (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.

Legal Representative (g)

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. Bach 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.

(1) **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.

Shall and May (1)

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

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Last Will and Testament of THEODORE E. SCHEIDE

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;

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.

### (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

2

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.

#### **REST OF PAGE INTENTIONALLY LEFT BLANK**

I, THEODORE E. SCHEIDE, sign my name to this instrument consisting of sixteen (16) pages on June 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.

Under penalty of perjury pursuant to the law of the State of Nevada, the \_ and DIANE DeWAH undersigned, Kristin M. Tuler 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.

THEOD

Dated this *B* day of June, 2012.

Declarant 1

Declarant 2

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Residing at:

Last Will and Testament of THEODORE B. SCHEIDE Page 16

Residing at:

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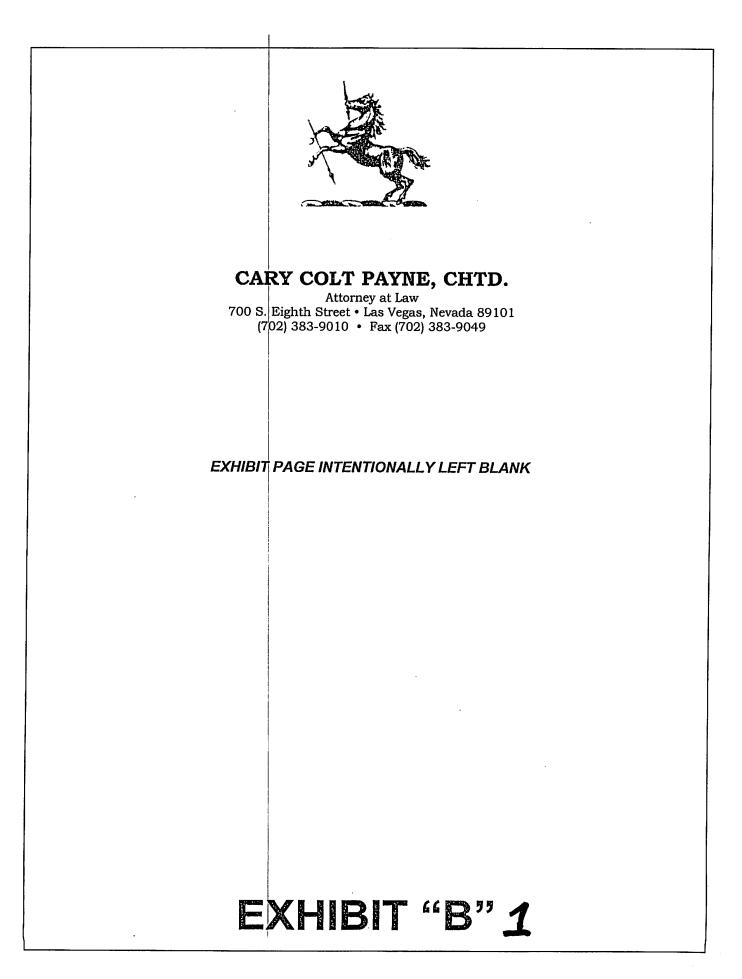
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ST. JUDE'S CARE, LLC	Permanently Revoked	01/03/2008	Domestic Limited- Liability Company (86)	NV20081062418	E0002982008- 0		Man
ST. JUDE'S RANCH FOR CHILDREN - NEVADA REGION, INC.	Active	01/10/1994	Domestic Nonprofit Corporation (82)	NV19941032326	C370-1994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

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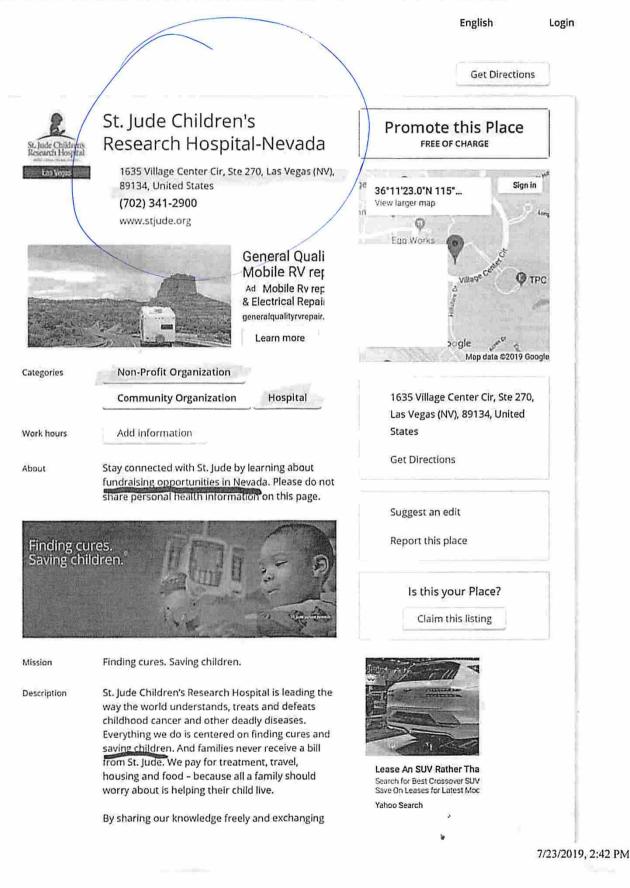
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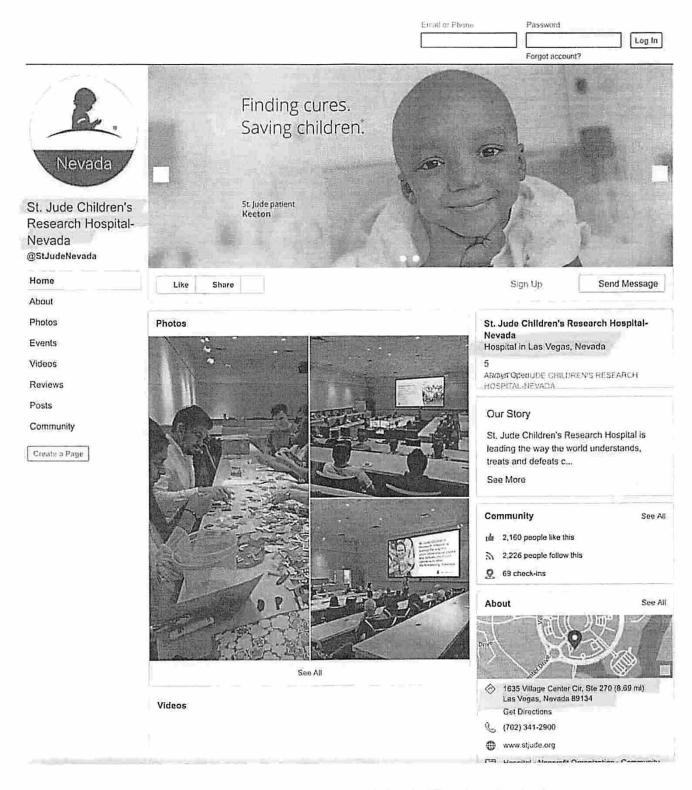
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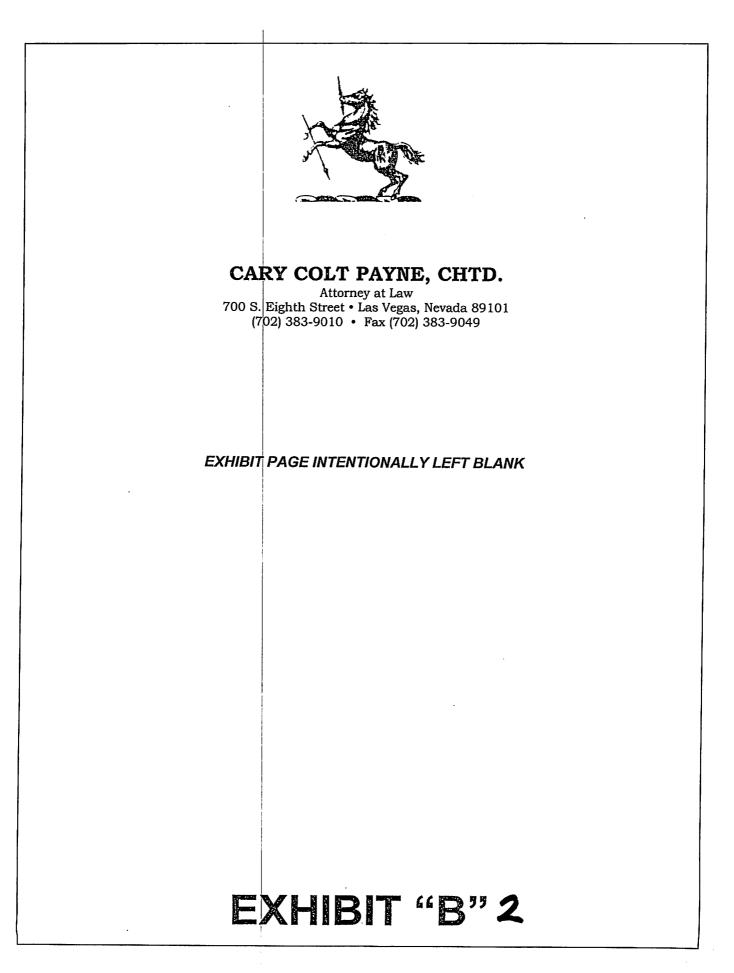
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Our 2019 Las Vegas St. Jude Dream Home Giveaway Open House prize partner Ashley HomeStore is hard at work turning this year's house into a home...with a few surprise touches! Tune in to KSNV News 3, Las Vegas on Wednesday, July 31 to learn more about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

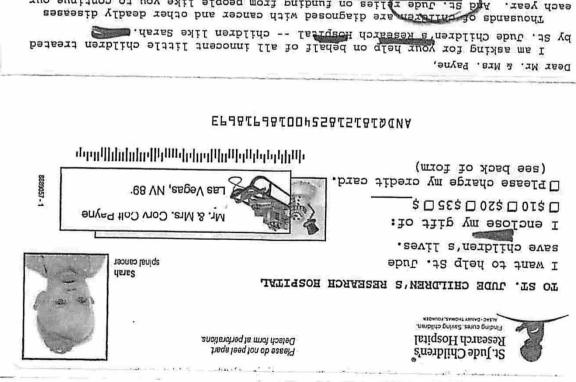


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Please accept these personalized gifts made especially for you. We hope you think of our precious girls and boys when you use them.
or food because we believe all a family should worry about is helping their child live. <u>Please help us</u> , Mr. & Mrs. Payne <u>today if possible</u> by sending a contribution to St. Jude.
each year. And St. Jude relies on funding from people like you to continue our lifesaving miscion. Families never receive a bill from St. Jude for treatment, travel, housing
I am asking for your help on behalf of all innocent little children treated by St. Jude Children's Research Hospital children like Sarah.
Dear Mr. & Mrs. Payne,

Rarlo Thomas

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For the children,

P.S. Thank you for your support!



ALSAC is the fundraising and awareness organization for SL Jude Children's Research Hospital ("SL Jude"). ALSAC is an Illinois nonprofit, lax-exempt organization which exists to raise funds and awareness for SL Jude whose mission is to find cures for children with cancer and other life-threatening diseases through research and treatment. American Lebanese System Associated Charities, Inc. (ALSAC) is located at 501 SL Jude Place, Memphis, TN 33105. 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 1-800-822-6344, or e-mail us at <u>donors@stjude.org</u>. To ensure the privacy of our friends and supporters, SL Jude does not sel, lease, rent or loan any personally identifiable information to anyone not acting on our behalf. However, we do share this data with service providers that have agreed to achieve to our privacy policy. We are enrolled in a credit card account updater service. To learn more, visit stude.org/legal.

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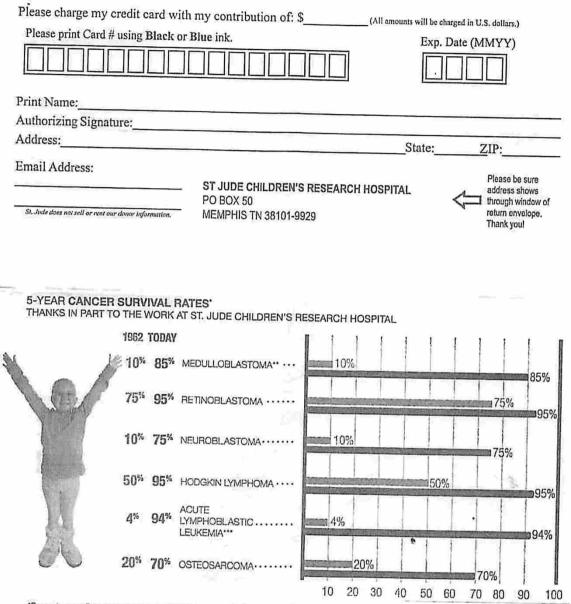
For questions about financial information or about ALSAC's purpose, programs and activities, call Donor Services at 1-800-822-5344, visit www.stjude.org, or write to ALSAC, or for residents of the following states, as stated below. <u>California</u>: ALSAC's audited financial statement is available upon request to ALSAC. Beride: 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 <u>WWW.FLORIDACONSUMERHELP.COM</u>. REGISTRATION DOES NOT IMPLY ENDORSEMENT; APPROVAL, OR RECOMMENDATION BY THE STATE, ALSAC's REGISTRATION NUMBER IS CH-431. Georgis: Upon request, ALSAC way provide a full and fair description of this and its other programs, and a financial statement or summary. <u>Maryland</u>: A copy of the current financial statement for American Lebanese System Associated Charities, Inc. Is wailable by sending the request to 501 St. Jude Piace, Memphia, TN 38105 or calling 1-800-822-6344. Occuments and Information submitted under the Maryland Subcitations Act are also available for the scess of postage and coples, from the Maryland Secretary of State, State House, Annapolis MD 21401, (10) 974-5534. <u>Michlegan: MICS No. 3799. Mississippi</u>: The official registration and financial information common by the Secretary of State, State House, Annapolis MD 21401, (10) 974-5534. <u>Michlegan: MICS No. 3799. Mississippi</u>: The official registration and financial information of American Lebanese System Associated Charities, Inc. may be obtained from the Mississippi Secretary of State's 5167. Registration by the Secretary of State State New Jersery.

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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 1-573-504-6215 AND IS AVAILABLE ON THE INTERNET AT http://www.state.nj.us/lps/ca/charfrm.htm. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT HIPLY ENDORSEMENT. New York: A copy of ALSAC's last financial report filed with the Attorney Ganeral is available by sending the request to ALSAC at 501 SL 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, 1-809-732-0999, Registration does not imply endorsament. 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, Hickmond, 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.

For Canadian Residents: The organization is not a Canadian registered charity at this time and donations do not qualify for Canadian tax recognition. The privacy policy for Canadian residents can be found at stjude.org/canada/privacy.

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\*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

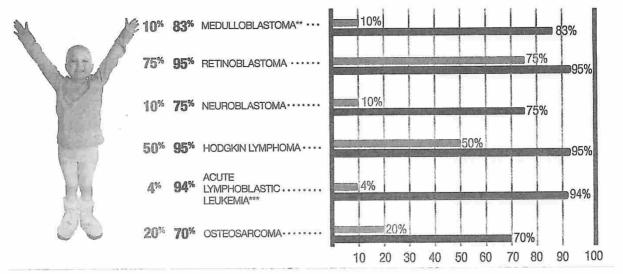
# Recognize the warning signs of childhood cancer

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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**VBDC~JANH** 

on the body

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ALSAC is the fundmining and eveneness organization that supports SL Jude Ohldren's Research Hospital (SL Jude'). ALSAC is an line's respond, tex-exempt organization which exists solely braise and provide the funds necessary to openate and marintain SL Jude whose mission is to find curves for chidren with cances and other. He foremating deseases through research and treatment, American Laboness System Associated Carefues, Inn. (JALSA) betweet at 90 Jude Texax, Memory Int, TA3105. For questions, Donor Services can be existed at 1-000 6226344.

We honor our donor right to change their communication preferences at any time. If you would like to make any changes, please write to us, call us at 1404-834-9563, or e-mail us at <u>DonorChaine@subang</u>. To ensure the privacy of our hierds and apportes, SL Aude 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 provides that have agreed to adhere to our privacy polycy.

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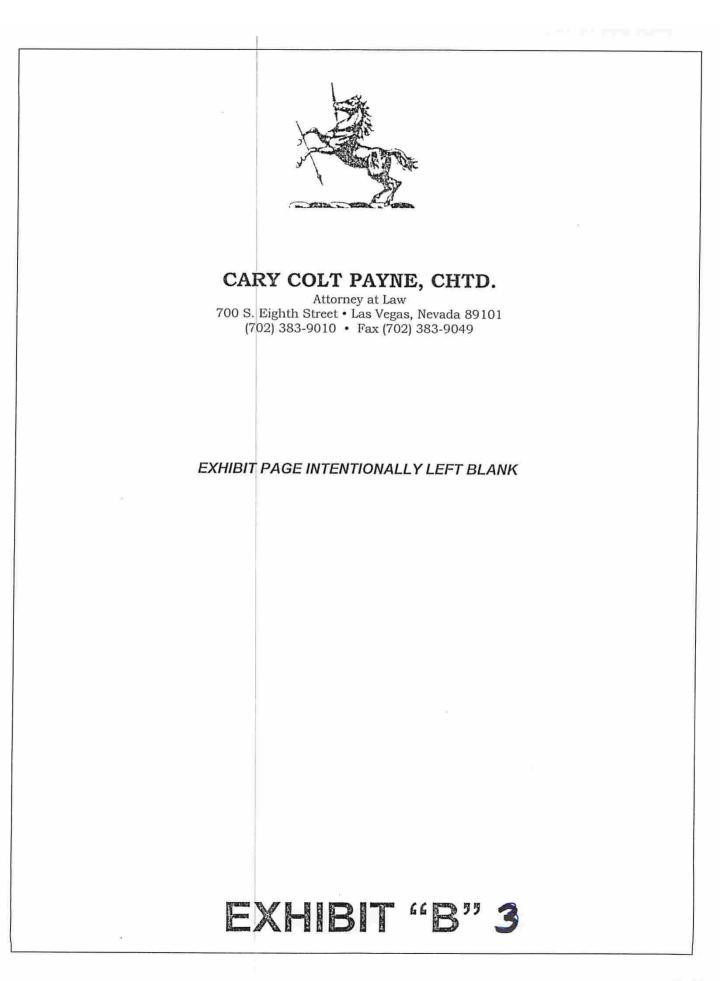
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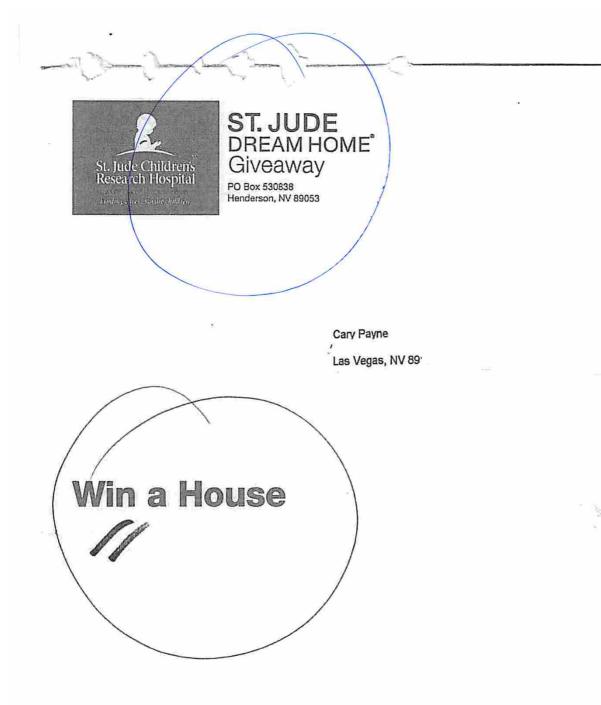
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Since this mailing may reach both U.S. and Genadian residents, please review the following information for your residence:

For U.S. Residents: 100% of your donation may be eligible for a tax deduction as allowed by law.







5

# ST. JUDE DREAM HOME Giveaway

Yes! I want to help full	urther the St. Jude mission: <i>Finding cures. Saving children.®</i>
Please reserve	St. Jude Dream Home® Giveaway ticket(s) at
#100 acch	

\$100 each.
□ I do not wish to reserve a ticket, but enclosed is my gift of \$
Please make checks payable to St. Jude Children's Research Hospital <sup>®</sup> .
Credit Card
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 St. Jude Children's Research Hospital Finding cures. Saving children.
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.

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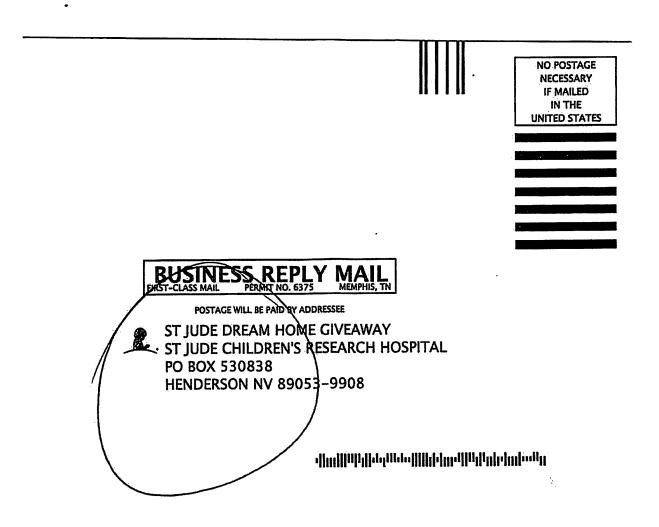
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	Yes! I want to help further the St. Jude mission; Finding cures. Saving children. <sup>®</sup> Please reserveSt. Jude Dream Home <sup>®</sup> Giveaway ticket(s) at \$100 each.
	I do not wish to reserve a ticket, but enclosed is my gift of \$         Name         Address         City         J2P         Phone         City         Difference         City         Difference         City         Difference         Phone         City         Difference         City         Difference         Phone         Difference         Check         Check         Check         Number
	Please make checks payable to St. Jude Children's Research Hospital®.
	Signature
	Return form and your check or credit card number to:
	ST. JUDE DREAM HOME Giveaway PO Box 530838 Henderson, NV 89053
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# ST. JUDE DREAM HOME Giveaway



# Win this House 800-378-5386 | dreamhome.org



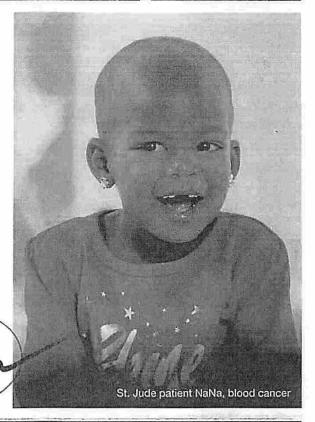
# Help kids like Felicity and NaNa

Your St. Jude Dream Home<sup>®</sup> 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.

# Get your ticket

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

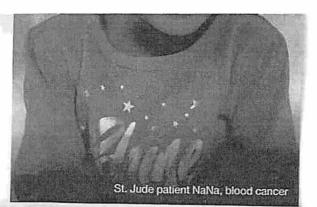


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# We're excited to announce that the house is almost ready to tour.

This year, Woodside Homes is constructing the house in Henderson. NV.

- This beautiful home boasts amenities such as: -
  - 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.

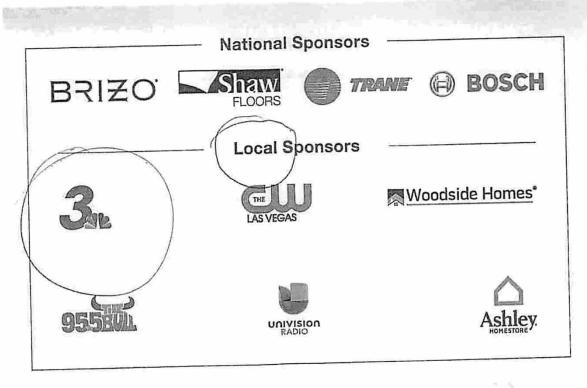


Early Bird Prize—\$10,000 VISA gift card. Get your tickets by August 23.

## **OTHER GREAT PRIZES**

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

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## ST. JUDE DREAM HOME Givea.





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Research Hospital Finding cures. Saving children.

## Win this House 800-378-5386 | dreamhome.org

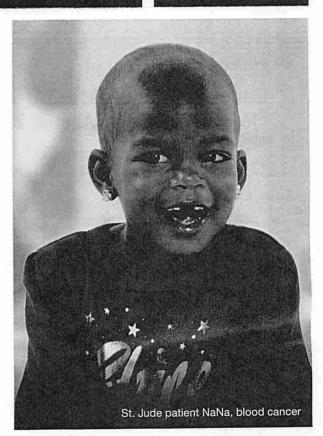
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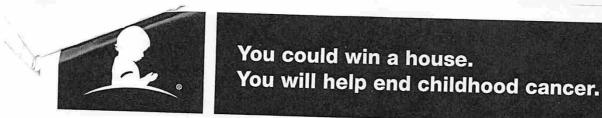
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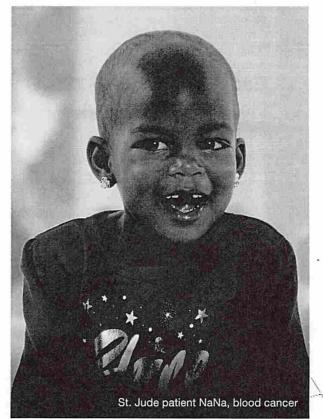
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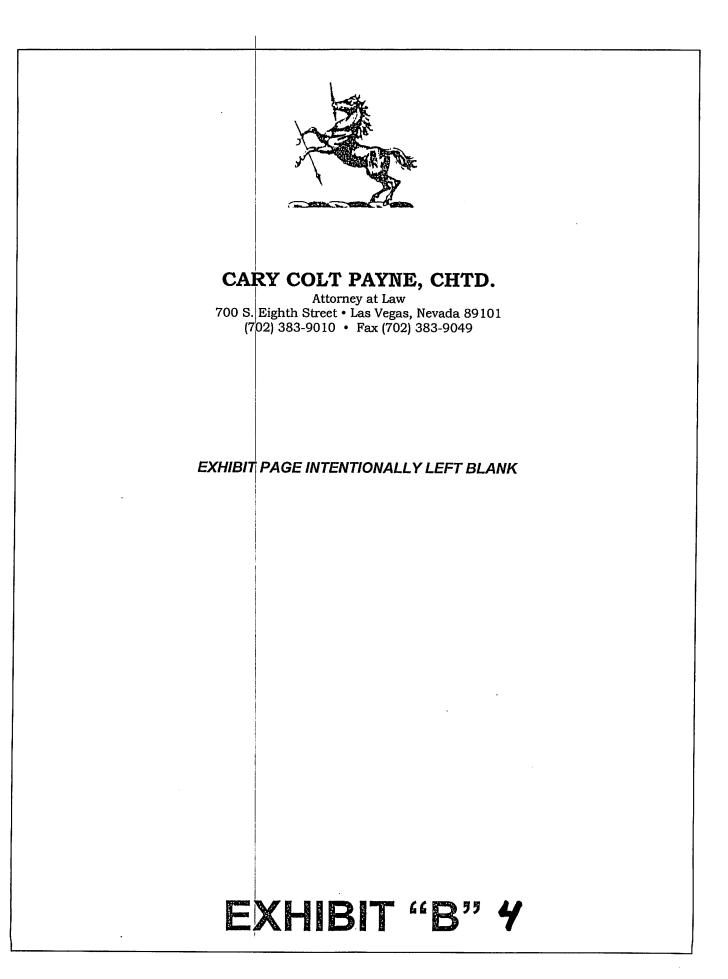
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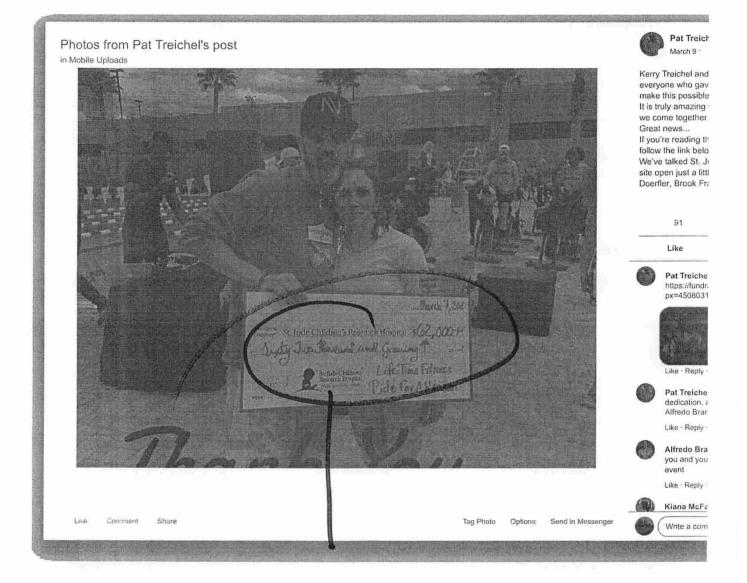


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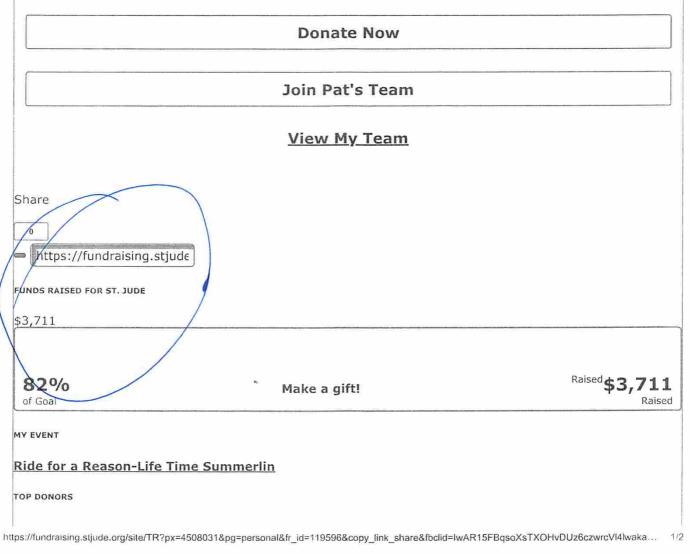


- find a participant
- <u>Log in</u>

St. Jude patient Luigi, age 4, diagnosed with brain cancer



### Support Pat



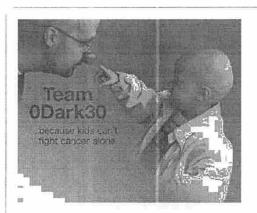
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6/22/2020
                        Ride for a Reason-Life Time Summerlin: Pat Treichel - St. Jude Heroes | St. Jude Children's Research Hospital
 FUNDRAISING ACHIEVEMENTS
                                                                                     Pat Treichel
                                                                                     My Donors
                                                                                      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
  together we will create real change in children's lives.
  Does this page contain objectionable content?
                                                inform the system administrator.
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https://fundraising.stjude.org/site/TR?px=4508031&pg=personal&fr\_id=119596&copy\_link\_share&fbclid=IwAR15FBqsoXsTXOHvDUz6czwrcVI4Iwaka... 2/2

### <u>St. Jude</u> <u>Heroes</u>

- find a participant
- <u>Log in</u>



### 0Dark30

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Thank you for supporting Ride for a Reason benefiting St. Jude Children's Research Hospital.	Team-Roster view all		
We're raising funds as St. Jude Heroes® as we ride for healthier kids	© Pat Treichel © Kerry Treichel		
s://fundraising.stjude.org/site/TR/RideforaReason/Herc			

#### 6/22/2020

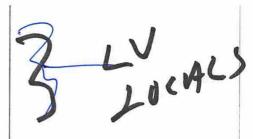
Rule for a Reason-Life Time Summerlin: 0Dark30 - St. Jude Heroes | St. Jude Children's Research Hospital

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.

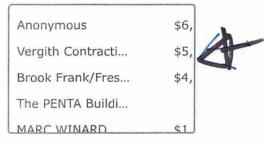
Becky Mark Blackman Sharon Christ Ninette Dasilva Brook Frank Carol Haase Adrienne McNamee Ryan McNamee



🔕 Denotes a Team Captain

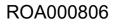
#### **Our Progress**

#### **Our Donors**



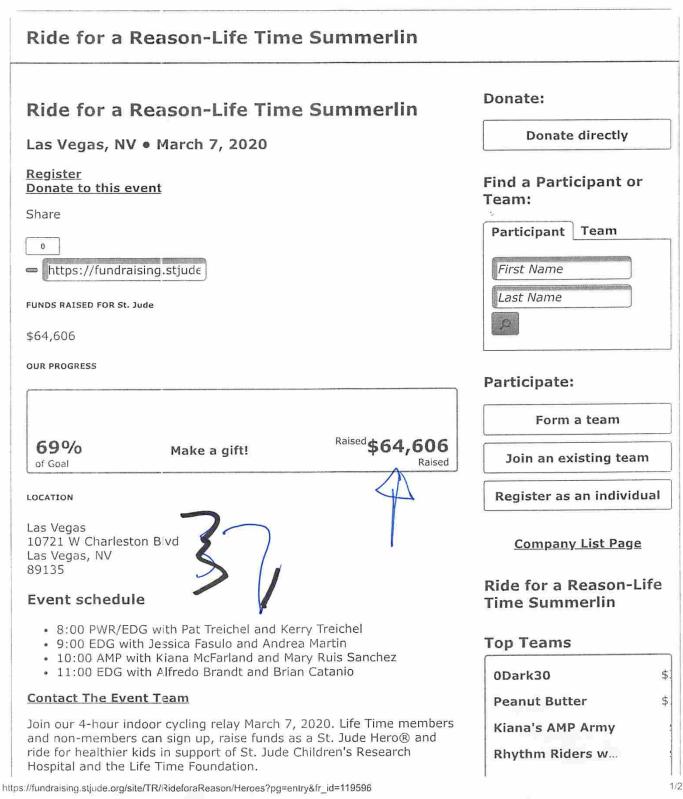
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### <u>St. Jude</u> <u>Heroes</u>

- find a participant
- <u>Log in</u>



#### 6/22**/2020**

#### 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 morey 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.

#### <u>Sign up!</u>

#### **Top fundraisers**

**Glenn Pollack** 

Shannon Friel

Brook Frank

Top teams

0Dark30

**Peanut Butter** 

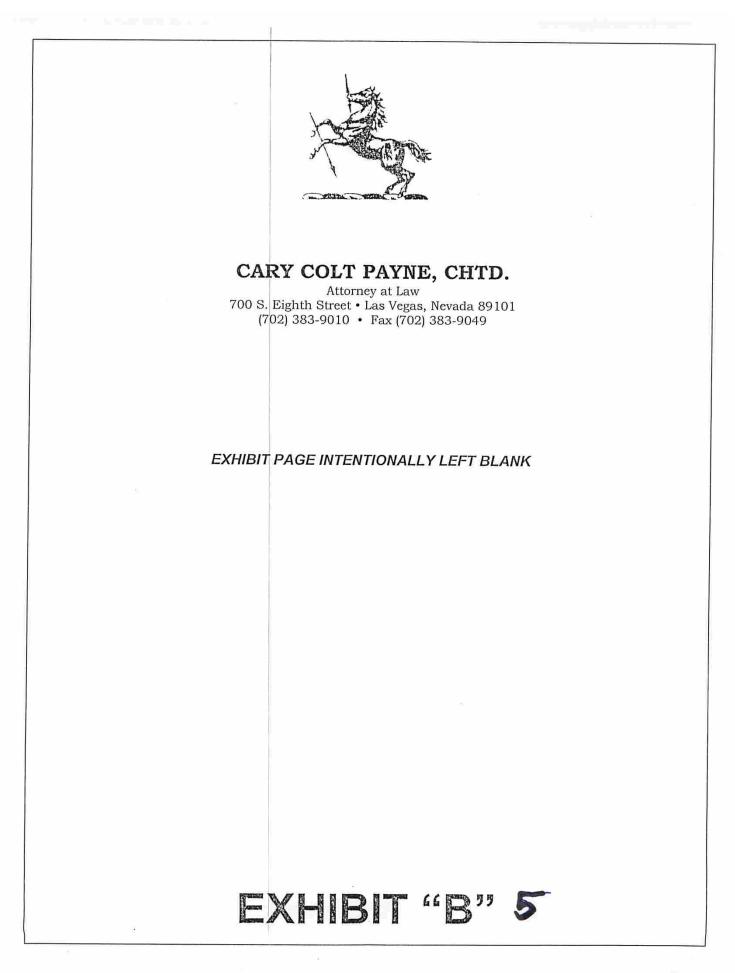
**Kiana's AMP Army** 

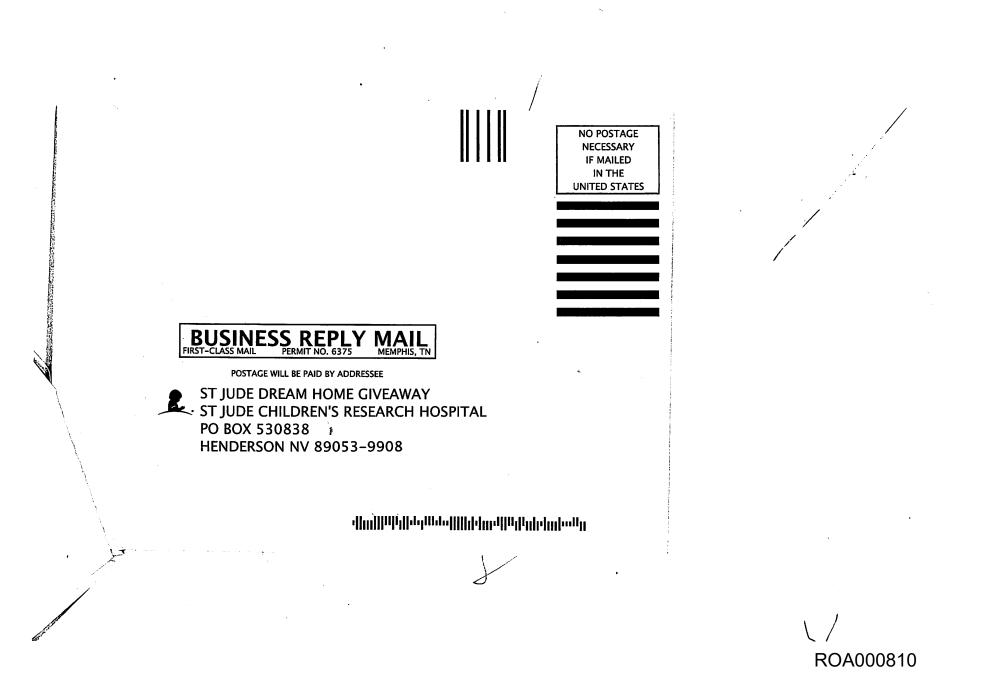
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	Return form and your check or credit card number to:
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	Giveaway date: September 25, 2019
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You could win a house. You will help end childhood cancer.

## THE EARLIER YOU GET TICKETS THE MORE PRIZES YOU CAN WIN

**Tickets on Sale Prize**—exclusive opportunity for four with the Vegas Golden Knights<sup>™</sup> 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<sup>™</sup>. Get your tickets by August 4.



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

## **OTHER GREAT PRIZES**

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

**National Sponsors** 

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## **EXHIBIT 4**

# HUTCHISON & STEFFEN

......

•··· •

A PROFESSIONAL LLC

1 2 3 4 5 6 7 8	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 DISTRIC	<b>ČT COURT</b>
9	CLARK COU	NTY, NEVADA
10 11 12	In the Matter of the Estate of	Case No.: P-14-082619-E
	THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR.,	Dept No.: PCI
13	Deceased.	
14		1
15		
16		OOF OF LOST WILL
17		ly sworn, do hereby declare to the undersigned
18		ll and Testament dated October 2, 2012 ("Last
19	Will") of THEODORE E. SCHEIDE, JR.,	also sometimes known as THEODORE E.
20	SCHEIDE ("Decedent"), and did sign as a	witness on that Last Will. I can further attest
20	that the Decedent signed and executed the in	strument as his Last Will on October 2, 2012,
	and that he signed it willingly, and that he ex	recuted it as his free and voluntary act for the
22	purposes therein expressed and to the best of	my knowledge the Decedent was at that time
23	eighteen years of age or older, of sound mind	and under no constraint or undue influence.
24	I further attest that the Decedent signed	d and executed the Last Will dated October 2,
25	2012 in the presence of myself and Diane De	Walt, and we both subscribed the Attestation
26	to the Last Will in the presence of the Decede	
27	I further attest that the Decedent con	stacted me as his estate planning counsel to
28		
	Page	l of 3

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.

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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.

17 I can further attest that at no time after executing his Last Will dated October 2, 2012,
18 did the Decedent express to me any intention to change the disposition of his residuary estate
19 which was then designated to VELMA G. SHAY, if living, otherwise to ST. JUDE
20 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.

26 I further attest that, after the death of the Decedent, I was contacted by 27 NEVADA GUARDIAN SERVICES, LLC or its counsel and asked if I had the original of

Page 2 of 3

1 Last Will dated October 2, 2012. I informed NEVADA GUARDIAN SERVICES, LLC or 2 its counsel that the Decedent chose to retain the original executed Last Will dated October 3 2, 2012, but that I had the original of the Decedent's Last Will and Testament dated June 8, 4 2012, which differed only in the nomination of the Executor. I was not asked for the original 5 of the Decedent's Last Will and Testament dated June 8, 2012, nor was I contacted by 6 NEVADA GUARDIAN SERVICES, LLC or its counsel regarding the Decedent's estate to 7 provide an affidavit of lost will pursuant to NRS 136.240(4) regarding the Last Will dated 8 October 2, 2012. 9 DATED this September 7, 2016. 10 KRISTIN M. 11

STATE OF NEVADA
 COUNTY OF CLARK

14

15 16 17

18

19

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

) { ss.

Notary Public

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

Page 3 of 3



### 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 "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** ) postings, e.g., Pat Treuichel's social media fundraising effort for St. Jude Research Hospital, etc.

Date: 3/15/01

Cary C. Payne, Esq.

icludes Trademarks, Trade Names, Service Marks, Reserved Names & Business Lice NOULD LIKE TO SEARCH BY:	enses
Starts With O Contains O Exact Match O All Words	
St Jude's Research Hospital	
BUSINESS ENTITY SEARCH CRITERIA	Alert
Entity Number:	No
NV Business ID Number:	found with your search
Officer Name:	OK
Registered Agent Name:	
MARKS SEARCH CRITERIA	
Mark Number:	
Classification: Select	~
Goods and Services:	

- 1

AD	VAN	CED	SEARCH OPTIONS

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III (	○ Show Only Business Entity Information	O Show Only Mark Information	
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Business Entity Detail - Business Services Online

https://tnbear.tn.gov/Ecommerce/FilingDetail.aspx?CN=00510206...



#### **Tennessee Secretary of State**

Tre Hargett

Business Services Charitable Civics Elections Publications Library & Archives Safe At Home Contact Us

Business Services Online > Find and Update a Business Record > Business Entity Detail

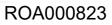
### **Business Entity Detail**

Available Entity Actions		al Report e of Existence	Entity details cannot be edited. This detail reflects the currer of the filing in the system. Return to the Business Information Search.
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		IDE CHILDREN'S RESEARCH H IDE CHILDREN'S RESEARCH H	IOSPITAL, INC. IOSPITAL, MEMPHIS, TENNESSEE
	Status: Activ		Initial Filing Date: 07/18/1959
Eire	Formed in: TENN	IESSEE	Delayed Effective Date: AR Due Date: 10/01/2019
	n of Duration: Perpe	tual	Inactive Date:
	ncipal Office: ROB 262 L		
Mai		YN DIAZ DANNY THOMAS PL STOP 280 PHIS, TN 38105-2678 USA	
	AR Exempt: No		Obligated Member Entity: No
Public Benefit	Corporation: Yes		
Assumed Names	History	Registered Agent	
Name No Assumed Names Four	1d	Status	Expires

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

7/2/2019, 11:27 AM



Business Entity Search - Secretary of State, Nevada

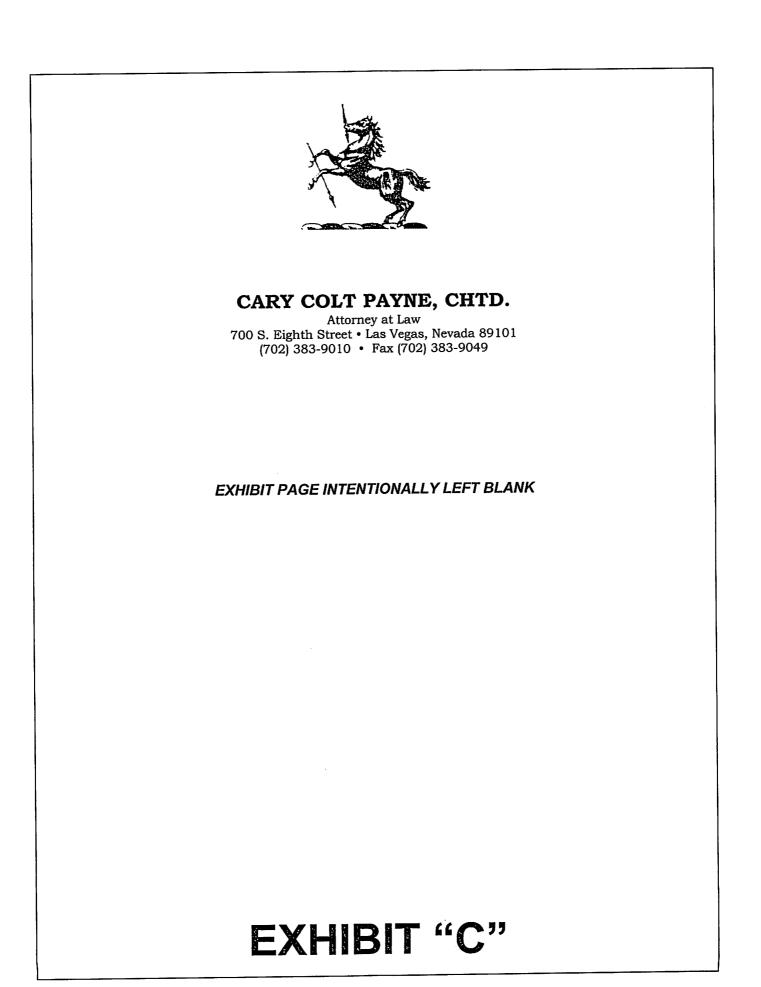
https://www.nysos.gov	/sosentitysearcl	h/CorpSearch.aspx?m=	=0
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Sort by Relevance	e descending ⊖ ascending order
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No results for entity name search on Data in this system may be up to fifteen minutes behind to optimize the business search experience for all our cu data from this website	actual filings in the Secretary of State's office. In order stomers, the automated and/or systematic collection of

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7/1/2019, 1:16 PM



					PUBL	IC DIS	CLOSUR	E COI	PY			
	Form	990	1	Retur	n of Org	anization	Exempt	From I	ncome Ta	x	OMB No. 1545-004	7
									ept private found	ations)	2018	ç
	Department of the Treasury         Internal Revenue Service         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.										Open to Public Inspection	C
	A Fo	r the 201	8 calenda	ar year, or tax ye					UN 30, 2019		mopeouon	1, 20
	B Che app	eck if blicable:		organization AN LEBANESE S	YRIAN ASSOC	TATED			D Employer ide	D Employer identification number		
		Address change	CHARIT	IES, INC.								
		Name change	Doing bu	usiness as					3	5-1044	585	
	ġ	Initial return		and street (or P.O	. box if mail is no	ot delivered to stree	t address)	Room/suite	E Telephone nu	mber		
	1	Final return/ termin-	501 ST	. JUDE PLACE					(90	1) 578	3-2000	
	2	ated Amended		own, state or prov	ince, country, a	and ZIP or foreigr	postal code		G Gross receipts \$		2,427,792,88	84.
	5	eturn		S, TN 38105					H(a) Is this a gro	· · · · · ·		
		ion F		nd address of prin C ABOVE	cipal officer: K	LCHARD C. SHA	DYAC, JR.		for subordin H(b) Are all subordina			No No
				X 501(c)(3)	501(c) (	) ┥ (insert no.	) 4947(a)(1	) or 527	<ul> <li>A state of the second state</li> </ul>		(see instructions)	
				JUDE.ORG	A		at solution		H(c) Group exem			
				x Corporation	Trust	Association	Other ►	L Year	of formation: 1957	M St	ate of legal domicile;	IL
	Par	t I   Sur										
	Governance			e the organization					AND BUILD			
	rna	2 Chec	k this box	if the	organization di	scontinued its op	erations or dispo	osed of more	than 25% of its ne	t assets.	······	
	ove			ng members of th						3		44
	8	4 Numb	per of inde	ependent voting n	nembers of the	governing body	Part VI, line 1b)			4		41
	les	5 Total	number o	of individuals emp	loyed in calend	lar year 2018 (Pai	t V, line 2a)			5		105
	>	6 Total	number o	of volunteers (estir	nate if necessa	ıry)				6	10000	
	Act			l business revenue						7a	-4,226,96	
		b Net u	nrelated L	ousiness taxable i	ncome from Fc	rm 990-1, line 38				7b		0.
	6	8 Contr	ibutions a	and grants (Part V	III line 1b)				Prior Year 1,446,493,05	50	Current Year 1 667,190,85	16
GAMIN	an			e revenue (Part V	Mar Martin Martin				-,,,,,,,,,,,,,-	0.	1	5
(AM	eve 1			ome (Part VIII, col					168,588,99	19.	212,808,11	6.
0	5 1			(Part VIII, column					36,903,18	16.	39,767,31	.8
	1			add lines 8 throug					1,651,985,2	5.	1,919,766,29	10.
	1	3 Grant	s and sim	iilar amounts paid	(Part IX, colum	nn (A), lines 1-3)			757,401,8	11.	865,122,36	5.
	1			o or for members						0.		0.
	se 1			compensation, en					153,380,02	C	173,868,49	-
	Expenses	6a Profes	ssional fui	ndraising fees (Pa	rt IX, column (A	A), line 11e)			9,869,62	27.	9,307,21	4.
	EXP			ig expenses (Part			252,021,	,935.	319,098,78	2	351,430,67	Curri.
				s (Part IX, column . Add lines 13-17			line 25)		1,239,750,26		1,399,728,74	
				xpenses. Subtrac			inie 20)		412,234,97		520,037,54	_
	OL							Bec	inning of Current Ye	ar	End of Year	
	Assets or 1 Balances 8 8	0 Total	assets (Pa	art X, line 16)					4,780,599,91		5,461,105,81	2.
	et As und Bi	1 Total	liabilities (	Part X, line 26)				Annen -	84,741,84	9.	95,035,22	7.
	Part		ssets or function	Ind balances, Sub Block	otract line 21 fr	om line 20			4,695,858,06	3.	5,366,070,58	5.
	Under p				xamined this ret	urn, including accor	nnanving schedule	s and stateme	ats and to the best o	f my knov	wledge and belief, it is	
				Declaration of prepa							mouge and beller, it is	
	Sign		Signature (	of officer					Date			
ł	Here			DO, CHIEF FIN	ANCIAL OFFI	ICER						
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2-	May th	e IRS disc	cuss this r	return with the pre		hove? (see instru	ctions)		Tenone no.			١o
		12-31-18		or Paperwork Red		the second s		ons.			Form 990 (201	

12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

AMERICAN LEBANESE SYRIAN ASSOCIATED

-	AMERICAN LEBANESE SYRIAN ASSOCIATED		
	990 (2018) CHARITIES, INC.	35-1044585	Page 2
Par	rt 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	<b>—</b> .	<b>v</b> .
	prior Form 990 or 990-EZ?	¥	es 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?	Y	es 🔟 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 expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, 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. ) (Reve	nue\$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.		
	BELIEVE ALLE A FAMILI SHOULD WORKI ABOUT IS RELFING THEIR CHILD BIVE.		
	(CONTINUED ON SCHEDULE O)		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
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4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
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4c		nue \$	)
4c		nue \$	)
		nue \$	)
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	nue \$	)
4d	Other program services (Describe in Schedule O.)		) )

832002 12-31-18

	AMERICAN LEBANESE SYRIAN ASSOCIATED			
Form	1990 (2018) CHARITIES, INC. 35-10445	85	F	Page 3
Pa	rt IV Checklist of Required Schedules			age 🗢
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	<u> </u>
	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		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	i i		
	Part VI	11a	х	
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	
С	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
е	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	L
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	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	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		_	ĺ
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u>x</u>	
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		<u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>x</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		. I	
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u>x</u>	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		x	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	•	
19		10	x	
20-2	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 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	
			I	

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Form 990 (2018)

MERICAN LEBANESE SYRIAN ASSOCIA
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	AMERICAN LEBANESE SYRIAN ASSOCIATED							
Form 990 (2018) CHARITIES, INC. 35-1044585			F	age 4				
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							
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	x					
<b>_</b>	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?	24a		<u> </u>				
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40						
	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						
	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			1				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"							
	complete Schedule L, Part II	26		<u>x</u>				
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		x				
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		×9483				
20	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1200 (1212) 1	X X				
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	x					
	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	х					
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		<u> </u>				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v				
	Schedule N, Part II	32		<u>x</u>				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x				
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33						
34		34	x					
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x				
	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		<u>x</u>				
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?							
Par	Note. All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38	x					
<u>r ar</u>	Check if Schedule O contains a response or note to any line in this Part V			X				
		•••••	Verl					
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1338		Yes	No				
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1336 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 80							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	X					
			000					

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Form 990 (2018)

	AMERICAN LEBANESE SYRIAN ASSOCIATED			
Form	n 990 (2018) CHARITIES, INC. 35-10445	35	P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			age
	(behavio)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	3.31		
	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	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	a de fi	1212	(173) (173)
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Xaloos X	078692
b		3b	x	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
	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	1.5	1	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a	1992 (N	X
b		5b		x
c		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		
	any contributions that were not tax deductible as charitable contributions?	6a		х
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).	00		i de la como de la como Como de la como de la co
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	aventi a con
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	-10		
•	to file Form 8282?	7c		х
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	1252.0232	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		
ĥ	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	х	
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	1954 Action	and the second se
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	eraldatera dis C	9.324 (July W)
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)[7) organizations. Enter:			ः दुर्द्धः
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			िस्टर्स्
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)[12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		10	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			Sec.
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			<b>新聞</b>
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
ь	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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			500.00
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	ough 7h belevi	10445		<b>}</b>	<sup>2</sup> ag
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule 0.	ougn /b below, al See instructions	nd for a	"No" /	respon	se
	Check if Schedule O contains a reasonable or note to any line in this De that					Г
Sec	tion A. Governing Body and Management					
					Yes	Т
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44	8183	Tes	
	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 0.				1.1.5	
b		1b	41			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
	officer, director, trustee, or key employee?	-		2	X	12
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision	•••••			T
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?		4		Γ
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		Γ
6	Did the organization have members or stockholders?			6		1
7a		oint one or				
	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto					Γ
	persons other than the governing body?			7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				-	S.
а				8a	x	
b	Each committee with authority to act on behalf of the governing body?			8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revu	enue Code.)				_
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body					_
11a	has the organization provided a complete copy of this rorm and to all members of its governing body	before filing the fo		11a	x	
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	-	rm?			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	-	rm?	11a 12a	ales X	445
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflicts?	rm?	11a		
b  2a  5	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>	o conflicts?	rm?	11a 12a	X X X	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o conflicts? s, " describe	rm?	11a 12a 12b 12c	X X X	
b  2a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done Did the organization have a written whistleblower policy?	) conflicts? s, " describe	rm?	11a 12a 12b 12c 13	x x x x	
b 12a b c	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	o conflicts? s, " describe	rm?	11a 12a 12b 12c	X X X	
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b  2a b c  3  4  5  5  6a	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Ye</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval I persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiza-	o conflicts? s, " <i>describe</i> by independent ent with a its participation ation's	rm?	11a 12a 12b 12c 13 14 15b 15b 15b	x x x x x	
b  2a b c  3  4  5  6a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> " <i>Ye</i> <i>in Schedule O how this was done</i> Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval I persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements?	o conflicts? s, " <i>describe</i> by independent ent with a its participation ation's	rm?	11a 12a 12b 12c 13 14 15a 15b 16a	x x x x x	
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b  2a b  3  4  5 a b  6a b  6a b  6a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yee in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval I persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement taxable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements?         tion C. Disclosure         List the states with which a copy of this Form 990 is required to be filed ▶AL, CA, CT, FL, GA, HI, IL         Section 6104 requires an organization to make its Forms 1023 (10	o conflicts? s, " describe by independent out with a its participation ation's <u>, KS , KY , MA , MD , 1</u> 990-T (Section 50 on Schedule O)	rm?	11a 12a 12b 12c 13 14 15a 15b 15b 16a 16b	x x x x x x x x x x x x x x x x x x x	
b 12a b (13) 14 15 a b 16a b (16a b (16a b) (17) 18	Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye in Schedule O how this was done</i> Did the organization have a written whistleblower policy?         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval I persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization is CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement axable entity during the year?         If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, CA, CT, FL, GA, HI, IL </td <td>o conflicts? s, " describe by independent out with a its participation ation's <u>, KS , KY , MA , MD , 1</u> 990-T (Section 50 on Schedule O)</td> <td>rm?</td> <td>11a 12a 12b 12c 13 14 15a 15b 15b 16a 16b</td> <td>x x x x x x x x x x x x x x x x x x x</td> <td></td>	o conflicts? s, " describe by independent out with a its participation ation's <u>, KS , KY , MA , MD , 1</u> 990-T (Section 50 on Schedule O)	rm?	11a 12a 12b 12c 13 14 15a 15b 15b 16a 16b	x x x x x x x x x x x x x x x x x x x	
b 12a b 13 14 15 a b 16a b 17 18	Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? If "No," go to line 13         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yee in Schedule O how this was done         Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yee in Schedule O how this was done         Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval I persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, CA, CT, FL, GA, HI, IL         Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if	o conflicts? s, " describe by independent out with a its participation ation's <u>, KS , KY , MA , MD , 1</u> 990-T (Section 50 on Schedule O) ict of interest polici	rm?	11a 12a 12b 12c 13 14 15a 15b 15b 16a 16b	x x x x x x x x x x x x x x x x x x x	
b  2a b  3  4  5 a b  6a b  6a b  6a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.         Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Ye" in Schedule O how this was done</i> Did the organization negularly and consistently monitor and enforce compliance with the policy? <i>If "Ye" in Schedule O how this was done</i> Did the organization have a written whistleblower policy?         Did the organization have a written document retention and destruction policy?         Did the process for determining compensation of the following persons include a review and approval I persons, comparability data, and contemporaneous substantiation of the deliberation and decision?         The organization's CEO, Executive Director, or top management official         Other officers or key employees of the organization         If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).         Did the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz exempt status with respect to such arrangements? <b>tion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶AL, CA, CT, FL, GA, HI, IL         Section 6104 requires an organization to make its Forms 1023 (1024 or 102	o conflicts? s, " describe by independent out with a its participation ation's <u>, KS , KY , MA , MD , 1</u> 990-T (Section 50 on Schedule O) ict of interest polici	rm?	11a 12a 12b 12c 13 14 15a 15b 15b 16a 16b	x x x x x x x x x x x x x x x x x x x	
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Eastian A Off		
Chee	eck if Schedule O contains a response or note to any line in this Part VII	
	nployees, and Independent Contractors	
Part VIII Cor	ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	<u> </u>
Form 990 (2018)		Page 7
	AMERICAN LEBANESE SYRIAN ASSOCIATED	

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)				C) sitior	h		(D)	(E) Decembric	(F)
Name and The	Average hours per		not c	heck	more	than ( is both		Reportable compensation	Reportable compensation	Estimated amount of
	week					x/trus		from	from related	other
	(list any	individual trustee or director						the	organizations	compensation
	hours for	5	ee			sated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	1 trust		a	iuadu		(W-2/1099-MISC)		organization and related
	below	dualt	nstitutional trustee	<b>-</b>	Key employee	st col	5			organizations
	line)	Inđivi	Institu	Officer	Key e	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	ł			1				_	_
VOTING DIRECTOR	4.00	<u>x</u>					<u> </u>	0.	0.	0.
(5) PAUL J. AYOUB, ESQ.	4.00									
VOTING DIRECTOR	4.00	x			<u> </u>			0.	0.	0.
(6) FREDERICK M. AZAR, MD	4.00				•				•	•
VOTING DIRECTOR	4.00	x	_		<u> </u>			0.	0.	0.
(7) JAMES B. BARKATE	8.00								•	•
VOTING DIRECTOR	4.00	x			<u> </u>			0.	0.	0.
(8) MARTHA PERINE BEARD	8,00								0.	
VOTING DIRECTOR	4.00	x	—	_				0.	<u>v.</u>	0.
(9) SHERYL BOURISK	4.00	x						0.	0.	0.
VOTING DIRECTOR	4.00	^						<u> </u>	V.	<u>v.</u>
(10) ROBERT A. BREIT, MD VOTING DIRECTOR	4.00	x						0.	0.	0.
(11) TERRY BURMAN	4.00	<b>^</b>		-				<u>_</u>	· ·	
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		-		$\vdash$					
VOTING DIRECTOR	4.00	x						٥.	0.	0.
(14) FRED P. GATTAS, III, PHARMD	4.00	$\square$	-							
VOTING DIRECTOR	4.00	x						٥.	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	х						0.	0.	0.

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Form 990 (2018)

Form 990 (2018) AMERICAN LEB		UN A	1550	CIA	TED	)			35-10	4458	5 Dama <b>8</b>
Part VII Section A. Officers, Directors, Trus		nlov	005	and		apo	et C	Compensated Employed		4400	5 Page 8
(A) Name and title	(B) Average hours per week	(do box	o not c c, unle	Pos heck ss per nd a d	C) itior more rson i	1 than is boti	one h an	(D) Reportable compensation	(continued) (E) Reportable compensatio from related		(F) Estimated amount of other
	(list any hours for related organizations below tine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		compensation from the organization and related organizations
(18) GABRIEL (GABBY) HADDAD, MD VOTING DIRECTOR	4.00	x						0.		٥.	0.
(19) PAUL K. HAJAR	4.00						<b> </b>				
VOTING DIRECTOR	4.00	x						0.		٥.	0.
(20) CHUCK HAJJAR VOTING DIRECTOR	4.00	x						0.		0.	0
(21) FOUAD HAJJAR, MD	4.00	<u>^</u>					_	<u> </u>		<u> </u>	0.
VOTING DIRECTOR	4.00	x						0.		٥.	0.
(22) FREDERICK R. HARRIS, JR., MD	4.00									-	
VOTING DIRECTOR	4.00	x						0.		٥.	0.
(23) BRUCE B. HOPKINS 4.00											•
VOTING DIRECTOR (24) J. DAVID KARAM, II	4.00	x						0.		0.	0.
VOTING DIRECTOR	4.00	x						0.		0.	٥.
(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 c Total from continuation sheets to Part VI								4,206,061.	1,134,4		847,594.
d Total (add lines 1b and 1c)								4,206,061.	1,134,4		847,594.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable		
compensation from the organization											372 Yes No
3 Did the organization list any former officer,											
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s 4 For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	he organization		
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a											5 X
rendered to the organization? If "Yes." con Section B. Independent Contractors	plete Schedule	9 J 1	orsi	<u>cn i</u>	<i>Jers</i>	011					
1 Complete this table for your five highest co	mpensated inc	lepe	ndei	nt co	ontra	actor	rs th	hat received more than \$	100,000 of comp	ensat	ion from
the organization. Report compensation for	the calendar ye	ear e	endir	ıg w	ith c	or wi	thin		ear.		
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompensation
INNERWORKINGS, INC. 600 W. CHICAGO AVENUE, CHICAGO, IL 6	0654							PRINT MATERIALS PR	ODUCTION		6,798,601.
INFOCISION MANAGEMENT CORPORATION											
325 SPRINGSIDE DRIVE, AKRON, OH 4433						_		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, S	UITE				-						-,
1700, TORONTO, ONTARIO, CANADA								MEDIA PURCHASING			3,715,603.
TEKSYSTEMS											
P.O. BOX 198568, ATLANTA, GA 30384-8			-11		-		_	IT CONTRACT LABOR	the the t		3,423,791.
2 Total number of independent contractors (i \$100,000 of compensation from the organi	zation 🕨				thos 40		ted	above) who received me	pre than		
SEE PART VII, SECTION A CONTIN	UATION SHEE	TS									Form <b>990</b> (2018)
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AMERICAN LEB Form 990 CHARITIES, I		NA	550	CIA	.TED	,			35-1044	585
Part VII Section A. Officers, Directors, Tru		nnle		e ~		linh	00+	Companyated Emplan		
(A)	(B)		,yee			ngn	est			/=
		[		-	C)			(D)	(E)	(F)
Name and title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours	(C	neck		that	app	iy)	compensation	compensation	amount of
	per week							from the	from related	other
	(list any	ē				playe		organization	organizations	compensation
	hours for	direc				G G		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ie of	stee			Isate		(11-2) 1000-11100)		and related
	organizations	trustee or director	Institutional trustee		yee	mpe				organizations
	below	dual	ution	5	묥	IST CO	5			el guinzanerie
	line)	Individual	Instit	Otticer	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			_						<u> </u>
VOTING DIRECTOR	4.00	x						0.	0.	0.
(30) CHRISTINA M. RASHID	4.00					<u> </u>				<b>.</b>
VOTING DIRECTOR	4.00	x		1				ο.	0.	0.
(31) CAMILLE F. SARROUF, JR., ESQ.	4.00						_			
VOTING DIRECTOR	8.00	x						ο.	ο.	Ο.
(32) JOSEPH C. SHAKER	4.00			-						
VOTING DIRECTOR	4.00	x						ο.	0.	0.
(33) JOSEPH G. SHAKER	4.00					-				<u> </u>
VOTING DIRECTOR	4.00	x						ο.	0.	0.
(34) GEORGE A. SIMON, II	4.00									
VOTING DIRECTOR	4.00	x						ο.	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						ο.	0.	0.
(37) TONY THOMAS	4.00		_							
VOTING DIRECTOR	4.00	x						٥.	0.	Ο.
(38) RICHARD M. UNES	4.00									
VOTING DIRECTOR	4.00	x						ο.	0.	0.
(39) PAUL H. WEIN, ESQ.	4.00									
VOTING DIRECTOR	4.00	x						ο.	0.	0.
(40) THOMAS WERTZ	4.00					-				
VOTING DIRECTOR	4.00	x						ο.	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	х						0.	0.	0.
(43) JAMES R. DOWNING	1.00	<u> </u>					<u> </u>			
EX-OFFICIO DIRECTOR	55,00	x				1		0.	1,134,497.	144,053.
(44) RICHARD C. SHADYAC, JR.	55.00	<u> </u>				<u> </u>				
CEO & EX-OFFICIO DIRECTOR	1.00	х		x				840,195.	0.	118,691.
(45) EMILY S. GREER	55.00									
CHIEF ADMIN. OFFICER	0.00			x		L		518,600.	0.	89,903.
(46) JEFFREY T. PEARSON	55.00									
CHIEF FINANCIAL OFFICER	0.00	1		x				474,685.	0.	91,149.
Total to Part VII, Section A, line 1c										

AMERICAN LEBA		NA	SSO	CIA	TED	)				
Form 990 CHARITIES, IN									35-1044	585
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est		es (continued)	
(A)	(B)	1			C)			(D) <sup>·</sup>	(E)	(F)
Name and title	Average				itior			Reportable	Reportable	Estimated
	hours	(C	heck		that	app	ly)	compensation	compensation	amount of
	per week					e.	ľ	from the	from related	other
	(list any	ğ				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	Individual trustee or director				Highest compensated employee		(W-2/1099-MISC)	(	organization
	related	tee oi	Institutional trustee			ensat		. ,		and related
	organizations		nal tr		Key employee	comp				organizations
	below	ividua	titutio	Officer	emp/	hest	Former			
	line)	Ē	Ē	£	Ϋ́Ε.	Ĩ	ā			
(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	l								
CHIEF DEVELOPMENT OFFICER	0.00				L	x		477,091.	0.	77,809.
(50) ROBERT MACHEN	55.00	Į								
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.
				_						······································
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	I							······		
Total to Part VII, Section A, line 1c								4,206,061.	1,134,497.	847,594.

832201 04-01-18

t VI	II Statement of Rever Check if Schedule O cont		or note to any lin	e in this Part VIII			r—
			of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
1 a	Federated campaigns	<b>1</b> a	3,836,869.	Sector Street	Static South	ALL OF THE LEVEL	
b	Membership dues	1b					
	Fundraising events		11,313,800.				
d	Related organizations	1d			and bill toold		
е	Government grants (contribut	ions) <u>1e</u>					
f	All other contributions, gifts, gran	its, and					and the strength of the
	similar amounts not included abo	ve 1f 1,	652,040,187.				
	Noncash contributions included in lines		19,796,635.				
h	Total. Add lines 1a-1f		▶	1,667,190,856.			A STREET
			Business Code		Alexis de la serie		
2 a							
b	New York (2011) - Annual Control (2011)						
С	<i>m</i>						
d							
e	0						
f	All other program service reve						2010-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
g							
3	Investment income (including			00 630 000		C 007 000	25 210 00
	other similar amounts)		The second s	29,632,000.		-0,087,999.	35,719,99
4	Income from investment of tax						
5	Royalties			L Det Dotte	THE REPORT OF A	And A COMPANY P	Telefore o de suis
		(i) Real	(ii) Personal		and the second second		
	Gross rents	364,072.					Part 11
b	Less: rental expenses	0.					Barris Maria
С	Rental income or (loss)	364,072.	s				
d	Net rental income or (loss)		<b>&gt;</b>	364,072.	in the second second	not the second	364,07
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	670,823,138.	266,450.				
b	Less: cost or other basis		0.021.03.8				1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
	and sales expenses	487,603,270.	310,202.				140
С	Gain or (loss)	183,219,868.	-43,752.		10.000		100 010 00
d	Net gain or (loss)	*****	······ 🔊	183,176,116.	-43,752.	Concernes an	183,219,86
8 a	Gross income from fundraising						
	including \$ 11,313						
	contributions reported on line						
	Part IV, line 18		18,639,338.				
	Less: direct expenses				and the second s	的过去时要告诉。	
	Net income or (loss) from func			11,667,742.	ALL REAL PROPERTY.	And All And And	11,667,74
9 a	Gross income from gaming ac	tivities. See	27 050 244				
	Part IV, line 19	a	37,058,311.				
	Less: direct expenses			DE 074 473	25 974 473		Contraction of the second
	Net income or (loss) from gam		<u> </u>	25,874,473.	25,874,473.		New Jones of Marcales
10 a	Gross sales of inventory, less		2 910 710		3424 Berl		
4	and allowances	a	4 050 600				
	Less: cost of goods sold			1 861 031	1	1,861,031.	AN PERSONAL AVE
C	Net income or (loss) from sale			1,861,031.	Para and Anna	1,001,031.	The Alter Annual States
	Miscellaneous Revenu	e	Business Code	terna in tractada			and the second second
11 a							
b							
c							
d						1. 1. 1. 1	
	Total. Add lines 11a-11d				the second se		Contraction of the second

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	1990 (2018) CHARITIES, INC.	SYRIAN ASSOCIATE	D	35-1	044585 Page 10
	rt IX Statement of Functional Expense				
0000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A).	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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	<u>·</u>	· · · · ·	· · · ·	
	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 a	Fees for services (non-employees): Management				
b	Legal	2,510,261.	394,992.	631,768.	1,483,501.
С	Accounting	309,528.		309,528.	
d	Lobbying				
е	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 0.)	18,318,185.	4,523,227.	6,243,809.	7,551,149.
12	Advertising and promotion				041.054
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	9,171,991.	1,575,467.	3,503,990.	4,092,534.
16		10,409,491.	2,087,193.	1,790,324.	6,531,974.
17		10,405,451.	2,007,193.	1,190,021,	0,001,011
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	5,132,272.	956,768.	778,035.	3,397,469.
20	Interest	.,,			, <u>, , , , , , , , , , , , , , , , , , </u>
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 0.)				
а	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.	R 000 78-	538,917.	14 005 045
	Ail other expenses	34,213,219.	7,980,657.	11,326,616.	14,905,946.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,399,728,747.	1,007,518,258.	140,188,556.	252,021,933.
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <b>X</b> if following SOP 98-2 (ASC 958-720)	134,878,941.	70,080,401.	15,121,792.	49,676,748.
					Form 990 (0019

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Form 990 (2018)

orm 990 ( Part Y					35	-1044585 Page
Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to any lii	ne in this Part X	1		<u> </u>
				(A) Beginning of year		(B) End of year
1	Cash · non-interest bearing				1	
2	Savings and temporary cash investments			143,460,238	. 2	142,979,80
3	Pledges and grants receivable, net			28,836,741	. 3	35,598,69
4	Accounts receivable, net			914,913	. 4	795,26
5	Loans and other receivables from current and for	ormer office	ers, directors,			
	trustees, key employees, and highest compensation	ated emplo	yees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali	•	•		-	r degen an an den an en en Brigge angeler (1995) (1995) Brigge angeler (1995)
	section 4958(f)(1)), persons described in section	4958(c)(3)	(B), and contributing			
	employers and sponsoring organizations of sect	ion 501(c)	9) voluntary			1000 C
2	employees' beneficiary organizations (see instr).		6			
Assets	Notes and loans receivable, net				7	
₹ 8	Inventories for sale or use			1,756,710	8	2,481,85
9	Prepaid expenses and deferred charges			2,815,734	9	10,640,58
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	220,507,66
11	Investments - publicly traded securities		11			
12	Investments - other securities. See Part IV, line 1	1		4,396,846,359.	12	5,048,101,94
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14	•		
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ			4,780,599,912		5,461,105,81
17	Accounts payable and accrued expenses	48,095,482.	+	52,961,08		
18	Grants payable		18	<u> </u>		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I			and the second	21	A CLARASSONS STREET
3 22	Loans and other payables to current and former					
	key employees, highest compensated employee					
	Complete Part II of Schedule L				22	
- 23	Secured mortgages and notes payable to unrela				23	
24	Unsecured notes and loans payable to unrelated	•			24	
25	Other liabilities (including federal income tax, pa parties, and other liabilities not included on lines					
			•	36,646,367.	25	42,074,13
	Schedule D Total liabilities. Add lines 17 through 25		••••••	84,741,849.	26	95,035,22
26	Organizations that follow SFAS 117 (ASC 958	) check h	ere 🕨 🗶 and			
.	complete lines 27 through 29, and lines 33 an					
2 27	Unrestricted net assets			3,594,615,589,	27	4,278,902,41
28	Temporarily restricted net assets			76,544,144,		
29	Permanently restricted net assets	1,024,698,330,	29	1,087,168,17		
	Organizations that do not follow SFAS 117 (A					
	and complete lines 30 through 34.					
27 28 29 29 30 30 31 32 33 31 32 33	Capital stock or trust principal, or current funds				30	
31	Paid in or capital surplus, or land, building, or ec				31	
32	Retained earnings, endowment, accumulated in				32	
33	Total net assets or fund balances			4,695,858,063.	33	5,366,070,58
	Total liabilities and net assets/fund balances			4,780,599,912.	34	5,461,105,81

	AMARICAN DEDANEDE SIKIAN ASSOCIATED				
	1990 (2018) CHARITIES, INC.	35-104	4585	Pa	<sub>ge</sub> 12
Pa	rt 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 (tosses) 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			Ο.
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.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u>.</u>			
				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	D.			
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	ona	in the second		
	separate basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis X Both consolidated and separate basis		1200		
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?		. <u>2</u> c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 require	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990 (	2018)

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(Form 996	SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Perform 990 or Service Perform 990 or Form 990 or Form 990 - EZ. Go to www.irs.gov/Form990 for instructions and the latest information,									
			Go to www.irs.go	v/Form990 for instructi			nformation.		Open to Public Inspection	
Name of the	he organizatio		CAN LEBANESE SYN	RIAN ASSOCIATED				Employe	identification number	
Part I	Reason f		TIES, INC.	A.0					35-1044585	
				All organizations must co			e instructions	s		
				For lines 1 through 12, c	-	•				
				on of churches described			1)(A)(i).			
				(Attach Schedule E (Forn						
				anization described in so					11 I	
	city, and state		ation operated in co	njunction with a hospital	described	in secuo	A)(F)(d)VF n	(III). Enter	the hospital's name,	
	•		or the benefit of a co	llege or university owned	or operat	ed by a go	veromental u	ait dosoribo	nd in	
			Complete Part II.)	lege of aniversity office		ea by a ge	venimentaru	in describe		
6	-			nental unit described in	section 17	70(b)(1)(A)	(v).			
<b></b>		-	-	ntial part of its support fi			••	e general i	public described in	
	-		omplete Part II.)		<b>3</b>			- <b>3</b>		
				(1)(A)(vi). (Complete Par	t II.)					
				in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college	
	or university o	r a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
	university:									
10 🗌 .	An organizatio	on that norma	Illy receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membersh	nip fees, an	d gross receipts from	
	activities related	ed to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of it	s support f	rom gross investment	
				(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
·			mplete Part III.)							
	-	•	•	ively to test for public sat	•					
	-	-	-	ively for the benefit of, to						
	• •	•••	-	d in section 509(a)(1) o f supporting organizatior					Meck the box in	
a 🗌				upervised, or controlled					nivina	
- <u> </u>				gularly appoint or elect a						
			complete Part IV, Se							
ь 🗔			•	l or controlled in connect	ion with it	s supporte	d organization	n(s), by hav	ing	
				anization vested in the sa						
	organization	(s). You mus	t complete Part IV,	Sections A and C.						
c 🗀	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	nd functional	ly integrate	d with,	
	its supporte	d organizatio	n(s) (see instructions	). You must complete F	Part IV, Se	ctions A,	D, and E.			
d 📖	••	-		porting organization oper						
		-		ation generally must sat				an attentiv	reness	
	i i	-	-	nplete Part IV, Sections						
e 📖		-		written determination from			Type I, Type I	i, Type III		
f Entor	tunctionally the number o			nally integrated supportion						
		•••	about the supporte	d organization(s)	••••••	••••••		••••••		
	Name of suppo		(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other	
	organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
				i						
Total										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

	A	MERICAN LEBANN	SE SYRIAN ASS	OCIATED							
	edule A (Form 990 or 990 EZ) 2018 C					35-1044	585 Page 2				
Pa	art II Support Schedule for	Organizations	Described in	Sections 170(	b)(1)(A)(iv) and	170(b)(1)(A)(v	i)				
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I o	r if the organizatio	n failed to qualify (	under Part III. If the	organization				
-	fails to qualify under the tests	s listed below, plea	ise complete Part I	ll.)			_				
	ction A. Public Support										
	ndar 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 organ-										
	ization's benefit and either paid to										
-	or expended on its behalf			·							
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	1028565644.	1129523176.	1314189700.	1446493050.	1667190856.	6585962426.				
5	The portion of total contributions	Ne.3.									
	by each person (other than a	and the second second									
	governmental unit or publicly										
	supported organization) included		and the state of the								
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
	Public support. Subtract line 5 from line 4.					and the second	6585962426.				
	ction B. Total Support										
	ndar year (or fiscal year beginning in)	(a) 2014 1028565644	(b) 2015 1129523176	(c) 2016 1314189700.	(d) 2017 1446493050	(e) 2018 1667190856	(f) Total 6585962426				
	Amounts from line 4	1020303044.	1129525170.	1314109700.	1446493030.	100/190850.	0303902420.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	25 637 216	22,528,839.	23,051,442.	26,152,721.	35,719,999.	133,090,217.				
•	and income from similar sources	25,637,216.	22,520,055.	23,031,442.	20,152,721.	33,119,999.	135,050,217.				
9	Net income from unrelated business										
	activities, whether or not the	1,154,757.	434,311.	719,985.	754,615.	0.	3,063,668.				
40	business is regularly carried on		454,511.	,15,505.							
10	Other income. Do not include gain										
	or loss from the sale of capital	40,875,736.	38,532,271.	44,211,185.	51,485,671.	55,697,649.	230,802,512.				
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10			art and a state of the	and the second second		6952918823.				
12	Gross receipts from related activities,				and the second	12					
	First five years. If the Form 990 is for			fourth or fifth ta							
10	organization, check this box and stor	_									
Sec	tion C. Computation of Publi										
14	Public support percentage for 2018 (I			olumn (fi)		14	94.72 %				
15	Public support percentage from 2017					15	94.49 %				
	33 1/3% support test - 2018. If the o					ore, check this bo	k and				
	stop here. The organization qualifies										
b	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 qual										
17a	10% -facts-and-circumstances test										
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and stop h	ere. Explain in Pa	rt VI how the orgar	nization				
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization	-	▶□				
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, che	eck this box and	stop here. Explair	in Part VI how the	9				
	organization meets the "facts-and-circ	cumstances" test.	The organization qu	ualifies as a public	ly supported organ	nization					
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	<u> </u>				

	A	MERICAN LEBAN	ESE SYRIAN ASS	SOCTATED		
Schedule A (For	m 990 or 990-EZ) 2018 C	HARITIES, INC				35-1044
Part III Su	pport Schedule for	Organizations	Described in	Section 509(a)	(2)	00 1011
(Co	mplete only if you checked	d the box on line 1	0 of Part I or if the	organization failed	to qualify under Pa	art II. If the organiz
qua	lify under the tests listed b	elow, please com	plete Part II.)	-		
······	ublic Support					
	fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018
	ts, contributions, and				ŀ	
	ip fees received. (Do not					
-	/ "unusual grants.")					
merchandi formed, or any activity	ipts from admissions, se sold or services per- facilities furnished in r that is related to the n's tax-exempt purpose					
	ipts from activities that unrelated trade or bus-					
iness unde	r section 513					
4 Tax revenu	es levied for the organ-					
	nefit and either paid to d on its behalf					
5 The value of	of services or facilities					
furnished b	y a governmental unit to					
the organiz	ation without charge					
6 Total. Add	lines 1 through 5					
7a Amounts in	cluded on lines 1, 2, and					
3 received	from disqualified persons	_				
from other than exceed the great amount on line	led on lines 2 and 3 received disqualified persons that ater of \$5,000 or 1% of the 13 for the year					
c Add lines 7	a and 7b					
8 Public sup	port. (Subtract line 7c from line 6.)	lan an a				123 A.A.
Section B. T	otal Support					
Calendar year (or	fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018
9 Amounts fr						
dividends, j securities la	ne from interest, bayments received on bans, rents, royalties, from similar sources					
b Unrelated bu	siness taxable income					
(less section	511 taxes) from businesses					
acquired afte	r June 30, 1975					
	Da and 10b					
activities no	from unrelated business at included in line 10b, not the business is rried on					
or loss from assets (Exp	ne. Do not include gain 1 the sale of capital lain in Part VI.)					
	t. (Add lines 9, 10c, 11, and 12.) ears. If the Form 990 is for	the organization's	l	l. d. fourth or fifth to	v vear as a section	501(c)/3) organiza

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	n 501	(c)(3) organiza	tion,
	check this box and stop here			
Sec	ction 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		%
Sec	ction 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		%
	<b>33 1/3% support tests - 2018.</b> If the organization did not check the box on line 14, and line 15 is more than 3 more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization of the statement o	tion		····· <b>&gt;</b>
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 mo	re tha	an 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support	rted (	organization	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructi	ons	

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 832023 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

(f) Total

(f) Total

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	AMERICAN LEBANESE SYRIAN ASSOCIATED			
Sch	nedule A (Form 990 or 990-EZ) 2018 CHARITIES, INC.	35-1044585	P	age 4
	(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			
Se	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)			
00	ction A. All Supporting Organizations			·
1	Are all of the organization's supported organizations listed by some is the exception is a superior in the second statement of the		Yes	No
•	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	an a	STAL	alless?
2	class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status	1 	1	3.050 X.V
-	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).	6(2462	Series :	372-203
38	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2	tentari.	ीसीक व
	(b) and (c) below.	3a	alestai.	3342-41
t	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	<b>34</b>	<b>1</b> 5353	1.62.02
	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	u Aziria	28292
c	bid the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	199 (M. 199 A)	<u> 1997</u>	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	an a	tionallo 9
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	Ref Sec.	A Starts	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	1920,000,70	encloud
k	bid the organization have ultimate control and discretion in deciding whether to make grants to the foreign			11. A
	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	iono vista de la	MOULANCH
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		122	
	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? // "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		Sec. Pa	
	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	11. S.		
-7	Part VI.	6	- VALAN	1
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		14197	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	_	• 11-14	
8	regard to a substantial contributor? <i>If</i> "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		0.000
Ŭ	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		1-21-02-1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	- <b>°</b> -		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		1.1	
	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	(Anoth	-initia and
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit		4992	
	from, assets in which the supporting organization also had an interest? if "Yes," provide detail in Part VI.	90	aranathis i i	an a
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	2000	슬날린	
	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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	AMERICAN LEBANESE SYRIAN ASSOCIATED			
Sch	edule A (Form 990 or 990-EZ) 2018 CHARITIES, INC.	35-1044585	P	age 5
Pa	rt IV Supporting Organizations (continued)			age D
			Yes	
11	Has the organization accepted a gift or contribution from any of the following persons?	10.451	res	No
а	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?		andar (S. C. Medarika Sec	
h	A family member of a person described in (a) above?	<u>11a</u>		<u> </u>
		11b		L
	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		
Jec	ction 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	and the second		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	2027-163.5		12411
	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	1212/27192345	2012/01/020
2	Did the organization operate for the benefit of any supported organization other than the supported	TRESS.	<u>1500</u>	Sec. 4
	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,			
		Siedine.	and the	Seators.
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	and o. Type if Supporting Organizations			
		10 - 10 M - 10 M	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		-	1
	the supported organization(s).	1		
Sec	tion 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		主要	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	منبية تحاد	e "Inichtenden
3	By reason of the relationship described in (2), did the organization's supported organizations have a	Charles And		Sec.
-	significant voice in the organization's investment policies and in directing the use of the organization's	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		STREET.	1932-91	22222
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ctions).		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below</i> .			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instructions)	<u> </u>	
2	Activities Test. Answer (a) and (b) below.	<b></b>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			939 I.
	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			a aritu
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	아주관이 같이		
	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.			्रव्यंग
-	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? <i>Provide details in Part VI.</i>	2-2-11-11-11-11-11-11-11-11-11-11-11-11-	1999 (C)	praist
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<u>3a</u>	NGRAGEN:	<u>কৃত্র</u> পূর্ণ্ড
0				en e
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard,	3b		

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Schedule A (Form 990 or 990-EZ) 2018

	AMERICAN LEBANESE SYRIAN ASSOCIAT	ED		
Sche	edule A (Form 990 or 990-EZ) 2018 CHARITIES, INC.			35-1044585 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	, ugo o
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ig trust o	n Nov. 20, 1970 (explain in P	art VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	,
Sect	tion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1344		
	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		
с	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			REAL PROPERTY SEAL PROFESSION
	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		
Secti	ion 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	na na sana na s	
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	19 	· · · · · · · · · · · · · · · · · · ·
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-functional	y integra	ted Type III supporting organ	ization (see
	instructions).	-	··· · · ·	

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Schedule A (Form 990 or 990-EZ) 2018 CHARITIES, INC.	STRIAN ASSOCIATED		35-1044585 Page 7
Type in Non Tunodollany integrated Jus	a(a)(3) Supporting Orga	inizations (continued)	······
Section D - Distributions 1 Amounts paid to supported organizations to accomplish ex-			Current Year
and perfect organizations to accompliant ex			
2 Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
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 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013		an bar	
b From 2014		an an State and St	
c From 2015		a strand a second	and the first of the section of the
d From 2016			
e From 2017	and the second second	and a second second second	and a district of the second
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount		and the second secon	
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	ant de contraction d'acteur de la contraction de la contraction de la contraction de la contraction de la contr La contraction de la c		
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.	an trough that will be a second se		
6 Remaining underdistributions for 2018. Subtract lines 3h	296 <sup>-1</sup> .	<ul> <li>Mechanical Social S Social Social Social Social Social Science Social Science Social Science Social Science Science Science Science S Social Science S Social S</li></ul>	
and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.	an a		
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016		an a	
d Excess from 2017			
e Excess from 2018			

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AMERICAN LEBANESE SYRIAN ASSOCIATED		
Schedule A (Form 990 or 990 EZ) 2018 CHARITIES, INC.	35-1044585	Page 8
Part VI. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 a 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section Section B line 1e: Pa	
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	<u> </u>	
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:	<u></u>	
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		

832028 10-11-18

**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

Name of the organizat	Employer identification number	
	AMERICAN LEBANESE SYRIAN ASSOCIATED	
	CHARITIES, INC.	35-1044585
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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 crueity 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823451 11-08-18

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)
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Page 2

Name of organization	i age
	Employer identification number
AMERICAN LEBANESE SYRIAN ASSOCIATED	
CHARITIES, INC.	35-1044585
	22-1044202

AMERICAN CHARITIE:	LEBANESE SYRIAN ASSOCIATED		
Part			35-1044585
an ann an the ann an the second s	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) IS Type of contribution
		\$50,000,	Person X Payroll D Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s 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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

(Complete Part II for noncash contributions.)

S	CHEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
(Fo	orm 990)	Complete if the ord	anization answered "Voe" on Form 000		2012
	artment of the Treasury	Fart IV, une 6, 7, 8, 9, 1	0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 990 for instructions and the latest informatic		<b>LUIU</b> Open to Public
	nal Revenue Service	n.	Inspection		
Na	me of the organization		SSOCIATED	Er	nployer identification number
P	art I Organiza	CHARITIES, INC.			
	organization		d Funds or Other Similar Funds or	Accou	ints. Complete if the
	Organization	n answered "Yes" on Form 990, Part IV, lir			
1	Total number at en	nd of year	(a) Donor advised funds	(b) Fu	inds and other accounts
2	Addregate value of	nd of year f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4	Andregate value of	end of year			
5	Did the organization	in inform all deport and deport advisors in a	writing that the assets held in donor advised fi		
•	are the organization	n's property, subject to the organization	writing that the assets held in donor advised fu	inds	
6	Did the organization	inform all grantees, donors, and donors	exclusive legal control?		Yes I No
	for charitable purpo	oses and not for the benefit of the departs	r donor advisor, or for any other purpose confi	lonly	
	impermissible priva	te benefit?	donor advisor, or for any other purpose confi	erring	
Pa	art II Conserva	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part		Yes No
1	Purpose(s) of conse	ervation easements held by the organization	check all that analy	v, line /	•
	Preservation	of land for public use (e.g., recreation or e			
		natural habitat			
		of open space	Preservation of a certified	nistoric	structure
2		• •	ied conservation contribution in the form of a		
	day of the tax year.	a quain	ied conservation contribution in the form of a (	onserva	
a		nservation easements			Held at the End of the Tax Year
b		-4 - 44			
c	Number of conserva	ation easements on a certified historic stru	icture included in (a)	2b	
d	Number of conserva	ation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	2c	
	listed in the Nationa	Il Register		2d	
3	Number of conserva	ation easements modified, transferred, rele	eased, extinguished, or terminated by the orga		during the text
	year 🕨		see of example of the organized by the orga	nzation	during the tax
4	Number of states whether the sta	here property subject to conservation eas	ement is located		
5	Does the organization	on have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enfor	rcement of the conservation easements it	holds?		Yes No
6			nandling of violations, and enforcing conservat	on ease	ments during the year
	►				
7	Amount of expenses	s incurred in monitoring, inspecting, handl	ing of violations, and enforcing conservation e	asemeni	ts during the year
	▶\$				
8	Does each conserva	tion easement reported on line 2(d) above	satisfy the requirements of section 170(h)(4)(E	9(1)	
	and section 170(h)(4)	)(B)(ii)?			Yes No
9	in Part Alli, describe	now the organization reports conservation	n easements in its revenue and expense state	nent. an	d balance sheet, and
	include, if applicable	e, the text of the footnote to the organization	on's financial statements that describes the or	ganizatio	on's accounting for
Do	conservation easeme	ents.			-
Fd	t III Organizati	ions Maintaining Collections of	Art, Historical Treasures, or Other	Simila	r Assets.
	Complete if th	he organization answered "Yes" on Form S	990, Part IV, line 8.		
<b>1</b> a	If the organization ele	ected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement a	nd balar	ice sheet works of art,
	historical treasures, o	or other similar assets held for public exhil	bition, education, or research in furtherance of	public s	ervice, provide, in Part XIII,
-	the text of the footho	ote to its financial statements that describe	es these items.		
b	in the organization ele	ected, as permitted under SFAS 116 (ASC	958), to report in its revenue statement and b	alance s	sheet works of art, historical
	relating to these item	miliar assets need for public exhibition, edu	cation, or research in furtherance of public se	vice, pr	ovide the following amounts
	relating to these item				
	(ii) Accord included	o on Form 990, Part VIII, line 1		. 🕨 🕯	5
2	(ii) Assets included i	in Form 990, Part X		• • •	3
4	the following amount	required to be read to be read to be read	sures, or other similar assets for financial gain,	provide	
а	Revenue included on	s required to be reported under SFAS 116	6 (ASC 958) relating to these items:		
h	Assets included in En	orm 990, Part V		. 🏲 🖇	
LHA	For Paperwork Rod	uction Act Notice, see the Instructions f			
	10-29-18	essen Activate, see the instructions t	or Form 990.	5	Schedule D (Form 990) 2018

	AMERICAN I	EBANESE SYRIAN	ASSOCIATED							
	edule D (Form 990) 2018 CHARITIES,	INC.					35-10-	44585		Dogo 2
Pa	rt III Organizations Maintaining (	<b>Collections of Ar</b>	t, Historical Tre	easures. d	or Othe	r Similar	Asset	s /		Page 2
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following the	t aro a c	ionificant u	riddet		inued	
	(check all that apply):			ionowing the	at ale a s	ignincant u	se or its o	collectio	n item	IS
а			d 🗌 Loan or exc							
b		, in the second s		change prog	rams					
c		6	e] Other				· · _ · · · · · · · · · · · · · · · · ·		_	
4	÷									
	Provide a description of the organization's o	ollections and explain	n how they further th	ne organizati	on's exe	mpt purpos	e in Part	XIII.		
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or oth	er simila	r assets				
Do	to be sold to raise funds rather than to be m rt IV Escrow and Custodial Arran	aintained as part of t	he organization's co	llection?	<u></u>	<u></u>		Yes		No
Гd		igements. Compl	ete if the organizatio	n answered	"Yes" or	n Form 990,	Part IV,	line 9, o	r	
	reported an amount on Form 990, Pa	irt X, line 21.								
<b>1</b> a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other as	sets not	included				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:							
								Amour	nt	
c	Beginning balance					1c				
d	Additions during the year				•••••					
е	Distributions during the year			•••••	•••••	1e				
f	Ending balance			•••••	••••••	16 1f				
2a	Did the organization include an amount on F	orm 990 Part X line	21 for escrow or cu	etodial acco	unt liabil	<u>L</u>		7.	_	7
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ev	planation has been	provided on		aty ?	······ ∟	Yes	-	
Pa	t V Endowment Funds. Complete	if the organization an	swered "Yes" on Fo	rm 990 Dord	W line	10		•••••		
1a	Beginning of year balance	(a) Current year 1,024,698,330.	(b) Prior year 965, 253, 422.	(c) Two yea		(d) Three ye		(e) Fou		
		4,864,242.		873,05		873,88				075.
đ	Contributions		21,281,957.	12,55			1,719.			640.
c	Net investment earnings, gains, and losses	64,664,085.	92,690,065.	103,47	5,245.	-7	2,118.	8	, 222 ,	632.
е	Other expenditures for facilities									
	and programs	38,875,713.	54,527,114.	23,830	),854.	3,09	8,136.	52	412,	213.
	Administrative expenses									
g		1,055,350,944.		965,253	422.	873,05	6,599.	873	885,	134.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))	) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment  100.00	%	-							
c	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
За	Are there endowment funds not in the posses		tion that are held an	d administer	ed for th	e organizati	on			
	by:	eren er alle erganiza		a aanni noter		e organizati	011	ſ	Vee	Na
	(i) unrelated organizations							0-0	Yes X	No
	(ii) related organizations		•••••	••••••	•••••	••••••		3a(i)	<u>^</u>	
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tinne lieted op up nutur		••••••	•••••	•••••		3a(ii)		<u>x</u>
4	Describe in Part XIII the intended uses of the	constituted as require	a on Schedule R?		•••••	••••••		3b		
Par	t VI Land, Buildings, and Equipm	ent	vment lunds.							<u> </u>
			Doubly line and a De							
	Complete if the organization answered									
	Description of property	(a) Cost or ot			•••	cumulated		(d) Bool	k valu	9
	Land	basis (investm			dep	preciation				
78	Land			597,320.		nee tiilig	8.A	44 ,	597,	320.
b	Buildings		132,	586,503.		25,145,52	9.	107,	440,	974.
c	Leasehold improvements		4,	590,965.		1,225,69	6.	3,	365,	269.
d	Equipment		53,	112,792.		28,314,79	0.	24,	798,	002.
e	Other		87,	396,408.		47,090,30	4.	40,	306,	104.
Total.	Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part X	. column (B), line 10	c.)				220,	507,	669.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2018

AMERICAN LEBAN	ESE SYRIAN	ASSOCIATED
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Schedule D (Form 990) 2018 CHARITIES, INC.			35	-1044585	Page 3
Part VII Investments - Other Securities.		_			
Complete if the organization answered "Yes"		1b. See Form 990, Part	X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end	of-year market v	alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) GLOBAL EQUITY	1,972,411,797.	END-OF-YEAR MAR			
(B) MARKETABLE ALTERNATIVES	1,357,388,781.	END-OF-YEAR MAR			
(C) REAL ASSETS	366,625,874.	END-OF-YEAR MAR		_,,	
(D) PRIVATE EQUITY	777,719,090.	END-OF-YEAR MAR			
(E) FIXED INCOME	446,999,466.	END-OF-YEAR MAR			
(F) CASH EQUIVALENTS	126,956,938.	END-OF-YEAR MAR	KET VALUE		
(G)					
<u>(H)</u>		ara Marsa kana ana arawa dataka		re delana anti anti a	and an international state
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"		1c. See Form 990, Part	X, line 13.	of your market y	
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or enu	or-year market	
(1)					
(2)		<u></u>			
(3)					
(4)		·····			
(5)					
(6)					
(7)				······································	
(8)					
(9)		Page 1		1. J.	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes"		1d. See Form 990, Part	X, line 15.	(h) Pook y	alua
(a)	Description			(b) Book v	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		•		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X: Other Liabilities.			•		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X: Other Liabilities. Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11e or 11f. See Form 99	0, Part X, line 25.		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X: Other Liabilities.	on Form 990, Part IV, line 1	11e or 11f. See Form 99 (b) Book value	0, Part X, line 25.		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin [Part X ] Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line 1	b) Book value	0, Part X, line 25.		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin [Part X ] Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability	on Form 990, Part IV, line 1	11e or 11f. See Form 99 (b) Book value 42,074,138.	0, Part X, line 25.		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin [Part X] Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line 1	b) Book value	● 0, Part X, line 25		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS	on Form 990, Part IV, line 1	b) Book value	● 0, Part X, line 25		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3)	on Form 990, Part IV, line 1	b) Book value	● 0, Part X, line 25		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4)	on Form 990, Part IV, line 1	b) Book value	● 0, Part X, line 25		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X: Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5)	on Form 990, Part IV, line 1	b) Book value	0, Part X, line 25		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6)	on Form 990, Part IV, line 1	b) Book value	0, Part X, line 25		
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7)	on Form 990, Part IV, line 1	(b) Book value 42,074,138.	0, Part X, line 25		
(8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) linit Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) linit	* on Form 990, Part IV, line *	(b) Book value 42,074,138. 42,074,138.			
(8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7) (8) (9)	* on Form 990, Part IV, line *	(b) Book value 42,074,138. 42,074,138. 42,074,138. the organization's finan	cial statements tl	hat reports the	XIII X

Schedule D (Form 990) 2018

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	AMERICAN LEBANESE SYRIAN ASSOCIATED				
Sche	cule D (Form 990) 2018 CHARITIES, INC.			35-1	044585 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	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:				
а	Net unrealized gains (losses) on investments	2a	150,174,979.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е				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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-11,183,838.	Site	
с	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.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With	n Expenses per F	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:				
а	Donated services and use of facilities	2a			
b					
с	Other losses	2c		\$3.5 S	
d			11,183,838.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	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.
	rt XIII Supplemental Information.				
Prov	ide 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 add	itional inform	mation.		

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.

832054 10-29-18

Schedule D (Form 990) 2018

AMERICAN LEBANESE SYRIAN ASSOCIATED		
Schedule D (Form 990) 2018 CHARITIES, INC.	35-1044585	Page 5
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.		
	Schedule D (For	m 990) 2018

832055 10-29-18

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		E SYRIAN ASSOCIATED		
Schedule D (Form 990) 2018 Part XIII Supplemental Info	CHARITIES, INC.		 35-1044585	Page 5
Part All Supplemental Infol	mation (continued)		 	
JUDE DREAM HOME GIVEAWAYS.				
		· · · · · · · · · · · · · · · · · · ·	 	
		•	 	
		·····	 	
· · · · · · · · · · · · · · · · · · ·				
			<u></u>	
		<u> </u>	 	
		·	Schedule D (Forn	n 990) 20 <sup>-</sup>

832055 10-29-18

ROA000855

SCHEDULE F	Stateme	ent of Act	ivities Outside the Ur	nited Sta	tes ∣	OMB No. 1545-0047
(Form 990)			n answered "Yes" on Form 990, Part			2018
Department of the Treasury Internal Revenue Service			Attach to Form 990.		ś	Open to Public
Name of the organization			orm990 for instructions and the latest	information.	Employer ide	Inspection
CHARITIES, INC.	ATAM ASSOCIATE	U.			35-10445	15
	ormation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answere	d "Yes" on
Form 990, Par			· · · •			
			ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
United States.			procedures for monitoring the use of its		ner assistance o	outside the
			an be duplicated if additional space is n			
(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, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS			1,361,925,340.
						1,001,020,010.
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		<b>_</b>			in geblien.	
sheets to Part 1	0	0	(a) A statistical statistic		24.241	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

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Schedule F (Form 990) 2018 CHARITIES, INC.

#### 35-1044585

Page 2

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	<b>(d)</b> 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)
								-
by the IRS, or for whic	ch the grantee or cou	nsel has provided a sect	ecognized as charities by the 1 ion 501(c)(3) equivalency letter	•				

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 CHARITIES, INC.

#### 35-1044585

# 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)

Schedule F (Form 990) 2018

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Page 3

	dule F (Form 990) 2018 CHARITIES, INC.	35-1044585	Page 4
<u> </u>			
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 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 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 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
·			

Schedule F (Form 990) 2018

		AMERICAN LEBANESE SYRIAN ASSOCIATED		
Schedule F	(Form 990) 2018	CHARITIES, INC.	35-1044585	Page 5
Part V	Supplementa			, age a
	Provide the inform	nation required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	method: amounts of	
	investments vs. e	xpenditures per region); Part II, line 1 (accounting method); Part III (accounting method);	and Part III column (c)	
	(estimated number	er of recipients), as applicable. Also complete this part to provide any additional informati	on See instructions	
	·····			
			· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·		
			·	
			Cabadula E (Eauro O	

832075 10-31-18

Schedule F (Form 990) 2018

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Irais	ing or Gaming A	\ctivi	ties	OMB No. 1545-0047	
(Form 990 or 990-EZ)	D-EZ) 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.							2018	
Department of the Treasury									
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization		EBANESE SYRIAN ASSOCIATED	4000	o una		1	Employer ide	intification number	
	CHARITIES,	INC.					35-104458		
	ing Activities	Complete if the organization answer	ered "Y	'es" or	n Form 990, Part IV, I	line 17	'. Form 990-EZ	filers are not	
1       Indicate whether the         a       X         Mail solicitati         b       X         Internet and         c       X         Phone solicit         d       X	organization rai ons email solicitation ations Icitations	sed funds through any of the followin $e \boxed{X}$ Solicita	tion of tion of fundra	non-g gover alsing	overnment grants nment grants events		Dr		
-		art VII) or entity in connection with p	•	•	• •	•	X Yes	No	
		viduals or entities (fundraisers) pursu			•	he fun			
compensated at lea	ast \$5,000 by the	organization.		-					
(i) Name and address or entity (fund		(ii) Activity	fundi have c	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (oi	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
INFOCISION MANAGEME	NT CORP		Yes	No					
325 SPRINGSIDE DR.,		FUNDRAISING SOLICITOR	ļ	X	4,913,700.		4,690,775.	222,925.	
COMMSENSE - MONTANA									
		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.							407 500	407 500	
JEFFERSON ST., ARLI NNE MARKETING, LLC		FUNDRAISING COUNSEL	<u> </u>	X	0.		427,500.	-427,500.	
MASSACHUSETTS AVE.,		FUNDRAISING COUNSEL		x	Ο.		223,000.	-223,000.	
ELEVENTY MARKETING		FUNDARIDING COUNDED			<b>.</b>		225,000.		
453 S. HIGH ST., SU		FUNDRAISING COUNSEL		x	0.		90,359.	-90,359.	
Total		I	L		5,630,830.		9,307,214.	-3,676,384.	
<ol> <li>List all states in which or licensing.</li> </ol>	h the organizatic	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	kempt from reg	gistration	
AK, AL, AR, CA, CO, CT, D	C,FL,GA,HI,I	L, KS, KY, LA, MA, MD, ME, MI, MN, M	ю, мз,	NC , N	D, NH, NJ				
NM, NV, NY, OH, OK, OR, P	A,RI,SC,TN,U	T,VA,WA,WI,WV			•				
( )									
<u> </u>	<u>`</u>								
							· · · · · · · · · · · · · · · · · · ·		
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								·····	
		·····	_						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

		e if the organization answered d gross income on Form 990 (a) Event #1	EZ, lines 1 and 6b. List ( (b) Event #2	events with gross receip (c) Other events	ts greater than \$5,000
					(d) Total events (add col. (a) throug
		GALA	GALA	155	col. (c))
3		(event type)	(event type)	(total number)	
1	Cross ressints	1 420 261	1 072 000	05 440 554	
1	Gross receipts	1,439,361.	1,073,206.	27,440,571.	29,953,13
2	Less: Contributions	340,670.	584,280.	10,388,850.	11,313,80
3	Gross income (line 1 minus line 2)	1,098,691.	488,926.	17,051,721.	18,639,33
4	Cash prizes				
5	Noncash prizes	12,180.	3,515.	47,856.	63,55
6 7	Rent/facility costs	6,942.	21,200.	991,840.	1,019,98
				•	
7	Food and beverages	39,207.	130,469.	2,639,146.	2,808,82
8	Entertainment	15,720.	56,184.	1,219,444.	1,291,34
9			31,600.	1,730,230.	1,787,89
10	Direct expense summary. Add lines 4 thro	unde Oline en human (al)		•	6,971,59
11	Net income summary. Subtract line 10 fro			•	11,667,74
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (
ł.					
1	Gross revenue			37,058,311.	37,058,31
1	Gross revenue			37,058,311.	37,058,31
1	Cash prizes				
1				37,058,311.	
1	Cash prizes				5,823,88
1 2 3	Cash prizes Noncash prizes Rent/facility costs			5,823,880.	37,058,31 5,823,880 22,47 5,337,480
1 2 3 4	Cash prizes Noncash prizes Rent/facility costs		%	5,823,880. 22,472.	5,823,88
1 2 3 4 5	Cash prizes Noncash prizes Rent/facility costs			5,823,880. 22,472. 5,337,486.	5,823,88
1 2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses			5,823,880. 22,472. 5,337,486. Yes% X No	5,823,88 22,47 5,337,48
1 2 3 4 5 6	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro		<u> No</u>	5,823,880. 22,472. 5,337,486. Yes% X No	5,823,88 22,47 5,337,48 11,183,83
1 2 3 4 5 6 7 8	Cash prizes		<u> No</u>	5,823,880. 22,472. 5,337,486. ☐ Yes% X No	5,823,88
1 2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lin SEE PART IV FOR FULL LIST OF STA ter the state(s) in which the organization co		GA, ID, IL, KS, KY, LA	5,823,880. 22,472. 5,337,486. Yes% X No Ma, MN, MO, MS, NC	5,823,88 22,47 5,337,48 11,183,83 25,874,47
1 2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lin SEE PART IV FOR FULL LIST OF ST iter the state(s) in which the organization co the organization licensed to conduct gamin	Yes%          Yes%          No         bugh 5 in column (d)           Image: Arrest state stat	GA, ID, IL, KS, KY, LA	5,823,880. 22,472. 5,337,486. Yes% X No Ma, MN, MO, MS, NC	5,823,88 22,47 5,337,48 11,183,83 25,874,47
1 2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lin SEE PART IV FOR FULL LIST OF STA ter the state(s) in which the organization co	Yes%          Yes%          No         bugh 5 in column (d)           Image: Arrest state stat	GA, ID, IL, KS, KY, LA	5,823,880. 22,472. 5,337,486. Yes% X No Ma, MN, MO, MS, NC	5,823,88 22,47 5,337,48 11,183,83 25,874,47
1 2 3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thro Net gaming income summary. Subtract lin SEE PART IV FOR FULL LIST OF ST iter the state(s) in which the organization co the organization licensed to conduct gamin	Yes%          Yes%          No         bugh 5 in column (d)           Image: Arrest state stat	GA, ID, IL, KS, KY, LA	5,823,880. 22,472. 5,337,486. Yes% X No Ma, MN, MO, MS, NC	5,823,88 22,47 5,337,48 11,183,83 25,874,47

832082 10-03-18

AMERICAN	LEBANESE	SYRIAN	ASSOCIATED

	LIDRICHA LIDRIDDI DINIAN ASSOCIATED		
	990 or 990-EZ) 2018 CHARITIES, INC. 31	5-1044585	Page 3
11 Does the orga	anization conduct gaming activities with nonmembers?	X Ye	
12 Is the organization	ation a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer	charitable gaming?	🗆 Ye	es 🗶 No
	ercentage of gaming activity conducted in:		
a The organizati	ion's facility	<u>13a</u>	5.00 %
D An outside tac	sility	13b	95.00 %
Name  AB	ne and address of the person who prepares the organization's gaming/special events books and records:		
Address 🕨 5	01 ST. JUDE PLACE - MEMPHIS, TN 38105		
15a Does the orga	nization have a contract with a third party from whom the organization receives gaming revenue?	🗔 Ye	es X No
b If "Yes," enter	the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount		
of gaming reve	enue retained by the third party  \$		
c If "Yes," enter	name and address of the third party:		
Name 🕨			
Address 🕨 _			
16 Gaming manag	ger information:		
Name 🕨 BRI	IAN DOYLE		
Gaming manag	ger compensation <b>&gt;</b> \$164,002.		
Description of RAFFLE ACT	Services provided  MANAGES THE PLANNING AND EXECUTION OVERSIGHT OF IVITIES		
Director	r/officer X Employee Independent contractor		
17 Mandatory dist			
	tion required under state law to make charitable distributions from the gaming proceeds to	_	
retain the state	gaming license?	🗶 Yes	s 🛄 No
	int of distributions required under state law to be distributed to other exempt organizations or spent in the		
organization's ( Part IV Supp	own exempt activities during the tax year <b>&gt;</b> \$ 9,210,009.		<u> </u>
	lemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 5c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9	9, 9b, 10b,
SCHEDULE G, PAR	T I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUN	DRAISER: INFOCISION MANAGEMENT CORP.		
(I) ADDRESS OF	FUNDRAISER: 325 SPRINGSIDE DR., AKRON, OH 44333-4501		
	r		
(I) NAME OF FUN	DRAISER: COMMSENSE		
(I) ADDRESS OF	FUNDRAISER :		
MONTANA INDUSTR	IAL PARK, ROAD 459 KM. 0.5, LOT 52, AGUADILLA, PUERTO RICO		
832083 10-03-18	Schedule G /Fo		

Schedule G (Form 990 or 990-EZ)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	35-1044585	Page 4
Part IV Supplemental Infor	mation (continued)		
(I) NAME OF FUNDRAISER: EAGL	ECOM, INC.		
(I) ADDRESS OF FUNDRAISER:			
2300 YONGE STREET, SUITE 1700	0, BOX 2416, TORONTO, ON, CANADA M4P 1E4		
(I) NAME OF FUNDRAISER: MINDS	SET DIRECT		
(I) ADDRESS OF FUNDRAISER: 1	700 N. JEFFERSON ST., ARLINGTON, VA 22205		
(I) NAME OF FUNDRAISER: NNE N	MARKETING, LLC		
(I) ADDRESS OF FUNDRAISER:			
1666 MASSACHUSETTS AVE., SUIT	TE 14, LEXINGTON, MA 02420		
(I) NAME OF FUNDRAISER: ELEVE	ENTY MARKETING GROUP		
(I) ADDRESS OF FUNDRAISER: 45	3 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, MC	), MS, NC, NV, NY, OH, OK, RI, TN, TX, VA		
	$\triangleleft$		
	1		
		,	
			. <u></u>
		······	
••••			
832084 04-01-18		Schedule G (Form 990 or	990-EZ)

83

SCHEDULE I (Form 990)	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.								
Department of the Treasury Internal Revenue Service	Attach to Form 990.								
Name of the organizati	ON AMERICAN LEBA	NESE SYRIAN A	SSOCIATED	rs.gov/Form990 fc	or the latest inform	nation.	<u></u>	Inspection	
Part I General In	CHARITIES, IN formation on Grants a					· · · · · · · · · · · · · · · · · · ·		Employer identification number 35-1044585	
			amount of the grants						
criteria used to a	ward the grants or assi	stance?	s amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select		
2 Describe in Part	IV the organization's pr	ocedures for monit	toring the use of grant	funds in the United	States			X Yes 🔲 No	
Grants and	d Other Assistance to	<b>Domestic Organi</b>	zations and Domestic	Governments.	complete if the ora	anization answered "	res" on Form 990, Parl	IV line 21 for any	
	nat received more than dress of organization	5,000. Part II can	be duplicated if additi	onal space is need	ed.				
	vernment	(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 HOSPITAL, INC									
PLACE - MEMPHIS,		62-0646012	501(C)(3)	865122365	0.			SUPPORT FOR OPERATIONAL AND CAPITAL BUDGET NEEDS	
						· · · · · · · · · · · · · · · · · · ·			
2 Enter total numbe	r of section 501(c)(3) ar	nd government org	anizations listed in the	line 1 table				▶ 1.	
3 Enter total numbe	r of other organizations	listed in the line 1	table					• • •	
	neuliguon Act NOUCe,	see the instruction	ons for Form 990.					Schedule I (Form 990) (2018)	

Schedule | (Form 990) (2018) CHARITIES, INC.

Page 2 385770T-SE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

	Inotamiotri Isnotti.	טן, אווט אווץ סוחפי אסכ			
		J. 304 30% 0100 040	2. Part III column	anii I treg ni beri	Part IV Supplemental Information. Provide the information requ
(f) Description of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	cash assistance	cash grant	recipients	
	iteriterite bodteM (o)	-non to truomA (b)	to truomA (o)	(p) Number of	(a) Type of grant or assistance

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

\$' BILLION TO OPERATE ST. JUDE, AND MORE THAN 75 PERCENT OF ST. JUDE'S

AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE. IT COSTS MORE THAN

OPERATING BUDGET IS COVERED BY GENEROUS DONORS WHO SUPPORT THE LIFE-SAVING

MISSION OF ST. JUDE.

PART I, LINE 2:

sc	HEDULE J	Comp	ensation Information	0	MB No.	1545-00	947
(Fo	orm 990)		rectors, Trustees, Key Employees, and Highest		20	10	)
		Complete if the organization	Compensated Employees tion answered "Yes" on Form 990, Part IV, line 23.		ZU		)
Dep	artment of the Treasury		Attach to Form 990.	C	pen te	Pub	lic
inter	nal Revenue Service		rm990 for instructions and the latest information.	Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa Santa	Inspe	ection	1
Nai	me of the organizatior		AN ASSOCIATED	Employer ident		on nu	mber
D	art   Question	CHARITIES, INC. s Regarding Compensation		35-1044	585	-	
L	arti duestion	s negatiling compensation				r	<u> </u>
10	Check the appropri	ate boylog) if the proprietion are listed			inne di	Yes	No
10			any of the following to or for a person listed on Form y relevant information regarding these items.	990,			
	First-class or c						
	X Travel for com		Housing allowance or residence for person Payments for business use of personal res			12.5	
		ation and gross-up payments	X Health or social club dues or initiation fees				500 A
		pending account	Personal services (such as maid, chauffeu		1910		
		penang account		r, chel)			
h	If any of the boxes of	on line 1a are checked, did the organiz	ation follow a written policy regarding payment or				
					<u>1</u> b	X	and the second
2			rsing or allowing expenses incurred by all directors,		di M	- 1910	2000412
-			or, regarding the items checked on line 1a?		2	X	81368M
					4	4.63	1.1.1.1
3	Indicate which, if an	w, of the following the filing organization	n used to establish the compensation of the organizat	ion's	, s		
			k any boxes for methods used by a related organization	-			
		tion of the CEO/Executive Director, bu					
	X Compensation		X Written employment contract				
		ompensation consultant	X Compensation survey or study				
		her organizations	X Approval by the board or compensation co	ommittee			
4	During the year, did	any person listed on Form 990, Part V	II, Section A, line 1a, with respect to the filing				
	organization or a rel						
а	Receive a severance	e payment or change-of-control paymer	nt?		4a		x
b	Participate in, or rec	eive payment from, a supplemental no	nqualified retirement plan?		4b	х	
C			mpensation arrangement?		4c		х
	If "Yes" to any of line	es 4a-c, list the persons and provide th	e applicable amounts for each item in Part III.				
					den de		
	Only section 501(c)	(3), 501(c)(4), and 501(c)(29) organiza	ations must complete lines 5-9.				
5	For persons listed or	n Form 990, Part VII, Section A, line 1a	, did the organization pay or accrue any compensation	1			
	contingent on the re	venues of:			1. 		
а	The organization?				5a		x
b	Any related organiza	ition?			5b		x
	If "Yes" on line 5a or	r 5b, describe in Part III.					
6	For persons listed or	n Form 990, Part VII, Section A, line 1a	, did the organization pay or accrue any compensation	1	1.20		
	contingent on the ne	earnings of:					
					<u>6a</u>		X
b	Any related organiza	•••••••••••••••••••••••••••••••••••••••			6b		X
-		6b, describe in Part III.		ן ו		<b>1</b> 395	
7			, did the organization provide any nonfixed payments				
			م محمد المحمد		7	1.000	X
8			accrued pursuant to a contract that was subject to the	•		Nessia Yena l	
~			53.4958-4(a)(3)? If "Yes," describe in Part III		8	tir isar	X
9			table presumption procedure described in		9	NGE	3520
	Regulations section	xtion 53.4958-6(c)?					

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

Schedule J (Form 990) 2018

Schedu	le J (Form 990) 2018	CHARITIES,	INC.	35-1044585	

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deneitts	( <b>B</b> )(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JAMES R. DOWNING	(i)	0.	0.	0.	٥.	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)	٥.	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.	٥.	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.	٥.	0.	٥.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

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Page 2

	AMERICAN LEBANESE SYRIAN ASSOCIATED		
Schedule J (Form 990) 2018	CHARITIES, INC.	35-1044585	Page 3
Part III Supplemental Information			
Provide the information, explanation	n, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and 1	or Part II. Also complete this part for any additional information.	
PART I, LINE 1A:			
TRAVEL FOR COMPANIONS: PAY	MENT FOR COMPANION TRIPS IS AN INFREQUENT		
PRACTICE. IT IS LIMITED TO	INSTANCES WHERE IT IS NECESSARY, APPROPRIATE AND		
EXPECTED FOR THE CEO'S SPO	USE TO PARTICIPATE IN HOSTING AND REPRESENTING		
ALSAC. THESE AMOUNTS ARE N	OT 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 BUS	INESS PURPOSES IN ACCORDANCE WITH A WRITTEN		
POLICY DIRECTIVE. THE AMOU	NT OF THE MEMBERSHIP WAS NOT TREATED AS TAXABLE		
INCOME BECAUSE THE USE WAS	BUSINESS RELATED.		
<u></u>			
PART I, LINE 4B:			
THE ORGANIZATION ESTABLISH	ED A NON-QUALIFIED DEFERRED COMPENSATION PLAN		
PURSUANT TO CODE SECTION 4	57(F) OF THE INTERNAL REVENUE CODE. THE PLAN		
AMOUNTS ARE SUBJECT TO SUB	STANTIAL FUTURE SERVICE REQUIREMENTS TO THE		
ORGANIZATION AND ARE SUBJE	CT TO SUBSTANTIAL RISK OF FORFEITURE.		
NONQUALIFIED PLAN PAYMENTS	WERE MADE DURING THE YEAR TO THE FOLLOWING		
		Schodulo I/Form	0001 0049

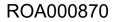
Schedule J (Form 990) 2018

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	AMERICAN LEE	ANESE SYRIAN ASSOCIAT	ED				
Schedule J (Form 990) 2018	CHARITIES, 1	NC.				35-1044585	Page 3
Part III Supplemental Informatio							
Provide the information, explanation	, or descriptions re	quired for Part I, lines 1a, 1b,	, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6	6b, 7, and 8, and for Part II.	Also complete this part f	or any additional information	•
	<u>,                                     </u>						
LISTED PERSONS IN PART VII:							
EMILY CALLAHAN \$14,623							
SUE HARPOLE \$10,065							
						-	<u> </u>
ROBERT MACHEN \$16,845				· · · · · · · · · · · · · · · · · · ·			
		····					
			·····				
			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
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	•••••••••••••••••••••••••••••••••••••••					Calculate 1/7	- 000) 0040
						Schedule J (For	n 990) 2018

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AMERICAN	LEBANESE	SYRIAN	ASSOCIATED

Schedule L (Form 990 or 990-EZ) 2018 CHARITIES, INC. Part IV Business Transactions Involving Interested Persons. 35-1044585 Page 2

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		х	
COURY SHADYAC	SEE PART V	173,953.	EMPLOYMENT		х	
KARON NASH	SEE PART V	79,464.	EMPLOYMENT		x	
					ļ	

## 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

Schedule L (Form 990 or 990-EZ) 2018

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AMERICAN LEBANESE SYRIAN ASSOCIATED		
Schedule L (Form 990 or 990-EZ) CHARITIES, INC.	35-1044585	Page 2
Part V Supplemental Information		
Complete this part to provide additional information for responses to questions on Schedule L (see in	nstructions).	
(C) AMOUNT OF TRANSACTION: \$79,464		
(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT		
(E) SHARING OF ORGANIZATION REVENUES? = NO		
(2) SHALING OF ORGANIZATION REVENUES = NO		
· · · · · · · · · · · · · · · · · · ·		
		,
· · · · · · · · · · · · · · · · · · ·		

Schedule L (Form 990 or 990-EZ)

(Form 990 or 990-EZ) <ul> <li>Complete II the cryanization answered "Yea" on Form 990, Part IV, ine 262, 269, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 273, 284, 385, 286, 287, 283, 385, 286, 287, 283, 385, 286, 287, 283, 385, 286, 287, 283, 385, 286, 287, 283, 385, 286, 286, 283, 283, 283, 283, 283, 283, 283, 283</li></ul>	SCHEDULE L		Transactio	ons \	Nith	۱ Int	erested	P	ersons			0	MB No.	1545-0	047
Name of the organization         > One to www.in.gov/Form990 for instructions and the latest information.         Image of the organization         Image of the organization answered Yes' on Form 990, Part V, Ine 25 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 25b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 26 or 27b, or Form 990, F2P art V, Ine 27b, or Form 990, F2P		Complete if	the organization a 28b, or 28c	nswere , or Fo	ed "Ye rm 990	s" on F )-EZ, P	Form 990, Pai Part V, line 38	rt IV a or	, line 25a, 25b, 2	:6, 27	, <b>2</b> 8a,	-	20	18	8
Name of the organization ALERICAN LEBANESE STILTAN ASSOCIATED CHAINTIES, INC. Part II Excess Benefit Transactions (secton 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only. Complete if the organization narvered "Yes" on Form 990, Part IV, line 26, or 720, or 70m 990-627, Part V, line 40b.	Department of the Treasury Internal Revenue Service	▶⊄							est information.						blic
Part II       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 26 or 720, or Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered Yes' on Form 990, Part IV, line 26, or It answered IV written the organization managers or disqualified persons.         Complete if the organization managers or disqualified persons during the year under section 4928. <ul> <li>S</li> <li>S</li> <li>S</li> <li>Part III</li> <li>Loans to and/or From Interested Persons.</li> <li>Complete if the organization managers or disqualified persons 990, Part IV, line 26, or If the organization reported an encount or form 990, Part IV, line 38 or Form 990, Part IV, line 26, or If the organization reported an encount or form 990, Part IV, line 26, or If the organization reported an encount or form 990, Part IV, line 26, or If the organization reported an encount or form 990, Part IV, line 27, each VI, line 28, or If the organization reported if written encount of tax incurred by the organization form 990, Part IV, line 28, or If the organization reported an encount of tax incurred by the organization reported an encount of tax incurred by the organization reported and the organization reported (I) Written of the organization reported (I) Written organization reported an encount of the organization reported (I) Written organization reported (I) Written (I) organization reported (I) Written (I)</li></ul>	Name of the organization	and the second se								En	ploye	1. A. A.	i in an		umber
Complete if the organization answered "Yes" on Form 990, Part IV, Jine 25b, or Form 990-E2, Part V, Jine 40b.       Image: Complete and Complete an	Dout II. Free of						**			3	5-10	44585		_	
1 (a) Name of disqualified person       (b) Relationship between disqualified person and organization       (c) Description of transaction       (d) Corrected?         2 ender the amount of tax incurred by the organization managers or disqualified persons during the year under section 4956       5															
tell Neme of Usqualmed parson       person and organization       (c) Description of transaction       Yes       No         2       Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >       >	Complete n	t the organization					ine 25a or 251	o, oi	r Form 990-EZ, Pa	art V,	line 40	Db.			
	(a) Name of disqual	ified person				uneu	(	<b>c)</b> D	escription of tran	sacti	วท				
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 V, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose (c) Loans to a grant station of loans to a grant station answered "Yes" on Form 990, Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, the 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Another of grants and the organization answered "Yes" on Form 990, Part IV, the 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Another of assistance (c) Another of as															
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 V, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.  (a) Name of (b) Relationship (c) Purpose (c) Loans to a grant station of loans to a grant station answered "Yes" on Form 990, Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, the 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Another of grants and the organization answered "Yes" on Form 990, Part IV, the 27.  (a) Name of interested person (b) Relationship between interested person and the organization (c) Another of assistance (c) Another of as													_		
section 4956   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 the organization form 990, Part X, line 5, 6, or 22.   (a) Name of the organization for form 90, Part X, line 5, 6, or 22.   (a) Name of the organization for form 90, Part X, line 5, 6, or 22.   (a) Name of the organization of form 90, Part X, line 5, 6, or 22.   (b) Relationship (of Purpose (Claunts or branched by the organization or form 90, Part X, line 5, 6, or 22.   (c) Original interested person   (d) Rame of the organization organization or form 90, Part X, line 5, 6, or 22.   (e) No Yees No Yee No Yee No Yees No Yee															
section 4956   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 the organization form 990, Part X, line 5, 6, or 22.   (a) Name of the organization for form 90, Part X, line 5, 6, or 22.   (a) Name of the organization for form 90, Part X, line 5, 6, or 22.   (a) Name of the organization of form 90, Part X, line 5, 6, or 22.   (b) Relationship (of Purpose (Claunts or branched by the organization or form 90, Part X, line 5, 6, or 22.   (c) Original interested person   (d) Rame of the organization organization or form 90, Part X, line 5, 6, or 22.   (e) No Yees No Yee No Yee No Yees No Yee													_		
section 4956   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 the organization form 990, Part X, line 5, 6, or 22.   (a) Name of the organization for form 90, Part X, line 5, 6, or 22.   (a) Name of the organization for form 90, Part X, line 5, 6, or 22.   (a) Name of the organization of form 90, Part X, line 5, 6, or 22.   (b) Relationship (of Purpose (Claunts or branched by the organization or form 90, Part X, line 5, 6, or 22.   (c) Original interested person   (d) Rame of the organization organization or form 90, Part X, line 5, 6, or 22.   (e) No Yees No Yee No Yee No Yees No Yee															
3 Enter the amount of tax, if any, on line 2, above, relimbursed 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 (b) Relationship     (b) Orginal     (c) Orginal     (c) Partosci (d) Cans to     (d) Relationship     (d) Cans     (d) Relationship     (d) Cans     (d) Relationship     (d) Cans     (d) Relationship     (d) Cans     (d) Relationship     (d)		f tax incurred by	the organization ma	inagers	or dise	qualifie	d persons dur	ing	the year under						
Part II       Loans to and/or From Interested Persons.         Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38 or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.       (e) Name of (b) Relationship (c) Purpose of Ion the organization for the organization of Ion 90, Part X, line 5, 6, or 22.       (f) Balance due       (g) In 7 by board or or 10 by board or or 10 by board or 0 low for the organization of Ion 90, Part IV, line 26; or if the organization or 10 by board or 0 low for the organization.         (a) Name of with organization answered "Yes" to a form 10 by board or											► \$	•			
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 (c) Purpose (c) Form (c) Fo	3 Enter the amount of	r tax, if any, on li	ne 2, above, reimbui	rsed by	the or	ganizat	ion			•••••	▶ \$	<u> </u>			
reported an amount on Form 990. Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose (c) Lemitors of principal amount principal amount principal amount of default? Committee? Agreement?  Ves No Yes	Part II Loans to	and/or Fron	n Interested Per	rsons	•									••••	
(a) Name of Interested person       (b) Relationship with organization       (c) Purpose of loan       (e) Original principal amount       (f) Balance due principal amount       (g) In default?       (h) Approved baland or committee?       (h) Approved agreement?         Image: Strain or Committee?       Image: Strain or Com	Complete if	the organization	answered "Yes" on	Form	990-EZ	, Part \	/, line 38a or F	orn	n 990, Part IV, line	e 26;	or if th	e orga	nizatio	n	
Interested person       with organization       of loan						·						VILL AN			
Image: Complete if the organization answered "Yes" on Form 990, Part III.       Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (d) Type of assistance       (e) Purpose of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (e) Purpose of assistance       (e) Purpose of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (e) Purpose of assistance       (e) Purpose of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (e) Purpose of assistance       (e) Purpose of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (e) Purpose of assistance       (f) Type of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (f) Type of assistance       (f) Type of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (f) Type of assistance       (f) Type of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (f) Type of assistance       (f) Type of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (f) Type of assistance       (f) Type of assistance         Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 27.       (f) Type of assistance       (f) Type of assistance				fro	m the			(f) Balance due				by bo		y board or	
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interested person and the organization assistance assis	Complete if	the organization	answered "Yes" on	Form 9	990, Pa	art IV, li	ne 27.								
	(a) Name of interes	ted person	interested per	rson an											f
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			Nonc	ash Contri	putions		OMB No. 1545-0047
(1-0	orm 990)	Complete if th	e organizations a	answered "Yes" or	n Form 990, Part IV, lines 2	9 or 30.	2018
	tment of the Treasury al Revenue Service	Attach to Forn					Open to Public
					the latest information.		Inspection
Nam	e of the organizat			SSOCIATED		Employe	r identification number
De		CHARITIES, INC	•				35-1044585
Pa	rt   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) d of determining entribution amounts
1	Art - Works of a	t	x	149	ronn bob, rait vin, inte ig		
2		easures					
3		nterests					·····
4		cations					
5		usehold goods					• • • • • • • • • • • • • • • • • • • •
6	-	vehicles		26			
7		s		4			
8	Intellectual prop	erty		<u> </u>			
9	Securities - Publ	icly traded	x	283	19,796,635,	COST OR SELI	ING PRICE
10		ely held stock					
11	Securities - Part						
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15		sidential		28			
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23	Scientific specin	nens					
24	Archeological an	tifacts					· · · · · · · · · · · · · · · · · · ·
25		PRIZE PACKAGE	·····	766	0.		
26		GIFT CARDS		156	0.		
27		OTHER PRIZES		618	0.		
28	Other ► (		-;				
29		s 8283 received by the or		the tax year for co	atributions		
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sua					rted in Part I, lines 1 through		
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31	-		•••	•	any nonstandard contributi	ons7	<u>31 ×</u>
za	-	•	•		t, process, or sell noncash		
	contributions?					••••••	<u>32a X</u>
	If "Yes," describe						
33	-		t in column (c) for	a type of property f	ior which column (a) is chec	ked,	
	describe in Part	1					1.5 m 1. 1973 (2. 1973)

AMERICAN LEBANESE SYRIAN ASSOCIATED		
Schedule M (Form 990) 2018 CHARITIES, INC.	35-1044585	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	, and whether the organ bination of both. Also co	ization
CHEDULE M, PART I, COLUMN (B):		
THE NUMBERS IN COLUMN (B) REFER TO THE NUMBER OF CONTRIBUTIONS.		
		<u> </u>
CHEDULE M, LINE 33:	·····	
ECEIPTS 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.	<u></u>	
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12142 10-18-18	Schedule M (For	m 990) 2018

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Page
Employer identification number 35-1044585

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.

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Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED	Employer identification
CHARITIES, INC.	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	

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED	Page Employer identification numbe
CHARITIES, INC.	35-1044585
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.	
	······
ORM 990, PART VI, SECTION B, LINE 11B:	

832212 10-10-18

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.	

Schedule O (Form 990 or 990-EZ) (2018) Page						
Name of the organization	AMERICAN LEBANESE SYRIAN ASSOCIATED	Employer identification number				
	CHARITIES, INC.	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.

832212 10-10-18

SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	OMB No. 1545-0047 <b>2018</b>			
Department of the Treasury	Attach to Form 990.	Open to Public			
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection			
Name of the organizat	AMERICAN LEBANESE SYRIAN ASSOCIATED	Employer identification number			
	CHARITIES, INC.	35-1044585			

Part 1 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

Dort II	Identification of Related Tax-Exempt Organizations.	Complete if the organization answered "	'Yes" on Form 990, Part I	V, line 34, because it had one or more related tax-exempt
and a state of the state	organizations during the tax year.	•		

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.				501(c)(3))		Yes	No
- 62-0646012, 262 DANNY THOMAS PLACE,	HOSPITAL		SECTION 501(C)(3)	3	N/A		x
					N/A		

r

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

Schedule R (Form 990) 2018

832161 10-02-18 LHA

Schedule R (Form 990) 2018 CHARITIES, INC.

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	<b>(g)</b> Share of end-of-year assets	Disprop alloca	n) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner?	(k) Percentage ownership
		country		5600013 012 014)			Yes	NO	<u>K-1 (Form 1065)</u>	Yes No	

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>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(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	Sec 512( cont ent	(i) ction b)(13) rolled tity?
		country)							No
······································									
	L								

832162 10-02-18

Schedule R (Form 990) 2018



Schedule R (Form 990) 2018 CHARITIES, INC.

35-1044585 Page 3

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

Not	e: 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?		9494	46.772
а	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	х	
С	Gift, grant, or capital contribution from related organization(s)	1c		x
d	Loans or loan guarantees to or for related organization(s)	1d		x
е	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)	1)	X	
ĸ	Lease of facilities, equipment, or other assets from related organization(s)	1k	$\vdash$	x
	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	L
	Performance of services or membership or fundraising solicitations by related organization(s)	<u>1m</u>	l	x
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<u>1n</u>	X	<u> </u>
0	Sharing of paid employees with related organization(s)	10	A DECEMPTOR	x
Р	Reimbursement paid to related organization(s) for expenses	1p	<u>x</u>	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
-			Enrem Enrem	1997, B. B. 1972, B. B.
	Other transfer of cash or property to related organization(s)	1r		x
5	Other transfer of cash or property from related organization(s)	1s		х

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)			

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Schedule R (Form 990) 2018

ROA000884

Schedule R (Form 990) 2018 CHARITIES, INC.

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Ar partne 501 orc Yes	e) e all ers sec. (c)(3) ps.? No	(f) Share of total income	(g) Share of end-of-year assets	(I Disp tio alloca Yes	h) ropor- nate itions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana partr Yes	) <sup>al or</sup> Perc <sup>ging</sup> er? NO	(k) centage nership
					:		<u> </u>						
										Schedule			

Schedule R (Form 990) 2018

832164 10-02-18

		AMERICAN LEBANESE SYRIAN ASSOCIATED				
Schedule R	(Form 990) 2018	CHARITIES, INC.	35-1044585	Page 5		
Part VII	(Form 990) 2018 Supplemental Inform	nation.	·····	, ugo o		
	Provide additional information	tion for responses to questions on Schedule R. See instructions.				
			······			
	······································					
<b></b>						
	• • • • • • • • • • • • • • • • • • • •			·		
<b></b>						
				,		
			· · · · · · · · · · · · · · · · · · ·			

832165 10-02-18

Schedule R (Form 990) 2018



# 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"

ROA000887

				P	ψвi	LIC DISCL	OSURE	COP	Ϋ́					
Fo		<b>}9</b>	0	Return of C	)rga	nization <b>E</b>	Exempt	From	Inco	me	Tax	⊢	OMB No.	1545-0047
				Under section 501(c), 527	, or 49	947(a)(1) of the ini I security number	ernal Revenu	e Code (	except p	rivate	foundati	ons)	20	76
			e Treasury Service	<ul> <li>Information a</li> </ul>	about	Form 990 and its	instructions	i as it ma	ay be mai	de pul	olic.		Open to	
A	For t	he 2	016 calend	ar year, or tax year beginni	ina	JUL 1, 2016			JUN 30			122	Inspe	CTION
в	Check	if		organization				chung		-				
	applica			DE CHILDREN'S RESEARC	н ноз	SPITAL				nploy	er identif	ication	number	
	Ado cha	dress inge	INC.			•								
	Nar cha	ne Inge	Doing bu	isiness as	1				-		62-064	16012		
	Initi retu	al Irn		and street (or P.O. box if mail	is not o	delivered to street ad	dress)	Room/su	ite E To	loobo	ne numbe			
	Fina retu	al trn/		NNY THOMAS PLACE				1100111/34		hepito	(901)		903	
	tern ateo	nin- I	City or to	own, state or province, coun	trv. an	d ZIP or foreign p	ostal code		C Gr	oss rece				595,854.
	retu			S, TN 38105-3678							a group r	eturn	,	
	App tion	olica-	F Name ar	d address of principal office							ordinate		Yes	X No
	pen	ding	SAME AS	C ABOVE							bordinates l			No
<u> </u>	Tax-e	xemp	ot status:	s 501(c)(3) 501(c) (		) < (insert no.)	4947(a)(1)	or 5					e instruc	
<u>J</u>	Webs	site:	WWW.ST	JUDE, ORG				· · · · ·			exemptio	•		cionicy
		_		Corporation Trust		Association	Other 🕨	L Ye					of legal do	micile: TN
Pa	art I	S	ummary			_								
ø	1	Brie	efly describe	e the organization's mission	or mo	st significant activ	ities: THE MI	SSION O	F ST. J	UDE				
anc		CHI	ILDREN'S	RESEARCH HOSPITAL IS	TO AI	DVANCE CURES,	AND MEANS	OF						
Activities & Governance	2		eck this box			ontinued its opera		sed of mo	ore than 2	5% of	its net a	ssets.		
õ	3			ng members of the governir							3			43
~	4	Nur	nber of inde	ependent voting members o	f the g	overning body (Pa	rt VI, line 1b)				4			41
ties	5	Tot	al number o	f individuals employed in ca	lendar	r year 2016 (Part V	', line 2a)				5			4929
tivil	6	Tot	al number o	f volunteers (estimate if nec	essary	/)	•••••••••••••••••••••••••••••••••••••••				6			3506
Åc	78	a Tota	al unrelated	business revenue from Par	ť VIII, c	column (C), line 12	•••••				<u>7a</u>			0.
		o Net	unrelated b	ousiness taxable income from	m Forn	n 990-T, line 34					7b			0.
		0	الد بالسلام					-		or Yea		<u> </u>	Surrent Y	
Revenue	8			nd grants (Part VIII, line 1h)	1						23,715.			45,680.
vei	10			e revenue (Part VIII, line 2g)							71,276.			99,314.
Å	11			ome (Part VIII, column (A), lir (Part VIII, column (A), lines 5							31,340.			69,284.
	12			add lines 8 through 11 (mus							54,213.			26,224.
	13	Gra	nts and sim	ilar amounts paid (Part IX, c			(A), III e 12)				17,864. 04,019.		· · ·	01,934.
	14			or for members (Part IX, co						3,0	0.		4,9	56,619.
s				compensation, employee be			) lines 5-10)		4	26 3	L8,943.		462 0	05,025.
Expenses	16a	Prof	fessional fu	ndraising fees (Part IX, colur	$nn (\Delta)$	line 11e)	-y, ines 5-10j	·····	-		0.		402,0	0.
bei	b	Tota	al fundraisin	g expenses (Part IX, column		ne 25)	••••••	0.	y chigadhaigh -			Abberto.		ana
ň	17	Oth	erexpenses	e (Part IX, column (A), lines 1	18-11	d 11f-24e)					96,278.		390 0	60,200.
	18	Tota	al expenses	Add lines 13-17 (must equa	al Part	IX. column (A). line	 e 25)	······			19,240.			21,844.
	19	Rev	enue less e	xpenses. Subtract line 18 fro	om line	e 12		······ ⊢			8,624.		· · · · · · · · · · · · · · · · · · ·	80,090.
Ces					1				Beginning			F	End of Ye	
Net Assets or Fund Balances	20	Tota	al assets (Pa	urt X, line 16)							7,585.		4,787,6	
Id B	21	Tota	al liabilities (l	Part X, line 26)	]						0,658.			18,358.
		Net	assets or fu	nd balances, Subtract line 2	21 fron	n line 20	<u></u>		3,9	57,91	6,927.		4,659,9	
-			ignature											, <u>, , , , , , , , , , , , , , , , , , </u>
Unde	er pen	alties	of perjury, I c	leclare that I have examined this	return	, including accompa	nying schedules	and state	ments, and	l to the	best of my	knowle	dge and be	lief, it is
true,	corre	ct, an	d complete. D	eclaration of preparer (other th	an offic	er) is based on all in	formation of whi	ich prepar	er has any	knowle	dge.			
			Signature of	officer	1									
Sign			•							Date				
Here	Ð			L, SVP AND CFO	1									<u> </u>
		<b>P</b>				10			Date				T (A)	
Paid			it/Type prepa	iei s name		Preparer's signatu	01.0	_	Date		Check if	L	TIN	
Prep			n's name	DELOITTE TAX LLP	1	A runto (	iscano		4/26/		self-employe		752421	
Use (		_		1033 DEMONBREUN, SU	ITE 4	100.				rum'	s EIN 🕨	00-TI	065772	<u> </u>

## 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 632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

No

. .

# Form 8868 (Rev. January 2017) Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

OMB No. 1545-1709

Information about Form 8868 and its instructions is at www.irs.gov/form8868

**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.

				Enter fil	er's identifying nu	mb	er	
Type or	Name of exempt organization or other fi	er, see instructions.		Employe	er identification num	ıbe	r (EIN	1) OI
print	ST. JUDE CHILDREN'S RESEARCH H	OSPITAL,					•	•
File by the	INC.				62-0646012			
due date fo	Number, street, and room or suite no. If	a P.O. box, see instruc	tions.	Social se	ecurity number (SSI	N)		
filing your return. See	262 DANNY THOMAS PLACE							
Instructions	City, town or post office, state, and ZIP MEMPHIS, TN 38105-3678	code. For a foreign add	ress, see instructions.					
Enter the	Return Code for the return that this application	ation is for (file a separa	te application for each return)				0	1
Applicat	ion	Return	Application			Т	Retu	urn i
ls For		Code	ls For				Cod	le
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			T	07	
Form 99	0-BL	02	Form 1041-A			Т	08	
Form 47	20 (individual)	03	03 Form 4720 (other than individual)			Т	09	)
Form 99	D-PF	04	04 Form 5227				10	1
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	05 Form 6069				11	
Form 99	D-T (trust other than above)	06	Form 8870				12	
	SHARON HENDR							
	ooks are in the care of 🕨 262 DANNY TH	OMAS PLACE - MEMP						
	hone No.  (901) 595-3903		Fax No. 🕨 (901) 595-2296					
<ul> <li>If the</li> </ul>	organization does not have an office or place	e of business in the Ur	ited States, check this box		🕨	•		
<ul> <li>If this</li> </ul>	is for a Group Return, enter the organization	n's four digit Group Exe	mption Number (GEN) I	f this is fo	r the whole group,	che	eck th	nis
box 🕨	. If it is for part of the group, check this		ch a list with the names and EINs of					
1 Ire	equest an automatic 6-month extension of ti	me untilMAY 1	5, 2018 , to file	the exen	npt organization ret	um		
for	the organization named above. The extensi	on is for the organization	on's return for:					
	calendar year or							
►	X tax year beginning JUL 1, 2016	, an	d ending 30, 2017					
2 lft	he tax year entered in line 1 is for less than	12 months, check rease	on: Initial return I	Final retur	π			
	Change in accounting period							
3a lft	his application is for Forms 990-BL, 990-PF,	990-T, 4720, or 6069, e	enter the tentative tax, less any					
	nrefundable credits. See instructions.			3a	\$			0.
	his application is for Forms 990-PF, 990-T, $4$							
est	imated tax payments made. Include any pri	or year overpayment al	lowed as a credit.	3b	\$			٥.
	lance due. Subtract line 3b from line 3a. Inc		• • •					
	using EFTPS (Electronic Federal Tax Payme			3c_	\$			Ο.
	If you are going to make an electronic funds	s withdrawal (direct del	pit) with this Form 8868, see Form 8	453-EO ai	nd Form 8879-EO fe	or p	baym	ent
instructio	115.							

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

	ST. JUDE CHILD	EN'S RESEARCH HOSPITAL,		
	1990 (2016) INC.		62-0646012	Page 2
Pa	rt III Statement of Program Service	-		
		e or note to any line in this Part III		<u> </u>
1	Briefly describe the organization's mission: THE MISSION OF ST. JUDE CHILDREN'S			
	CURES, AND MEANS OF PREVENTION, FO			
	THROUGH RESEARCH AND TREATMENT. CO.		······································	
	FOUNDER DANNY THOMAS, NO CHILD IS			
2				
~		program services during the year which were not listed on the		
	If "Yes," describe these new services on Sche		Yes	X No
3			•	
3		e significant changes in how it conducts, any program service	s?Yes	X No
4	If "Yes," describe these changes on Schedule			
4	Section E01(a)(2) and E01(a)(4) amonipations	ccomplishments for each of its three largest program services,	as measured by expenses.	
	section so r(c)(s) and so r(c)(4) organizations a	are required to report the amount of grants and allocations to o	thers, the total expenses, an	d
40	revenue, if any, for each program service repo			
4a	(Code:) (Expenses \$ 427, PATIENT CARE: THE HOSPITAL PROVIDE	944,725. Including grants of \$ 4,863,669. (Ret	/enue\$130,698,	282.)
	4,704 OR 24% OF THOSE INPATIENT DAY	RANSPLANTATION PROGRAM ACCOUNTED FOR		
	VISITS DURING THE YEAR.	IS. PATIENTS MADE 78,587 CLINIC		
	VISITS DORING THE YEAR.			
			· · · · · · · · · · · · · · · · · · ·	
4b		33,510. including grants of \$ 92,950. ) (Rev	renue \$	)
	RESEARCH: THE CURRENT BASIC SCIENCE			
		APY, CHEMOTHERAPY, THE BIOCHEMISTRY		
	OF NORMAL AND CANCEROUS CELLS, RADI			
	RESISTANCE TO THERAPY, VIRUSES, HER		······································	
		FECTS OF CATASTROPHIC ILLNESSES. THE		
		E AGENCIES. ALL RESEARCH ACTIVITIES		
	ARE CONDUCTED BY HOSPITAL PERSONNEI	•		
			·····	
		70.174		
4c	(Code: ) (Expenses \$ 15,7		enue \$	)
	EDUCATION AND TRAINING: AS PART OF			
		JUDE GLOBAL) TO IMPROVE THE SURVIVAL		
	RATES OF CHILDREN WITH CANCER AND C			
	WORLDWIDE, ST. JUDE GLOBAL ACCOMPLI			
	TECHNOLOGY AND ORGANIZATIONAL SKILL			
		D GENERATING INTERNATIONAL NETWORKS		
	COMMITTED TO ERADICATING CANCER IN			
	SPEARHEADED BY ST. JUDE EXPERTS WHO		·	<u>-</u>
	PROFESSIONALS AT OUR PARTNER SITES.			
	·····			
	Other program against (Days 1)			
4d	Other program services (Describe in Schedule			
45		g grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses	812,056,409.	<u>م م م</u>	
£220000	11 11 10		Form <b>990</b>	(2016)
032002	11-11-16	2		

		I			
ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL	

	orm 990 (2016) INC. Part IV   Checklist of Required Schedules	62-0646012		Pa	age 3
	dictry Onecknist of Required Schedules				
1	I Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private f	oundation)?	<u> </u>	es	No
	If "Yes," complete Schedule A	•	X		
2					
3	3 Did the organization engage in direct or indirect political campaign activities on beha	If of or in opposition to candidates for			
					х
4	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		x		
5	5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that received	es membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes, " complete Schedul	le C, Part III 5			х
6	5 Did the organization maintain any donor advised funds or any similar funds or account	nts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accoun				х
7	Summer a series in the series	o preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Sched	lule D, Part II7			X
8					
	Schedule D, Part III				X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial acco	unt liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit r				
	If "Yes," complete Schedule D, Part IV				x
10	service of guilled of guilled of guilled of guilled of guilled about of it torripor	arily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V				
11		Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			32 B	فعددتك
а	a Did the organization report an amount for land, buildings, and equipment in Part X, lir				
<b>b</b>	Part VI	<b>11</b>	a X	_	
D	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 VI		<u>-</u>		<u>x</u>
C	c Did the organization report an amount for investments - program related in Part X, line assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				v
А	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or			+	x
u	Part X, line 16? If "Yes," complete Schedule D, Part IX		ı x		
e	e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," ca	omplete Schedule D, Part X 11	_	+	
f		nclude a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes,		x		
12a	a Did the organization obtain separate, independent audited financial statements for the		<u> </u>	+	
			, x		
b	b Was the organization included in consolidated, independent audited financial statem	ents for the tax year?	·		<u> </u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule	D, Parts XI and XII is optional 12	x		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete School described in section 170(b)(1)(A)(ii)?	chedule E 13		+	x
14a				_	x
b	b Did the organization have aggregate revenues or expenses of more than \$10,000 fror			╈	
	investment, and program service activities outside the United States, or aggregate fo	reign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14	,   x		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants of	or other assistance to or for any	-	╈	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV				x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggrega	ate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV				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				x
18	Did the organization report more than \$15,000 total of fundraising event gross income	e and contributions on Part VIII, lines		Т	
	1c and 8a? If "Yes," complete Schedule G, Part II				X
19	State of the state	on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III				x

Form 990 (2016)

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	<u>n 990 (2016) INC. 62-064601</u>	2	P	age <b>4</b>
Pa	art IV Checklist of Required Schedules (continued)		- '	age
			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), ine 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		х
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 ssue 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		х
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		х
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			<u>e</u> nci
	instructions for applicable filing thresholds, conditions, and exceptions):	2000 BA		ا الحدة الم
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	х	
С	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		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
• •	contributions? If "Yes," complete Schedule M	30		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?		1	
20	If "Yes," complete Schedule N, Part I	31		<u>x</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
33	Schedule N, Part II	32		<u>x</u>
00	sections 301 7701-2 and 301 7701 22 if "Yes" complete School B. Dent I		Ţ,	
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	x	
35a		34	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u>x</u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R. Part V. line 2			v
37	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
	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?	<del>" </del>	-+	<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form		2016)

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TNC					

	990 (2016) INC.		62-064601	2	F	Page \$
Pa		IRS Filings and Tax Compliance		-		
	Check if Schedule O contains a respon	nse or note to any line in this Part V				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1	096. Enter -0- if not applicable	1a 114	4	100	
b	Enter the number of Forms W-2G included in	ine 1a. Enter -0- if not applicable	1b	7		34// 1883 -
С	Did the organization comply with backup with	holding rules for reportable payments to vendors and r		-		×
				in the second	X	1. 1992.04
2a	Enter the number of employees reported on E	orm W-3, Transmittal of Wage and Tax Statements,	1 1	10		Karita
~4						
L	If at least and is repeated as the Qa shift the	n the year covered by this return	2a 492	- 22.00.00		
D	If at least one is reported on line 2a, did the o	rganization file all required federal employment tax retu	ms?	<b>2</b> b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater t	than 250, you may be required to <i>e-file</i> (see instruction	s)			
				3a		X
		? If "No," to line 3b, provide an explanation in Schedule		Зb		
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 Fin	CEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			d og l
5a		ax shelter transaction at any time during the tax year?		5a	- acoutan	X
b	Did any taxable party notify the organization the	hat it was or is a party to a prohibited tax shelter transa	ection?	5b		x
	If "Yes," to line 5a or 5b, did the organization i			50 5c	+	
	-	ipts that are normally greater than \$100,000, and did th		50	┼───	
vu						
L	any contributions that were not tax deductible			<u>6a</u>	──	X
D		y solicitation an express statement that such contribut				
-	were not tax deductible?			6b	Ļ	
7	Organizations that may receive deductible			Sec.	100	Second.
		\$75 made partly as a contribution and partly for goods and se		7a		x
b	If "Yes," did the organization notify the donor	of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwi	ise dispose of tangible personal property for which it w	as required			
	to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 fil		7d	14. 14. 19 14. 14. 19 14. 14. 14. 14. 14. 14. 14. 14. 14. 14.	ندونې. د د د کې	-
е	Did the organization receive any funds, direct	y or indirectly, to pay premiums on a personal benefit o		7e	ويقتون والمريد	X
f		niums, directly or indirectly, on a personal benefit contr		7f		x
		ualified intellectual property, did the organization file Fo			<u> </u>	
		ars, boats, airplanes, or other vehicles, did the organization me r		7g	$\vdash$	——
8	Sponsoring organizations maintaining dona	ars, boats, and anes, or other venicles, did the organization advised funds. Did a donor advised fund maintained		7h	See .	-sajada
•				STERNES.	民主法	. Story Alla Si
~		s holdings at any time during the year?	••••••	8	1. X & X &	2 Norma P
	Sponsoring organizations maintaining dono			3332	19.272	
	Did the sponsoring organization make any tax			9a		
		oution to a donor, donor advisor, or related person? $\dots$		9b		
10	Section 501(c)(7) organizations. Enter:					esin-it
а	Initiation fees and capital contributions include	ed on Part VIII, line 12	10a		(1997) (1997)	37. F
b	Gross receipts, included on Form 990, Part VI	I, line 12, for public use of club facilities	10b		- 1,3	
11	Section 501(c)(12) organizations. Enter:	•				
а	Gross income from members or shareholders		11a			
	Gross income from other sources (Do not net a	amounts due or paid to other sources against	<u> </u>			
			11b			
2a		usts. Is the organization filing Form 990 in lieu of Form		12a	ale the	
			12b	ı∠a Come	લ્લાસનેવ્ય	e e e
	Section 501(c)(29) qualified nonprofit health					
				201425	0.00	
	Note See the instructions for additional inform	ealth plans in more than one state?		13a	Maria a	
		nation the organization must report on Schedule O.				
ŋ	inter the amount of reserves the organization	is required to maintain by the states in which the	1			
_	bryanization is licensed to issue qualified healf	h plans	13b			
C	inter the amount of reserves on hand		13c	181		8.94
4a	Did the organization receive any payments for	indoor tanning services during the tax year?		14a		x
b	f "Yes," has it filed a Form 720 to report these	payments? If "No," provide an explanation in Schedule	0	14b		
				Form	990 (	(2016)
2005	11-11-16					
		5				

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_	SIL CODE CHIEREN S RESEARCH HOSPITAL,			
	n 990 (2016) INC. 62-064601	2	F	>age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for	a "No"	respo	nse
	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			х
Sec	tion A. Governing Body and Management			
			1	<b>—</b>
4-			Yes	No
18		3		建设建
	If there are material differences in voting rights among members of the governing body, or if the governing		1.12	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			3.53
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer director to the C	Case.	XSMALA X	teased a
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
Ŭ				l
	of officers, directors, or trustees, or key employees to a management company or other person?	3	L	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				
	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	<u> </u>		<u> </u>
		76		x
8	persons other than the governing body?	7b		
		200	<u> 1997</u>	
a	The governing body?	<u>8a</u>	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		х
Sec	tion 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	
ь	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?	101	x	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	x	
		11a		1.0.1
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Juan 2
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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			ĺ
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by independent		Califica.	1.578
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		201	1917 - S. 19 1917 - S. 19
а	The organization's CEO. Everytive Director, or too programmat official	ALC:	Section 2	
	The organization's CEO, Executive Director, or top management official	15a	X	
U	Other officers or key employees of the organization	15b	X	
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		333) 1923	
_	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		80.00 33054	
	exempt status with respect to such arrangements?	16b	AND CREAK !	.5.3.5.53.45.0
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed TN			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
-	for public inspection. Indicate how you made these available. Check all that apply.	avallaD	15	
19				
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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:			
	SHARON HENDRIX - (901) 595-3903			
	262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678			
632006	11-11-16	Form	990 (	2016)

ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL

		DA D ADDARCH HOSFITAD,	
Form 990 (2016)	INC.	62-0646012	Page 7
Part VII Compen	sation of Officers, Dire	ectors, Trustees, Key Employees, Highest Compensated	Tager
	es, and Independent (		
Check if Sc	hedule O contains a response	e or note to any line in this Part VI	
Section A. Officers, I	Directors, Trustees, Key Em	ployees and Highest Compensated Employees	

s, 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 report-able 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)	Ĩ	(B)			((	C)		1134	(D)	(E)	(F)
Name and Title		Average	(da	not c	heck	itior more	than	one	Reportable	Reportable	Estimated
		hours per week	box	, unle cer ar	ss pe	erson	is bot	th an	compensation	compensation	amount of
		(list any	į.		<u> </u>	Γ	Γ		from the	from related organizations	other compensation
		hours for	trustee or director				pa		organization	(W-2/1099-MISC)	from the
		related	stee o	rustee			bensa		(W-2/1099-MISC)		organization
	0	rganizations below	ual tru	ional		ploye	E COM				and related
		line)	Individual	Institutional trustee	Officer	Key employee	Highest compens employee	Former			organizations
(1) JOYCE ABOUSSIE		4.00	╞═╴	<u> </u>	10	Ť	=	<u> </u>			
VOTING DIRECTOR	F	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									<u> </u>
VOTING DIRECTOR		4.00	x						٥.	٥.	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.	ο.	0.
(6) FREDERICK M. AZAR, MD		4.00									
VOTING DIRECTOR		4.00	x						0.	0.	٥.
(7) JAMES B. BARKATE	L	4.00									
VOTING DIRECTOR		8.00	x						٥.	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	х		_				0.	0.	0.
(11) TERRY BURMAN VOTING DIRECTOR		4.00									
(12) ANN M. DANNER	+	4.00	x						0.	0.	0.
VOTING DIRECTOR	-	4.00	x								
(13) JOSEPH M. DEVIVO		4.00	^	-	-			_	0.	0.	0.
VOTING DIRECTOR		4.00	x						0.		
(14) FRED P. GATTAS, III, PHARMD		4.00	^		-		-		U.	0.	0.
VOTING DIRECTOR			x			1			0.	0.	0
(15) RUTH GAVIRIA		4.00	-			-		-			0.
VOTING DIRECTOR	F		x						0.	0.	0.
(16) CHRISTOPHER GEORGE, MD		4.00	-		-+						<u> </u>
VOTING DIRECTOR		4.00	x						0.	ο.	0.
(17) JUDY HABIB		4.00		-+	-+		-1	$\neg$			······································
VOTING DIRECTOR		4.00	x						ο.	0.	0.
632007 11-11-16											Form 990 (2016)

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Form 990 (2016)

Form 990 (2016) INC.	1								62-0646012	Page
Part VII Section A. Officers, Directors, Trus	stees. Kev Em	plov	vees	i, an	d Hi	ghe	st (	Compensated Employe		, age
(A)	(B)	<u>[]</u>			C)	3.10		(D)	(E)	(15)
Name and title	Average	i i								(F)
	hours per	(do	o not o	check	ition more rson is	than -	one	Reportable	Reportable	Estimated
	week				lirector				compensation from related	amount of
	(list any	ē						the	organizations	other
	hours for	direc				Ð		organization	(W-2/1099-MISC)	compensation from the
	related	trustee or director	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	altru		g	mper		(		and related
	below	dual	Institutional trustee	5	뤝	stco	<u></u>			organizations
	line)	Individual	nstit	Officer	Key employee	Highest compensated employee	Former			- guinzatione
(18) GABRIEL (GABY) HADDAD, MD	4.00	-	<u> </u>	Ē			_			
VOTING DIRECTOR	4.00	x						0.	0	
(19) PAUL K. HAJAR	4.00									
JOTING DIRECTOR	4.00	x						0.	0.	
(20) CHUCK HAJJAR	4.00		-			_	_		U	
OTING DIRECTOR		v								
		x	<u> </u>					0.	0.	. (
(21) FOUAD HAJJAR, MD	4.00									
OTING DIRECTOR	4.00	X						0.	0.	,
22) FREDERICK R. HARRIS	4.00									
OTING DIRECTOR	4.00	x						0.	0.	. (
23) FREDERICK R. HARRIS, JR., MD	4.00								,	
OTING DIRECTOR	4.00	X						0.	0.	
24) BRUCE B. HOPKINS	4.00									
OTING DIRECTOR	4.00	х						0.	0.	
25) J. DAVID KARAM II	4.00									
OTING DIRECTOR	4.00	x						0.	0.	
26) MICHAEL D. MCCOY	4.00					-				
OTING DIRECTOR	4.00	x						0.	0.	
								0.	<u> </u>	
1b Sub-total						<b>P</b>			υ.	
<ul> <li>Total from continuetion should be Doubld</li> </ul>								10 000 000	550 004	0.00 0.00
c Total from continuation sheets to Part VI					•••••			10,688,636.	772,284.	
d Total (add lines 1b and 1c)					·····	)		10,688,636.	772,284.	
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n					·····	)		10,688,636.	772,284.	867,566
d Total (add lines 1b and 1c)					·····	)		10,688,636.	772,284.	867,566
d Total (add lines 1b and 1c)         2         Total number of individuals (including but n compensation from the organization ▶					·····	)		10,688,636.	772,284.	867,566
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization ▶         3 Did the organization list any former officer,	ot limited to th	ose	liste	y em	ove)	<b>)</b> ) wh	o re	10,688,636, eceived more than \$100, highest compensated en	772,284. 000 of reportable	867,566 76 Yes No
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization ▶         3 Did the organization list any former officer,	ot limited to th	ose	liste	y em	ove)	<b>)</b> ) wh	o re	10,688,636, eceived more than \$100, highest compensated en	772,284. 000 of reportable	867,566 76 Yes No
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization         3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set	ot limited to th director, or tru uch individual	ose	liste e, ke	y em	pove)	<b>)</b> ) wh /ee,	o re	10 , 688 , 636 , eceived more than \$100, highest compensated en	772,284. 000 of reportable nployee on	867,566 76 Yes No 3 X
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization         3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for set For any individual listed on line 1a, is the su	director, or tru <i>director, or tru</i> <i>uch individual</i> m of reportabl	ose stee	liste e, kej	y em	nploy	) wh	o re or f	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from ti	772,284. 000 of reportable nployee on he organization	867,561 74 Yes No 3 X
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<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization ▶</li> <li>3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for side on the sum and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Contractors</li> </ul>	director, or tru uch individual m of reportabl 0,000? If "Yes," iccrue compen plete Schedule	stee stee cor sati	liste e, ke mpe mple on fi or su	y em ensat te S rom i	nploy tion a chec any u	) wh vee, and dule on	or for for for for for for for for for f	10,688,636, eceived more than \$100, highest compensated en ner compensation from the or such individual ed organization or individ	772,284. 000 of reportable nployee on he organization dual for services	867,566 76 Yes No 3 X 4 X 5 X
d Total (add lines 1b and 1c)         2         Total number of individuals (including but nor compensation from the organization)         3         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sur and related organizations greater than \$150         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Contractors         1       Complete this table for your five highest contractors	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> uccrue compen <u>plete Schedule</u>	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	orr orr oth J fo	10,688,636, eceived more than \$100, highest compensated en ner compensation from the or such individual ed organization or individual hat received more than \$	772, 284. 000 of reportable nployee on he organization dual for services	867,566 76 Yes No 3 X 4 X 5 X
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<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization ▶</li> <li>3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for sid</li> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Section B. Independent Contractors</li> <li>1 Complete this table for your five highest con the organization. Report compensation for t (A) Name and business</li> </ul>	director, or tru uch individual m of reportabl 0,000? If "Yes," iccrue compen olete Schedule mpensated ind he calendar ye	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	orr orr oth J fo	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individ hat received more than \$ 1 the organization's tax y	772, 284. 000 of reportable nployee on he organization dual for services	867, 566 76 Yes No 3 X 4 X 5 X ation from
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<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n compensation from the organization ▶</li> <li>3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su and related organizations greater than \$150</li> <li>5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest con the organization. Report compensation for t (A) Name and business</li> <li>5 LINTCO LLC</li> <li>1.79 HILLSHIRE CIRCLE, MEMPHIS, TN 38</li> <li>5 SUITE 1400, MEMPHIS, TN 38103</li> </ul>	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> ccrue compen <u>olete Schedule</u> mpensated ind he calendar ye address	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	or re oth J fe elate	10, 688, 636, eceived more than \$100, highest compensated en her compensation from the or such individual ed organization or individual hat received more than \$ hat received more than \$ hat received more than \$ the organization's tax yo (B) Description of se	772, 284. 000 of reportable nployee on the organization dual for services \$100,000 of compens ear. ervices C CTOR	867, 564 7( Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274
d Total (add lines 1b and 1c)         2         Total number of individuals (including but n compensation from the organization ▶         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su and related organizations greater than \$150 5         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp Section B. Independent Contractors         1       Complete this table for your five highest con the organization. Report compensation for t (A) Name and business         LINTCO LLC       Interpret CIRCLE, MEMPHIS, TN 38 ELZ CONSTRUCTION SERVICES, 100 PEABO LACE, SUITE 1400, MEMPHIS, TN 38103         NIVERSITY OF TENNESSEE, 62 SOUTH DUN	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> ccrue compen <u>olete Schedule</u> mpensated ind he calendar ye address	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	or re oth J fe elate	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individ hat received more than \$ the organization's tax you (B) Description of se	772, 284. 000 of reportable nployee on the organization dual for services \$100,000 of compens ear. ervices C CTOR	867, 566 76 Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274
d Total (add lines 1b and 1c)         2         Total number of individuals (including but n compensation from the organization ▶         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st 4         4       For any individual listed on line 1a, is the su and related organizations greater than \$150 5         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp Section B. Independent Contractors         1       Complete this table for your five highest con the organization. Report compensation for t (A) Name and business         LINTCO LLC       179 HILLSHIRE CIRCLE, MEMPHIS, TN 38 ELZ CONSTRUCTION SERVICES, 100 PEABO LACE, SUITE 1400, MEMPHIS, TN 38103         NIVERSITY OF TENNESSEE, 62 SOUTH DUN JITE 300, MEMPHIS, TN 38163	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> ccrue compen <u>olete Schedule</u> mpensated ind he calendar ye address	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	or re oth J fo elate	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individ hat received more than \$ the organization's tax you (B) Description of se	772, 284. 000 of reportable nployee on the organization dual for services \$100,000 of compens ear. ervices C CTOR	867, 566 76 Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274 8, 869, 892
d Total (add lines 1b and 1c)         2 Total number of individuals (including but n compensation from the organization         3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su and related organizations greater than \$150         5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for su and related organizations greater than \$150         5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest con the organization. Report compensation for t (A)	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> ccrue compen <u>olete Schedule</u> mpensated ind he calendar ye address	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	or re oth J fo elate	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individual hat received more than \$ the organization's tax yr (B) Description of se construction contra	772, 284. 000 of reportable nployee on the organization dual for services \$100,000 of compens ear. ervices C CTOR	867, 566 76 Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274 8, 869, 892
d Total (add lines 1b and 1c)         2         Total number of individuals (including but n compensation from the organization ▶         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st 4         4       For any individual listed on line 1a, is the su and related organizations greater than \$150 5         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp Section B. Independent Contractors         1       Complete this table for your five highest con the organization. Report compensation for t (A) Name and business         LINTCO LLC       179 HILLSHIRE CIRCLE, MEMPHIS, TN 38 ELZ CONSTRUCTION SERVICES, 100 PEABO LACE, SUITE 1400, MEMPHIS, TN 38103         NIVERSITY OF TENNESSEE, 62 SOUTH DUN JITE 300, MEMPHIS, TN 38163	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> ccrue compen <u>olete Schedule</u> mpensated ind he calendar ye address	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	or re oth J for blate	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individual ed organization or individual the organization's tax yr (B) Description of se CONSTRUCTION CONTRA	772, 284. 000 of reportable nployee on the organization dual for services \$100,000 of compens ear. ervices C CTOR	867, 566 76 Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274 8, 869, 892 8, 402, 521
d Total (add lines 1b and 1c)         2         Total number of individuals (including but n compensation from the organization ▶         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su 4         4       For any individual listed on line 1a, is the su and related organizations greater than \$150         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comp Section B. Independent Contractors         1       Complete this table for your five highest con the organization. Report compensation for t (A) Name and business         LINTCO LLC       Name and business         LINTCO LLC       179 HILLSHIRE CIRCLE, MEMPHIS, TN 38103         NIVERSITY OF TENNESSEE, 62 SOUTH DUN JITE 300, MEMPHIS, TN 38163         STHODIST HEALTHCARE MEMPHIS       250 UNION AVE., MEMPHIS, TN 38104	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> iccrue compen olete Schedule mpensated ind he calendar ye address 133 DY	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	or re oth J for blate	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individual hat received more than \$ the organization's tax yr (B) Description of se construction contra	772, 284. 000 of reportable nployee on the organization dual for services \$100,000 of compens ear. ervices C CTOR	867, 566 76 Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274 8, 869, 892 8, 402, 521
d Total (add lines 1b and 1c)         2         Total number of individuals (including but n compensation from the organization ▶         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for state and related organizations greater than \$150         5       Did any person listed on line 1a, is the su and related organization? If "Yes," complete Schedule J for state and related organizations greater than \$150         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest con the organization. Report compensation for t (A) Name and business         LINTCO LLC       Name and business         LINTCO LLC       100 PEABO GACE, SUITE 1400, MEMPHIS, TN 38103         NUVERSITY OF TENNESSEE, 62 SOUTH DUN DITE 300, MEMPHIS, TN 38163         2HODIST HEALTHCARE MEMPHIS         265 UNION AVE., MEMPHIS, TN 38104         HILIPS HEALTHCARE, 3000 MINUTEMAN RD	director, or tru uch individual m of reportabl 0,000? <i>If "Yes,"</i> iccrue compen olete Schedule mpensated ind he calendar ye address 133 DY	stee co cor sati	liste e, ke mple on fi or su	y em ensa ete S rom i uch p	aploy tion a chec any u perso	) wh vee, and dule unre	orr orr Jfc blate	10, 688, 636, eceived more than \$100, highest compensated en ner compensation from the or such individual ed organization or individual that received more than \$ the organization's tax yr (B) Description of se CONSTRUCTION CONTRA CONSTRUCTION CONTRA EDICAL SERVICES	772,284. 000 of reportable nployee on the organization dual for services 6100,000 of compens ear. prvices C CTOR CTOR	867, 566 76 Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274 8,869,892 8,402,521 6,751,458
d Total (add lines 1b and 1c)         2       Total number of individuals (including but n compensation from the organization ▶         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for st 4         4       For any individual listed on line 1a, is the su and related organizations greater than \$150         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest con the organization. Report compensation for t (A) Name and business         5       JINTCO LLC         179       HILLSHIRE CIRCLE, MEMPHIS, TN 38 BLZ CONSTRUCTION SERVICES, 100 PEABO GACE, SUITE 1400, MEMPHIS, TN 38103         NUVERSITY OF TENNESSEE, 62 SOUTH DUN DITE 300, MEMPHIS, TN 38163         2THODIST HEALTHCARE MEMPHIS         865       UNION AVE., MEMPHIS, TN 38104         11LIPS HEALTHCARE, 3000 MINUTEMAN RD 22214, ANDOVER, MA 01810	director, or tru uch individual m of reportabl 0,000? <i>if "Yes</i> ," iccrue compen olete Schedule mpensated ind the calendar ye address 133 DY LAP,	stee e co sati epe ar e	liste mpe mple on fi or su nde	y em ensa tre S rom i ich p int cc ing wi	pove) tion a chec any u perso pontra ith o	wh vee, and dule unre on actor r wit	or re or r J fc blate	10,688,636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individual ed organization or individual the organization or individual (B) Description of se CONSTRUCTION CONTRA CONSTRUCTION CONTRA CONSTRUCTION CONTRA EDICAL SERVICES EDICAL SERVICES	772,284. 000 of reportable nployee on the organization dual for services 6100,000 of compens ear. ervices C CTOR CTOR S	867, 566 76 Yes No 3 X 4 X 5 X ation from (C) compensation 37, 621, 274 8,869,892 8,402,521 6,751,458
d Total (add lines 1b and 1c)         2         Total number of individuals (including but n compensation from the organization ▶         3       Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for state and related organizations greater than \$150         5       Did any person listed on line 1a, is the su and related organization? If "Yes," complete Schedule J for state and related organizations greater than \$150         5       Did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete this table for your five highest con the organization. Report compensation for t (A) Name and business         SINTCO LLC       If Yes LLCSTRUCTION SERVICES, 100 PEABO GACE, SUITE 1400, MEMPHIS, TN 38103         IVVERSITY OF TENNESSEE, 62 SOUTH DUN DITE 300, MEMPHIS, TN 38163         STHODIST HEALTHCARE MEMPHIS         865 UNION AVE., MEMPHIS, TN 38104         ILIPS HEALTHCARE, 3000 MINUTEMAN RD	director, or tru uch individual m of reportabl 0,000? If "Yes," iccrue compen- blete Schedule mpensated ind he calendar yes address 133 DY LAP, . ,	stee e co sati epe ar e	liste mpe mple on fi or su nde	y em ensa te S rom i ich p nt cc ng wi	pove) tion a chec any u perso pontra ith o	wh vee, and dule unre on actor r wit	or re or r J fc blate	10,688,636, eceived more than \$100, highest compensated en ner compensation from th or such individual ed organization or individual ed organization or individual the organization or individual (B) Description of se CONSTRUCTION CONTRA CONSTRUCTION CONTRA CONSTRUCTION CONTRA EDICAL SERVICES EDICAL SERVICES	772,284. 000 of reportable nployee on the organization dual for services 6100,000 of compens ear. ervices C CTOR CTOR S	867,566 76 Yes No 3 X 4 X 5 X ation from (C)

Form 990 INC. Part VII Section A Officers Directors Tr	1								62-064601	.2	
Occulon A. Onicers, Directors, II		mp	loye			High	nest				
(A)	(B)			•	C)			(D)	(E)	(F)	
Name and title	Average		haal		sition			Reportable	Reportable	Estimated	
	hours per	۳_	chec	k all	That	app	DIY) T	compensation from	compensation from related	amount of	
	veek (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensatic from the organizatior and related organization	
27) ROBERT T. MOLINET, ESQ.	4.00						-				
OTING DIRECTOR	4.00	-						0.	0.		
28) JAMES NAIFEH, JR.	4.00	+					-				
OTING DIRECTOR	4.00	x						0.	0.		
29) RAMZI NUWAYHID	4.00	+	$\vdash$	┝				· · · ·	<u> </u>		
OTING DIRECTOR	4.00	<b> </b> _						0.	0.		
30) THOMAS PENN, III	4.00	†					<u> </u>	·	<u> </u>		
OTING DIRECTOR	4.00	-						0.	0.		
31) CAMILLE F. SARROUF, JR., ESQ.	8.00	Ê	-	—			_	· · ·			
OTING DIRECTOR	4.00							0.	ο.		
32) JOSEPH C. SHAKER	4.00	<del> </del> -			-	_		· · · · ·	<u>_</u>		
OTING DIRECTOR	4.00	y.						0.	0.		
33) JOSEPH G. SHAKER	4.00	<b>^</b>			_				<u>_</u>		
OTING DIRECTOR	4.00	x l						ο.	0.		
34) GEORGE A. SIMON II	4.00		-	-	-				v.		
OTING DIRECTOR		x						0.	0.		
35) MICHAEL SIMON	4.00	-			-			v.	v.		
OTING DIRECTOR		x						ο.	ο.		
36) PAUL J. SIMON	4.00	<u> </u>			_	_					
DTING DIRECTOR		x						0.	0.		
37) TONY THOMAS	4.00	-			_						
DTING DIRECTOR	4.00	x						0.	0.		
38) RICHARD M. UNES	4.00					-			· · · ·		
DTING DIRECTOR	-	x						0.	0.		
39) PAUL H. WEIN, ESQ.	4.00				-		-				
DTING DIRECTOR	4.00	x						0.	0.		
10) THOMAS WERTZ	4.00								<u>_</u>		
DTING DIRECTOR	4.00	x						0.	0.		
11) TAMA ZAYDON	4.00				-		-				
DTING DIRECTOR	4.00	x						ο.	ο.		
2) RICHARD SHADYAC, JR.	1.00	-				-+	-				
-OFFICIO DIRECTOR	55.00	x						0.	772,284.	96,35	
3) JAMES R. DOWNING	55.00				-+						
RESIDENT & CEO, EX-OFFICIO DIRECTOR	1.00	x		x				1,039,955.	0.	47,18	
4) PAT KEEL	55.00				$\neg$	-+					
P/CFO	0.00			x				598,921.	٥.	30,14	
5) JAMES I. MORGAN	55.00			-	$\neg$			, , , , , , , , , , , , , , , , , , , ,			
P/SCIENTIFIC DIRECTOR	0.00			x				594,267.	0.	49,63	
6) ELLIS NEUFELD	55.00	_	-			-	1				
P/CLINICAL DIR (BEGAN 2/7/17)				x	- I						

Name and titleAverage hours week (list any organization bile)Position (check all that apply)Reportable compensation from organization (W-2/1099-MISC)Esti ame organization (W-2/1099-MISC)(47) MARY ANNA QUINN SVP/CHEP ADMIN OFFICER55.00x1x665,750.0.(47) MARY ANNA QUINN SVP/CHEP ADMIN OFFICER55.00x750,846.0.1(48) CHARLES M, ROBERTS55.00x750,846.0.1SVP/CHIEP ADMIN OFFICER0.00x757,311.0.(50) DAVID ELLISON55.00x869,626.0.SHAIR0.00x923,008.0.SHAIR0.00x923,008.0.SHAIR0.00x750,272.0.SHAIR0.00x750,272.0.SHAIR0.00x679,554.0.SHAIR0.00x750,272.0.SHAIR0.00x750,272.0.SHAIR0.00x678,640.0.SHAIR0.00x678,640.0.SHAIR0.00x678,640.0.SHAIR0.00x678,640.0.	Form 990 INC.									62-064601	.2
Name and titleAverage hours per week (list any below line)Position (check all that apply)Reportable compensation from the organization (W-2/1099-MISC)Reportable compensation from etated organization (W-2/1099-MISC)Esti ame organization (W-2/1099-MISC)447) MARY ANNA QUINN55.00 unex665,750,0.XWP/CHEF AMIN OFFICER0.00x750,846,0.449) CARLOS RODRIGUE2-GALINDO55.00 to 10x757,311,0.XWP/DIRECTOR CANCER CENTER0.00x757,311,0.50) DAVID ELLISON55.00 to 10x869,626,0.Stal Charles0.00x923,008,0.Stal Charles0.00x923,008,0.Stal Charles0.00x923,008,0.Stal Charles0.00x466,200,0.Stal Charles0.00x750,272,0.Stal Charles0.00x750,272,0.Stal Charles0.00x750,272,0.Stal Charles0.00x678,640,0.Stal Charles0.00x678,640,0.Stal Charles0.00x678,640,0.Stal Charles0.00x678,640,0.	Part VII   Section A. Officers, Directors, T	rustees, Key E	mplo	oyee	es, a	nd l	ligt	est	Compensated Employ	ees (continued)	
week (list any) related organizations below line)week (list any) related organizations below line)the organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)comp from organization (W-2/1099-MISC)(417)MARY ANNA QUINN55.00xx6655,7500.1(43)CARLOS RODRIGUEZ-GALINDO55.00xx869,6260.0.(51)PHOMAS E. MERCHANT55.00xx923,0080.0.(53)LESLIE L. ROBISON <th>••</th> <th>Average hours</th> <th colspan="4">Position</th> <th></th> <th>ly)</th> <th>Reportable compensation</th> <th>Reportable compensation</th> <th>(F) Estimated amount of</th>	••	Average hours	Position					ly)	Reportable compensation	Reportable compensation	(F) Estimated amount of
EVP/CHIEF ADMIN OFFICER         0.00         x         665,750.         0.           (48) CHARLES M. ROBERTS         55.00         x         750,846.         0.         1           EVP/DIRECTOR CANCER CENTER         0.00         x         757,311.         0.         1           (49) CARLOS RODRIGUEZ-GALINDO         55.00         x         757,311.         0.         1           (50) DAVID ELLISON         55.00         x         757,311.         0.         1         1           (51) THOMAS E. MERCHANT         55.00         x         869,626.         0.         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1         1		week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Otlicer	Key employee	Highest compensated employee	Former	the organization	organizations	other compensatio from the organization and related organization
(48) CHARLES M. ROBERTS       55.00       x       750,846.       0.       1         (49) CARLOS RODRIGUEZ-GALINDO       55.00       x       750,846.       0.       1         (49) CARLOS RODRIGUEZ-GALINDO       55.00       x       757,311.       0.       1         (50) DAVID ELLISON       55.00       x       869,626.       0.       1         (51) THOMAS E. MERCHANT       55.00       x       1,190,070.       0.         (52) CHING-HON PUI       55.00       x       923,008.       0.         (53) LESLIE L. ROBISON       55.00       x       879,554.       0.         (54) ELAINE I. TUOMANEN       55.00       x       750,272.       0.         (55) MICHAEL C. CANARIOS       0.00       x       466,200.       0.         (55) MICHAEL C. CANARIOS       0.00       x       678,640.       0.         (56) WILLIAM E. EVANS       55.00       x       678,640.       0.											
EVP/DIRECTOR CANCER CENTER         0.00         X         750,846.         0.         1           (49) CARLOS RODRIGUEZ-GALINDO         55.00         X         757,311.         0.         0.         0.00         X         757,311.         0.         0.         0.00         X         757,311.         0.         0.         0.00         X         869,626.         0.         0.         0.         0.00         X         1,190,070.         0.         0.         0.         0.         0.00         X         1,190,070.         0.         0.         0.         0.00         X         1,190,070.         0.         0.         0.         0.         0.00         X         1,190,070.         0.         0.         0.         0.         0.00         X         1,190,070.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0.         0. <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td></td> <td></td> <td>665,750.</td> <td>0.</td> <td>71,11</td>					x				665,750.	0.	71,11
(49) CARLOS RODRIGUEZ-GALINDO       55.00       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000       100,000					v				750.046		
EVP/CHAIR         0.00         x         757,311.         0.           (50) DAVID ELLISON         55.00         x         869,626.         0.           CHAIR         0.00         x         1,190,070.         0.           (51) THOMAS E. MERCHANT         55.00         x         1,190,070.         0.           CHAIR         0.00         x         923,008.         0.           CHAIR         0.00         x         879,554.         0.           CHAIR         0.00         x         879,554.         0.           CHAIR         0.00         x         750,272.         0.           CHAIR         0.00         x         466,200.         0.           CHAIR         0.00         x         678,640.         0.					X				750,846.	0.	143,36
(50) DAVID ELLISON       55.00       x       869,626.       0.         (51) THOMAS E. MERCHANT       55.00       x       1,190,070.       0.         (51) THOMAS E. MERCHANT       55.00       x       1,190,070.       0.         (52) CHING-HON PUI       55.00       x       923,008.       0.         (53) LESLIE L. ROBISON       55.00       x       879,554.       0.         (54) ELAINE I. TUOMANEN       55.00       x       750,272.       0.         (54) ELAINE I. TUOMANEN       55.00       x       466,200.       0.         (55) MICHAEL C. CANARIOS       0.00       x       678,640.       0.         (56) WILLIAM E. EVANS       55.00       x       678,640.       0.					v				757 311	0	26.00
CHAIR       0.00       X       869,626.       0.         (51) THOMAS E. MERCHANT       55.00       X       1,190,070.       0.         CHAIR       0.00       X       1,190,070.       0.         (52) CHING-HON PUI       55.00       X       923,008.       0.         (53) LESLIE L. ROBISON       55.00       X       879,554.       0.         (53) LESLIE L. ROBISON       55.00       X       879,554.       0.         CHAIR       0.00       X       879,554.       0.         CHAIR       0.00       X       750,272.       0.         CHAIR       0.00       X       466,200.       0.         CHAIR       0.00       X       678,640.       0.	(50) DAVID ELLISON		$\vdash$		*					<u>.</u>	36,09
(51) THOMAS E. MERCHANT       55.00       x       1,190,070.       0.         CHAIR       0.00       x       1,190,070.       0.         (52) CHING-HON PUI       55.00       x       923,008.       0.         CHAIR       0.00       x       923,008.       0.         (53) LESLIE L. ROBISON       55.00       x       879,554.       0.         CHAIR       0.00       x       879,554.       0.         CHAIR       0.00       x       750,272.       0.         (54) ELAINE I. TUOMANEN       55.00       x       750,272.       0.         CHAIR       0.00       x       466,200.       0.         (55) MICHAEL C. CANARIOS       0.00       x       466,200.       0.         (56) WILLIAM E. EVANS       55.00       x       678,640.       0.         (57) LARRY KUN       55.00       x       678,640.       0.	CHAIR						x		869 626.	0.	69,22
(52) CHING-HON PUI       (55,00)       (1,150,070, 00, 00)         (53) LESLIE L. ROBISON       (55,00)       (1,150,070, 00, 00)         (53) LESLIE L. ROBISON       (55,00)       (1,150,070, 00, 00)         (CHAIR       (0,00)       (1,150,070, 00, 00)       (1,150,070, 00, 00)         (CHAIR       (1,150,070, 00, 00, 00)       (1,150,070, 00, 00)       (1,150,070, 00, 00)         (CHAIR       (1,150,070, 00, 00, 00)       (1,150,070, 00, 00)       (1,150,070, 00, 00)       (1,150,070, 00, 00)         (CHAIR       (1,150,070, 00, 00, 00)       (1,150,070, 00, 00)       (1,150,070, 00, 00)       (1,150,070,	(51) THOMAS E. MERCHANT	55.00			-						
(52) CHING-HON PUI       55.00       x       923,008.       0.         CHAIR       0.00       x       923,008.       0.         (53) LESLIE L. ROBISON       55.00       x       879,554.       0.         CHAIR       0.00       x       879,554.       0.         (54) ELAINE I. TUOMANEN       55.00       x       750,272.       0.         CHAIR       0.00       x       466,200.       0.         (55) MICHAEL C. CANARIOS       0.00       x       466,200.       0.         (56) WILLIAM E. EVANS       55.00       x       678,640.       0.         (57) LARRY KUN       55.00       x       678,640.       0.	CHAIR	0.00					x		1,190,070.	0.	59,55
(53) LESLIE L. ROBISON       55.00       x       925,000.       0.         CHAIR       0.00       x       879,554.       0.         (54) ELAINE I. TUOMANEN       55.00       x       750,272.       0.         CHAIR       0.00       x       750,272.       0.         CHAIR       0.00       x       466,200.       0.         CHAIR       0.00       x       466,200.       0.         CHAIR       0.00       x       466,200.       0.         COMMER SVP/CHIEF FINANCIAL OFFICER       0.00       x       678,640.       0.         CS6) WILLIAM E. EVANS       55.00       x       678,640.       0.         CS7) LARRY KUN       55.00       x       678,640.       0.	(52) CHING-HON PUI	55.00									
CHAIR         0.00         x         879,554.         0.           (54) ELAINE I. TUOMANEN         55.00         x         750,272.         0.           CHAIR         0.00         x         750,272.         0.           CHAIR         0.00         x         466,200.         0.           CHAIR         0.00         x         678,640.         0.		0.00					x		923,008.	٥.	79,22
(54) ELAINE I. TUOMANEN     55.00     x     075,354.     0.       CHAIR     0.00     x     750,272.     0.       (55) MICHAEL C. CANARIOS     0.00     x     466,200.     0.       FORMER SVP/CHIEF FINANCIAL OFFICER     0.00     x     466,200.     0.       (56) WILLIAM E. EVANS     55.00     x     678,640.     0.       FACULTY/FORMER PRES. & CEO     0.00     x     678,640.     0.											
CHAIR         0.00         X         750,272.         0.           (55) MICHAEL C. CANARIOS         0.00         X         466,200.         0.           FORMER SVP/CHIEF FINANCIAL OFFICER         0.00         X         466,200.         0.           (56) WILLIAM E. EVANS         55.00         X         678,640.         0.           (57) LARRY KUN         55.00         X         678,640.         0.		_					x		879,554.	0.	47,13
(55) MICHAEL C. CANARIOS     0.00     x     750,772.     0.       FORMER SVP/CHIEF FINANCIAL OFFICER     0.00     x     466,200.     0.       (56) WILLIAM E. EVANS     55.00     x     678,640.     0.       FACULTY/FORMER PRES. & CEO     0.00     x     678,640.     0.											
FORMER SVP/CHIEF FINANCIAL OFFICER         0.00         X         466,200.         0.           (56) WILLIAM E. EVANS         55.00         X         678,640.         0.           7ACULTY/FORMER PRES. & CEO         0.00         X         678,640.         0.           (57) LARRY KUN         55.00         0         0         0					_		×	_	750,272.	0.	44,18
(56) WILLIAM E. EVANS         55.00         x         678,640.         0.           7ACULTY/FORMER PRES. & CEO         0.00         x         678,640.         0.           (57) LARRY KUN         55.00         0         0         0         0								•	466 000		40.00
TACULTY/FORMER PRES. & CEO         0.00         x         678,640.         0.           (57) LARRY KUN         55.00         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0						-+		^	400,200.		17,36
(57) LARRY KUN 55.00	ACULTY/FORMER PRES. & CEO							x	678 640	0	37,82
PORMER EVP/CLINICAL DIRECTOR     0.00     X     524,216.     0.	57) LARRY KUN	55.00						-			57,02
	FORMER EVP/CLINICAL DIRECTOR	0.00						x	524,216.	0.	39,15
			-+	-	-			-			
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Dtal to Part VII, Section A, line 1c		· · · · · ·						+			

		(2016) INC.				62-0646012	Page 9
Pa	rt VII						
		Check if Schedule O contains a response	e or note to any lin		/		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
Å,	c	Fundraising events					
ar Git	d	Related organizations 1d	663,714,692.				
i, s	e	Government grants (contributions)	79,430,395.	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		1 - F	
ar S	f	All other contributions, gifts, grants, and					
jå j		similar amounts not included above	10,000,593.				· •
E S	g	Noncash contributions included in lines 1a-1f: \$					
ល័ ឆ្ល	h	Total. Add lines 1a-1f		753,145,680.			
			Business Code				
e C	2 a	PATIENT CARE	621110	124,099,314.	124,099,314.		
ē Ž	b						
ดับอื่	c						
Program Service Revenue	d						
2 E	e						
م	f	All other program service revenue					
	g	Total. Add lines 2a-2f	🕨	124,099,314.			
	3	Investment income (including dividends, inte	rest, and				
		other similar amounts)	►	53,778.			53,778
	4	Income from investment of tax-exempt bond					
	5	Royalties	🕨	4,587,763.			4,587,763
i		(i) Real	(ii) Personal				
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other			· · ·	
		assets other than inventory 532,943	. 37,915.				
	b	Less: cost or other basis					
		and sales expenses 455, 214					
	С	Gain or (loss)	1,300,791.				
	d	Net gain or (loss)		-1,223,062.	-1,300,791.		77,729.
<u>e</u>	8 a	Gross income from fundraising events (not					
je j		including \$ of				х.	
Rev		contributions reported on line 1c). See					
Other Revenue		Part IV, line 18 a			· -		
B		Less: direct expenses b	»L			анан алан алан алан алан алан алан алан	
_		Net income or (loss) from fundraising events	····· ►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a	a				
		Less: direct expenses t					1
		Net income or (loss) from gaming activities .	······ •				
	10 a	Gross sales of inventory, less returns					
	•-	and allowancesa					
		Less: cost of goods sold b		· · · ·		-	
ł	C	Net income or (loss) from sales of inventory .	T				
ŀ	11 -	Miscellaneous Revenue BOND DEFEASANCE GAIN	Business Code 900099	8 153 435	4 - 19 - 19 - 19 - 19 - 19 - 19 - 19 - 1	an ann an Airtean An Airtean	0 150 100
	11 а Ь	CAFETERIA/VENDING	722514	8,152,422.			8,152,422.
	a a	CHGME/CHCA	900099	4,086,280.	2 050 124		4,086,280.
	ט ה		900099	2,058,124. 5,841,635.	2,058,124.		
	a	All other revenue		20,138,461.	5,841,635.		
	е 12	Total revenue. See instructions.	<b>C</b>	900,801,934.	130,698,282.	0.	16 057 070
		-16	····· 🔽	,,,.,,,.,,.	100,000,404.	۷.	16,957,972. Form <b>990</b> (2016

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ST.	JUDE	CHILD	ren's	RESEARCH	HOSPITAL,

Form 990 (2016) INC. Part IX | Statement of Functional Expenses

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	Check if Schedule O contains a respon	se or note to any line in	er organizations must c this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				Steamer and
	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			and a second second Second second	
	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.	
B	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.	
)	Payroll taxes	24,518,130.	22,739,934.	1,778,196.	
1	Fees for services (non-employees):				
а	Management	22,053,885.	20,952,761.	1,101,124.	
b	Legal	2,306,008.	2,190,872.	115,136.	
с	Accounting	249,522.	237,064.	12,458.	
	Lobbying	44,215.		44,215.	
	Professional fundraising services. See Part IV, line 17		The second second	1	· · · ·
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)	78,481,617.	69,646,578.	8,835,039.	
2	Advertising and promotion	806,218.	765,965.	40,253.	
3	Office expenses	2,535,016.	2,492,051.	42,965.	
Ļ	Information technology	21,817,392.	20,728,076.	1,089,316.	
;	Royalties			· · ·	
;	Occupancy	30,352,986.	27,126,463.	3,226,523.	
,	Travel	11,294,999.	10,723,676.	571,323.	
	Payments of travel or entertainment expenses		,	,	
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	1,876,999,	1,456,156.	420,843.	
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	77,810,083.	74,037,738.	3,772,345.	
	Incurrence	1,576,077.	1,163,902.	412,175.	
	Other expenses, Itemize expenses not covered		-,,,,,	414,175. 	A starting of the startest and the
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	PHARMACEUTICAL SUPPLIES	56,705,552.	55,744,479.	961,073.	1 (1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
-	LABORATORY SUPPLIES	40,496,773.	39,810,415.	686,358.	
c	TELEPHONE	1,399,353.	1,213,498.	185,855.	
	ALLOCATION ADJUSTMENTS	0,	17,568,038.	-17,568,038.	
-	All other expenses	40,253,505.	35,451,754.	4,801,751.	
	Total functional expenses. Add lines 1 through 24e	857,021,844.	812,056,409.	44,965,435.	
	Joint costs. Complete this line only if the organization		,000,100,	,000,200,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	PROPERTY AND A DESCRIPTION OF A DESCRIPT				

ST. JUDE	CHILDREN'S	RESEARCH	HOSPITAL,

		Balance Sheet				62-0	0646012 Page 1
r ai t	<b>A</b>						
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			26,610	1	21,110
	2	Savings and temporary cash investments			207,132,006		· · · · · · · · · · · · · · · · · · ·
	3	Pledges and grants receivable, net			18,181,367		20,889,800
	4	Accounts receivable, net		•••••••••••••••••••••••••••••••••••••••	21,496,532		19,183,301
	5	Loans and other receivables from current and	former of	officers, directors,		2014	
		trustees, key employees, and highest comper	sated er	nplovees. Complete			
						5	n administration and anna ann ann ann ann ann ann ann a
	6	Loans and other receivables from other disqu	alified pe	ersons (as defined under		12:20	
		section 4958(f)(1)), persons described in secti					
		employers and sponsoring organizations of se					
ន		employees' beneficiary organizations (see inst			1000	6	n an seither an
Assets	7	Notes and loans receivable, net	•••	••••••		7	
<	8	Inventories for sale or use			7,178,927.		7,505,346
	9	Prepaid expenses and deferred charges			10,966,158.	-	16,177,850
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,448,743,860.			
	b	Less: accumulated depreciation	101	809,864,922.	where the second second the second states and the second second second second second second second second second	10c	638,878,938
1	11	Investments - publicly traded securities			1,822,937.	11	2,045,240
1	12	Investments - other securities. See Part IV, line	• <b>1</b> 1	•••••••		12	
1	13	Investments - program-related. See Part IV, lin	e 11	•••••••••••••••••		13	
1		Intangible assets				14	
1	15	Other assets. See Part IV, line 11		••••••••••••••••••	3,425,864,572.	15	4,082,933,949
1	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	34)	4,292,347,585.	16	4,787,635,534
1	17	Accounts payable and accrued expenses			109,714,635.	17	113,161,164
1	8	Grants payable	•••••	••••••••••••••••••		18	
1	9	Deferred revenue	•••••		10,792,331.	19	11,299,828
2	20	Tax-exempt bond liabilities			211,247,710.	20	
2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
n 2		Loans and other payables to current and form					
Ĕ		key employees, highest compensated employe					
		Operation Destill at Only 11.1	•	,	an an ann an	22	and a bailed a characteristic for a second secon
J 2	3	Secured mortgages and notes payable to unre				23	
2		Unsecured notes and loans payable to unrelat				24	
2	5	Other liabilities (including federal income tax, p	ayables	to related third			······································
		parties, and other liabilities not included on line					
		Schedule D			2,675,982.	25	3,257,366.
2	6	Total liabilities. Add lines 17 through 25			334,430,658.	26	127,718,358.
		Organizations that follow SFAS 117 (ASC 95	8), chec	k here 🕨 🕺 and	ve to en		
s		complete lines 27 through 29, and lines 33 a	nd 34.				
2		Unrestricted net assets			3,019,955,372.	27	3,620,941,222.
ğ 2	8	Temporarily restricted net assets			64,904,956.	28	73,722,532.
2		Downson on the wasteriate of a state state			873,056,599.	29	965,253,422.
		Organizations that do not follow SFAS 117 (				itset.	
5		and complete lines 30 through 34.					
8 3	0	Capital stock or trust principal, or current funds	s		i de Huitalitador, .	30	a ann an 1997 an 1997 an 1997 a 1997 an 1997 ann an 1997 an 19 Tha ann an 1997
2   3 <sup>.</sup>	1	Paid-in or capital surplus, or land, building, or e	quipmer	nt fund		31	
3	2	Retained earnings, endowment, accumulated in	ncome, d	or other funds		32	
<sup>2</sup>   33	3				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.

Form 990 (2016)

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		1		
ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL,

Form	990 (2016) INC.	62-00	646012	Pa	ge <b>12</b>
Par	t XI Reconciliation of Net Assets				<u></u>
	Check if Schedule O contains a respon	se or note to any line in this Part XI			х
1	Total revenue (must equal Part VIII, column (A	), line 12)1	90	0,801,	,934.
2	Total expenses (must equal Part IX, column (#	4), line 25) 2	85'	7,021,	844.
3	Revenue less expenses. Subtract line 2 from		4:	3,780,	090.
4	Net assets or fund balances at beginning of y	ear (must equal Part X, line 33, column (A))	3,95'	7,916,	927.
5	Net unrealized gains (losses) on investments			135	494.
6	Donated services and use of facilities	6	-		
7	Investment expenses	7			
8	Prior period adjustments			n	
9	Other changes in net assets or fund balances	(explain in Schedule O) 9	65	8,084,	665.
10		ombine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	4,659	9,917,	176.
Par	t XII Financial Statements and Rep	orting			
	Check if Schedule O contains a response	se or note to any line in this Part XII			
				Yes	No

		res	NO
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.			
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			linger oarde Alexander
separate basis, consolidated basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
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,	$\leq 2^{n}$		
consolidated basis, or both:			
Separate basis Consolidated basis <sup>X</sup> Both consolidated and separate basis			
If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	2c	X	
Ast and OMD Oregular A 1999	3a	X	1
	3b	x	
	Form	990	(2016)
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis X Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	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         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       2b         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b         Were the organization's financial statements audited by an independent accountant?       2b         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:       2b         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:       2b         Separate basis       Consolidated basis       X         Both consolidated and separate basis       2b         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         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	Acccunting method used to prepare the Form 990:       Cash X Accrual Other       Other       Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       Image: Construct of the organization's financial statements compiled or reviewed by an independent accountant?       Image: Construct of the organization's financial statements compiled or reviewed by an independent accountant?       Image: Construct of the organization's financial statements compiled or reviewed by an independent accountant?       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization's financial statements audited basis       Image: Construct of the organization of the audit, review, or compilation of its financial statements and selection of an independent accountant?       Image: Construct of the audit, review, or compilation changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Construct of the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.       Image: Construct of the organization required to undergo an audit or audits as set f

epartment	<b>990 or 990-EZ)</b> t of the Treasury venue Service	Co	omplete if the	organi 494 A	<b>ity Status ar</b> ization is a section 50 7(a)(1) nonexempt ch ttach to Form 990 or Form 990 or 990-EZ) and	1(c)(3) org aritable tr Form 990-	anization ust. -EZ.	or a section	orm990.	2016 Open to Public Inspection
ame of	f the organization	-	DE CHILDRE	N'S RE	SEARCH HOSPITAL,					r identification numb
Part I	Descond	INC.	Charity Sta	tue (A				· · · · · · · · · · · · · · · · · · ·		2-0646012
					Il organizations must c				s	
1 orga		-			For lines 1 through 12, n of churches describe	•				
2			· · ·		Attach Schedule E (For			1)(A)(I).		
- 3 X					nization described in s			II).		
4				-	junction with a hospita			•	)(iii). Enter	the hospital's name,
	city, and state	»:							-	-
5	An organizatio	on operated for	or the benefit	of a col	lege or university owne	d or opera	ited by a g	overnmental	unit descri	bed in
	-		complete Part	•						
6		-	-		ental unit described in					
7	-		-		ntial part of its support	from a gov	renmenta	l unit or from t	he genera	public described in
8	-		omplete Part I		1)(A)(vi). (Complete Pa	+ 11 \				
9					in section 170(b)(1)(A)	-	ed in coniı	unction with a	land-orant	colleae
-	+	-			lture (see instructions)		-		-	-
	university:	_							-	
0	An organizatio	on that norma	lly receives: (1	) more	than 33 1/3% of its su	oport from	contributi	ons, member	ship fees, a	and gross receipts fro
					t to certain exceptions					-
					(less section 511 tax) fi	om busine	esses acqu	ired by the o	ganization	after June 30, 1975.
1			nplete Part III.		vely to test for public s	afatu Saa	contion F	00(~)(4)		
2					vely for the benefit of, t	•			arry out the	purposes of one or
	-	-			d in section 509(a)(1) o	•		-	•	
					supporting organizatio					
а	<b>Type I.</b> A su	pporting orga	nization opera	ited, su	pervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		-		-	ularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting
L.	-		-		ctions A and B.					
Ь			1		or controlled in connec nization vested in the s			-		-
		-			Sections A and C.	ane perso			ige ine sup	poned
С	-		-		organization operated	in connec	tion with.	and functiona	llv integrat	ed with.
					. You must complete		-		,	
d	Type III nor	-functionally	integrated. A	suppo	orting organization ope	rated in co	nnection v	vith its suppo	rted organi	zation(s)
		-	-	•	ation generally must sa	-		•	d an attent	iveness
					plete Part IV, Section					
е		-			ritten determination fro ally integrated support			а туре ї, туре	II, Type III	
f Ent	ter the number of									
		••	-		l organization(s).				•••••	•
	(i) Name of suppo	rted	(ii) EIN		(iii) Type of organization (described on lines 1.10	(iv) is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
	organization				above (see instructions))	Yes	No	support (see in	structions)	support (see instruction
										·
	·····									
						and and a state of the second s	Service and			
otal										

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

nedule A (Form 990 or 990-EZ) 2016 II		rationa	Described in	Sections 170	(b)(1)(A)(iv) on	62-064601	
					in ratied to quality	under Part III. If the	e organization
		iow, piec	ise complete Part	···· <i>)</i>			
						· · · · · · · · · · · · · · · · · · ·	
	(a) 20	012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
include any "unusual grants.")	581,78	8,213.	611,432,510.	674,808,276.	895,523,715.	753,145,680.	3516698394.
Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
Total. Add lines 1 through 3	581,78	8,213.	611,432,510.	674,808,276.	895,523,715.	753,145,680.	3516698394.
The portion of total contributions			A A A	and group ga	SALSE V	nistra statistica statistica statistica statistica statistica statistica statistica statistica statistica statis	
by each person (other than a				An U.S. and An U.S. and An U.S. and An U.S		W. GCARION	
						the second second for the first of the second se	
•••••							
oolumn (f)							
••• ••••••••••••••••••••••••••							3516698394.
	<u> </u>						3510090394.
	<u> </u>	10	(1-) 0010	(-) 0014	( 1) 0015	( ) 0010	
							(f) Total
	301,78	0,213.	011,432,510.	014,000,210.	895,523,715.	/55,145,660.	3516698394.
•							
-							
and income from similar sources	3,29	1,661.	24,413,935.	7,579,828.	11,681,881.	4,641,541.	51,608,846.
Net income from unrelated business							
activities, whether or not the							
business is regularly carried on							
Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.)	7,01	2,056.	8,697,307.	7,390,478.	6,775,862.	20,138,461.	50,014,164.
				af geta and and a construction of the second se			3618321404.
			ons)			12	545,582,792.
				d. fourth, or fifth ta	x vear as a section		
							•
		and Day					
ction C. Computation of Public	ic Supp	ort Pei	rcentage				
ction C. Computation of Publi	ic Supp		rcentage			14	97,19 %
Public support percentage for 2016 (I	line 6, colu	ımn (f) di	vided by line 11, c	olumn (f))		14	97.19 % 97.51 %
Public support percentage for 2016 (I Public support percentage from 2015	line 6, colu Schedule	imn (f) di A, Part	r <b>centage</b> vided by line 11, c II, line 14	olumn (f))		15	97.51 %
Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o	line 6, colu 5 Schedule 5 Schedule	mn (f) di A, Part n did no	r <b>centage</b> vided by line 11, c II, line 14 t check the box or	olumn (f))	14 is 33 1/3% or m	15 lore, check this bo	97.51 % x and
Public support percentage for 2016 (i Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies	line 6, colu 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Schedule	mn (f) di A, Part n did no cly supp	rcentage vided by line 11, c II, line 14 t check the box or orted organization	olumn (f)) 1 line 13, and line 1	14 is 33 1/3% or m	15 Nore, check this bo	97.51 % x and x and
Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o	ine 6, colu 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Schedule 5 Support 5 Support 5 Support 5 Support 5 Support 5 Schedule 5 Sc	mn (f) di A, Part n did no cly supp n did no	rcentage vided by line 11, c II, line 14 t check the box or orted organization t check a box on li	olumn (f)) n line 13, and line 1 ne 13 or 16a, and	14 is 33 1/3% or m line 15 is 33 1/3%	15 Nore, check this bo or more, check th	97.51 % x and is box
Public support percentage for 2016 (I Public support percentage for 2015 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o and stop here. The organization quali	tine 6, colu 5 Schedule organizatio as a public organizatio ifies as a p	mn (f) di A, Part n did no cly supp n did no publicly s	rcentage vided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza	olumn (f)) n line 13, and line 1 ne 13 or 16a, and ttion	14 is 33 1/3% or m line 15 is 33 1/3%	15 lore, check this bo or more, check th	97.51 % x and is box
Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test	IC Supporting of the support of the	mn (f) di A, Part n did no cly supp n did no publicly s f the orga	vided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza anization did not c	olumn (f)) n line 13, and line 1 ne 13 or 16a, and ntion heck a box on line	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a	15 Nore, check this bo or more, check th Ind line 14 is 10%	97.51 % x and x is box or more,
Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fac	tine 6, colu 5 Schedule 5 Schedule 5 organizatio 6 organizatio 16 organizatio 16 organizatio 16 organizatio 16 organizatio 16 organizatio 16 organizatio	mn (f) di A, Part n did no cly supp n did no publicly s f the org cumstan	vided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza anization did not c ces" test, check th	olumn (f)) n line 13, and line 1 ne 13 or 16a, and ation heck a box on line his box and <b>stop</b> he	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par	15 ore, check this bo or more, check th ind line 14 is 10% t VI how the organi	97.51 % x and x and x is box or more, ization
Public support percentage for 2016 (I Public support percentage for 2016 (I Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fac meets the "facts-and-circumstances"	tine 6, colu 5 Schedule 5 Schedule 5 organizatio 16	mn (f) di A, Part n did no cly supp n did no publicly s f the orga cumstanc organizat	vided by line 11, c ll, line 14 t check the box or orted organization t check a box on li upported organiza anization did not c ces" test, check th tion qualifies as a	olumn (f)) n line 13, and line 1 ne 13 or 16a, and ation heck a box on line his box and <b>stop</b> ho publicly supported	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par l organization	15 ore, check this bo or more, check th ind line 14 is 10% t VI how the organi	97.51 % x and x is box or more, ization
Public support percentage for 2016 (ii Public support percentage for 2016 (ii Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fac meets the "facts-and-circumstances test 10% -facts-and-circumstances test	tine 6, colu 5 Schedule organizatio as a public organizatio ifies as a p t - 2016. If ts-and-circ test. The t - 2015. If	imn (f) di A, Part n did no cly supp n did no publicly s t the orga cumstand organizat	vided by line 11, c ll, line 14 t check the box or orted organization t check a box on li upported organiza- anization did not c ces" test, check th tion qualifies as a anization did not c	olumn (f)) n line 13, and line 1 ne 13 or 16a, and ation heck a box on line his box and <b>stop</b> ho publicly supported heck a box on line	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par l organization 13, 16a, 16b, or 1	15 ore, check this bo or more, check th ind line 14 is 10% t VI how the organi 7a, and line 15 is 1	97.51 % x and x is box or more, ization
Public support percentage for 2016 (ii Public support percentage for 2016 (ii Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies a 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fac meets the "facts-and-circumstances test 10% -facts-and-circumstances test more, and if the organization meets the	tine 6, colu 5 Schedule organizatio as a public organizatio ifies as a p t - 2016. If ts-and-circ test. The t - 2015. If ne "facts-an	imn (f) di A, Part n did no cly suppo n did no publicly s t the organizat t the organizat t the organizat	vided by line 11, c ll, line 14 t check the box or orted organization t check a box on li upported organiza- anization did not c ces" test, check th tion qualifies as a anization did not c mstances" test, ch	olumn (f)) In line 13, and line 1 Ine 13 or 16a, and ation heck a box on line is box and <b>stop</b> ho bublicly supported heck a box on line neck this box and s	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par organization 13, 16a, 16b, or 1 stop here. Explain	15 ore, check this bo or more, check th ind line 14 is 10% t VI how the organi 7a, and line 15 is 1 in Part VI how the	97.51 % x and x is box or more, ization 10% or
Public support percentage for 2016 (ii Public support percentage for 2016 (ii Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies a 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fact meets the "facts-and-circumstances test more, and if the organization meets the organization meets the "facts-and-circumstances test	tine 6, colu 5 Schedule organizatio as a public organizatio ifies as a p t - 2016. If ts-and-circ test. The t - 2015. If ne "facts-an cumstance	imn (f) di A, Part n did no cly suppo n did no publicly s the orga cumstand organizat the orga nd-circu s" test.	rcentage vided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza- anization did not c ces" test, check th tion qualifies as a anization did not c mstances" test, ch The organization q	olumn (f)) n line 13, and line 1 ne 13 or 16a, and ation heck a box on line boublicly supported heck a box on line neck this box and s ualifies as a public	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par l organization 13, 16a, 16b, or 1 stop here. Explain cly supported orga	15 ore, check this bo or more, check th ind line 14 is 10% t VI how the organi 7a, and line 15 is 1 in Part VI how the nization	97.51 % x and x x is box or more, ization 10% or
Public support percentage for 2016 (ii Public support percentage for 2016 (ii Public support percentage from 2015 33 1/3% support test - 2016. If the o stop here. The organization qualifies a 33 1/3% support test - 2015. If the o and stop here. The organization quali 10% -facts-and-circumstances test and if the organization meets the "fac meets the "facts-and-circumstances test 10% -facts-and-circumstances test more, and if the organization meets the	tine 6, colu 5 Schedule organizatio as a public organizatio ifies as a p t - 2016. If ts-and-circ test. The t - 2015. If ne "facts-an cumstance	imn (f) di A, Part n did no cly suppo n did no publicly s the orga cumstand organizat the orga nd-circu s" test.	rcentage vided by line 11, c II, line 14 t check the box or orted organization t check a box on li upported organiza- anization did not c ces" test, check th tion qualifies as a anization did not c mstances" test, ch The organization q	olumn (f)) n line 13, and line 1 ne 13 or 16a, and ation heck a box on line boublicly supported heck a box on line neck this box and s ualifies as a public	14 is 33 1/3% or m line 15 is 33 1/3% 13, 16a, or 16b, a ere. Explain in Par l organization 13, 16a, 16b, or 1 stop here. Explain cly supported orga	15 ore, check this bo or more, check th ind line 14 is 10% t VI how the organi 7a, and line 15 is 1 in Part VI how the nization	97.51 % x and x x is box or more, ization 10% or
	art II       Support Schedule for (Complete only if you checked fails to qualify under the tests)         ction A. Public Support         endar year (or fiscal year beginning in)         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")         Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf         The value of services or facilities furnished by a governmental unit to the organization without charge         Total. Add lines 1 through 3         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)         Public support. Subtract line 5 from line 4.         Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	art II       Support Schedule for Organiz (Complete only if you checked the box fails to qualify under the tests listed be         ction A. Public Support         endar year (or fiscal year beginning in) ▶       (a) 2         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       581,78         Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf       581,78         The value of services or facilities furnished by a governmental unit to the organization without charge       581,78         Total. Add lines 1 through 3       581,78         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)       (a) 20         Public support. Subtract line 5 from line 4.       581,78         Ction B. Total Support       581,78         Arnounts from line 4       581,78         Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       7,01         Total support. Add lines 7 through 10       Gross income from related activities, etc. (see First five years. If the Form 990 is for the organ organization, check this box and stop here	art II       Support Schedule for Organizations (Complete only if you checked the box on line 5 fails to qualify under the tests listed below, pleat ction A. Public Support         andar year (or fiscal year beginning in)▶       (a) 2012         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2012         Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf       581,788,213.         The value of services or facilities furnished by a governmental unit to the organization without charge       581,788,213.         Total. Add lines 1 through 3       581,788,213.         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)       (a) 2012         Public support.       Subtract line 5 from line 4.       581,788,213.         Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources       3,291,661.         Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)       7,012,056.         Total support. Add lines 7 through 10       Gross receipts from related activities, etc. (see instructic First five years. If the Form 990 is for the organization's organization, check this box and stop here	art.II       Support Schedule for Organizations Described in (Complete only if you checked the box on line 5, 7, or 8 of Part I of fails to qualify under the tests listed below, please complete Part         ction A. Public Support       Image: Support Support         andar year (or fiscal year beginning in)       (a) 2012       (b) 2013         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       581,788,213.       611,432,510.         Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf       581,788,213.       611,432,510.         The value of services or facilities furnished by a governmental unit to the organization without charge       581,788,213.       611,432,510.         Total. Add lines 1 through 3       581,788,213.       611,432,510.       Image: Second	art:II       Support Schedule for Organizations Described in Sections 170 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization fails to qualify under the tests listed below, please complete Part III.)         ction A. Public Support       Image: State of State (State State)         and year (or fiscal year beginning in)       (a) 2012       (b) 2013       (c) 2014         Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       581,788,213.       611,432,510.       674,808,276.         Tax revenues levied for the organization without charge trotal. Add lines 1 through 3       581,788,213.       611,432,510.       674,808,276.         The portion of total contributions by each person (other than a governmental unit or publicly support. subtract the 5 form line 4.       581,788,213.       611,432,510.       674,808,276.         Ction B. Total Support       581,788,213.       611,432,510.       674,808,276.         Marounts from line 11, column (f)       (a) 2012       (b) 2013       (c) 2014         Amounts from line 4       581,788,213.       611,432,510.       674,808,276.         Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from sinitar sources activities, whether or not the business is regularly carried on more tross from the sale of capital assets (Explain in Part VI.)       7,012,056.       8,697,307.       7,390,478.         Totat support. Add lin	Art II       Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) an (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify rails to qualify under the tests listed below, please complete Part III.)         Ction A. Public Support       and a gram (or fiscal year beginning in) ►         and ary ear (or fiscal year beginning in) ►       (a) 2012       (b) 2013       (c) 2014       (d) 2015         Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')       (a) 2012       (b) 2013       (c) 2014       (d) 2015         Tax revenues levied for the organization without charge trainished by a governmental unit to the organization without charge to reaprize of facilities furnished by a governmental unit to publicly supporte organization include any public support of organization without charge to fiscal year beginning in) ►       581,788,213,611,432,510,674,808,276,895,523,715,61,788,213,611,432,510,674,808,276,895,523,715,788,213,611,432,510,674,808,276,895,523,715,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581,788,213,611,432,510,674,808,276,895,523,715,581	art.II.       Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(A)(iv)

ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL,
				,

Schedule A (Form 990 or 990-EZ) 2016 INC	2.	<u> </u>	A		62-064601	2 Page
Part III Support Schedule for O			•			
(Complete only if you checked t			e organization failed	d to qualify under	Part II. If the organiz	ation fails to
qualify under the tests listed be Section A. Public Support	low, please comp	olete Part II.)				
alendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(6) Tatal
1 Gifts, grants, contributions, and				(0) 2015	(e) 2010	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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	1 A 100 000 1 1 1 1 1 1 1 1 1 1 1 1 1					
8 Public support. (Subtract line 7c from line 6.) ection B. Total Support	en fan de fan de staarde t	se la companya da se a com	<ul> <li>A start st Start start st Start start st Start start st Start start st Start start st Start start st Start start st Start start st Start start st</li></ul>	a water the constant of	2、10~12日1日日日日日	
alendar year (or fiscal year beginning in)	(a) 2012	(6) 2012	(-) 0014	(4) 0015	(2) 0010	(6) T-4-1
9 Amounts from line 6		(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Da 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					1 1	
acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business		<u> </u>				
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income. Do not include gain		······				
or loss from the sale of capital						
assets (Explain in Part VI.)						
First five years. If the Form 990 is for the	ne organization's	first second thi	l fourth or fifth to	l av voar as a soati		tion
check this box and stop here	•			-		
ection C. Computation of Public	Support Per	centage				
5 Public support percentage for 2016 (line			column (fl)		15	
Public support percentage from 2015 S					16	
ection D. Computation of Invest	ment Income	Percentage				
Investment income percentage for 2016					17	
Investment income percentage from 20	15 Schedule A, F	art III, line 17			18	9
a 33 1/3% support tests - 2016. If the or	ganization did no	t check the box	on line 14, and line	15 is more than	33 1/3%, and line 17	
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2015. If the or						
line 18 is not more than 33 1/3%, check						
0 Private foundation. If the organization						

632023 09-21-16

	ST. JUDE CHILDREN'S RESEARCH HOSPITAL,			
	edule A (Form 990 or 990-EZ) 2016 INC.	62-0646012	Р	age 4
Pa	rt IV Supporting Organizations			
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Section			
	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.)			
<u>Sec</u>	ction A. All Supporting Organization's			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	10000000 1910-1911		
	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		States (C)
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		1	
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			18.654
	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	n (***##***)	141040.200
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		1	4334
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	30	i dilikine	abud kuli
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	Sector a	- 6.383/	
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	Lotario.	den sola 3
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	dia na in	- 48 E.S.	199 (p. j.
-	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	138452	200923
c	Did the organization support any foreign supported organization that does not have an IRS determination		1123	alite and
•	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.	40	1. <u></u>	ala an
5a			e States	tistered
•4	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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		and Suite
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already		(The second	
-	designated in the organization's organizing document?	5b	- Susain	- El contracto
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	50		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			1 'e
•	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	1.2.4. 1.2.4 1.2.4		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		12353	12880.13
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			N SH
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	. รอสิชิมัต	1997 (D
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	and the second	Kalen	94. 194
-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		للالتقادة
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		0.445	Sec. 54
	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	1.12226-266	a Linea
ь	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	a personale	98 87	Hara a
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	Sb	ોસકોલી	inin'n d
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	1. A.L. A.L.		a da sera
-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	anesen.	ani dia M
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		and the second	Letter
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	17.87 (17.87) 17.87 (17.87)		
	supporting organizations)? If "Yes," answer 10b below.		2002564	220223
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	14-14-14-14-14-14-14-14-14-14-14-14-14-1	1414/294	Sec.
	determine whether the organization had excess business holdings.)	10b	يتعذانك	48421
		100		

632024 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

Sch	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, Nedule A (Form 990 or 990-EZ) 2016 INC.	62-0646012	F	Page
Pa	art IV Supporting Organizations (continued)	·····	·	
			Yes	
11	Has the organization accepted a gift or contribution from any of the following persons?			
ē	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		de fr	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
000	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. ction B. Type I Supporting Organizations	11c		
500	cuon B. Type I Supporting Organizations			т.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Sim. aster	Yes	<u>  N</u>
	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.		3333	
2		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		14 A A	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
Sec	supervised, or controlled the supporting organization. Ction C. Type II Supporting Organizations	2		
			Vac	1.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Star Star	Yes	N
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1. 19 2000 1	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	eter line.	ي. يتنظمه	33
Sec	ction D. All Type III Supporting Organizations	1	I	L
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	in states in sec.	100	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x X		
	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	مريشة مغرة	1.14
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		and the	122
	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	<i>68-9</i> 57.	323
3	By reason of the relationship described in (2), did the organization's supported organizations have a	4	1800	-
	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		9.58 A
iec	tion 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 Integral Part Test during the yea	structions).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	tity (see instructions)	).	
2	Activities Test, Answer (a) and (b) below.	Ĩ	Yes	N
а	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	المشتعة	تسفحه
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		1	di la
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	사망가 가슴다. 1946년 - 1948년 - 1948년 1948년 - 1948년 -		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	me staa	রারার ।
3	Parent of Supported Organizations, Answer (a) and (b) below.			<u>.</u>
а	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	<u>غريدتي</u>	100
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	14 S 40 1 1 1	and the second	<u> 15</u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1999 A.S.S.	: <u>Ser</u> .
		1 30 1	I	

ST. JUDE CHILDREN'S RESEARCH HOSPITAL.

	Schedule A	(Form 990 or	990-EZ) 2016	INC.
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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.

Sec	tion 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	2 Caniel		
	instructions for short tax year or assets held for part of year):			Attended States States States
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	a and the states of the states	
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	a sa ka	
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 functional			

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

Schedule A (Form 990 or 990-EZ) 2016

62-0646012

Page 6

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

Sec	art V Type III Non-Functionally Integrated 50	etanor oupporting org	continued)	
1	Amounts paid to supported organizations to accomplish ex	compt purposes		Current Year
2				·
-	organizations, in excess of income from activity	npr purposes of supported		
3		oop of ourported oversite		
4		ses of supported organizatio	ns	
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
	Distributions to attentive supported organizations to which			
Ŭ	(provide details in Part VI). See instructions	the organization is responsiv	e	
9				
 10	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 201
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-		an a	
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			an a
a	<ul> <li>Automatical Automatical Automatica Automatical Automatical Automatica Automatical Automatical Automatica Automatical Automatical Automatica Automatical Automatical Automatica Automatica</li></ul>			an a
b				
	: From 2013			
	From 2014			
	From 2015			
_	Total of lines 3a through e			-
	Applied to underdistributions of prior years			
_	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)			ى مى مۇلۇرىي بىرى بىرى بىرى بىر بىر تۇرىقى بىرى بىرى بىرى بىرى بىرى بىرى بىرى
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,	an a		
-		And Andrew Constraints and Andrew		
	line 7: \$ Applied to underdistributions of prior years	and the second		
			and a famoline transport of the family of the state and the second second second second second second second s	an la companya da serie de la companya de
	Applied to 2016 distributable amount			
-	Remainder. Subtract lines 4a and 4b from 4	e beine i Breitstein seine		
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		<b>**</b> -	-
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:	40 T		
a				
_	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

ST. JUDE	CHILDREN'S RESEARCH HOSPITAL	
Schedule A (Form 990 or 990-EZ) 2016 INC.		62-0646012 Page 8
Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4l line 1; Part IV, Section D, lines 2 and 3	ovide the explanations required by Part II, line 10; Part II, line 1 9, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, I Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; 7, Section E, lines 2, 5, and 6. Also complete this part for any a	17a or 17b; Part III, line 12; ines 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
PART II, SECTION B, LINE 10:		
EXPLANATION FOR OTHER INCOME:		
2012		
\$ 3,119,452 - CAPETERIA/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	1	
\$ 3,427,740 - OTHER REVENUE		
\$ 8,697,307 - TOTAL OTHER INCOME		
		<u>_</u>
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		
632028 09-21-16	22 Sch	edule A (Form 990 or 990-EZ) 2016

	1			
ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL,

Schedule A (Form 990 or 990-EZ) 2016 INC.	62-0646012	Page 8
line 1: Part IV. Section D. lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Par V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.	6
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		
		,
		<u> </u>
		<u></u>
632028 09-21-16	Schedule A (Form 990 or 990-EZ	2016

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service			Schedule of Contributors ttach to Form 990, Form 990-EZ, or Form 990-PF. tion about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.	омв №. 1545-0047 <b>2016</b>
		DE CHILDREN'S I	RESEARCH HOSPITAL,	Employer identification number
Organization type (check	one):			
Filers of:	Sec	tion:		
Form 990 or 990-EZ	x	501(c)( <sup>3</sup> ) (en	ter number) organization	
		4947(a)(1) nonex	cempt charitable trust not treated as a private foundation	
		527 political orga	anization	
Form 990-PF		501(c)(3) exempt	t private foundation	
		4947(a)(1) nonex	empt 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.

1

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 crueity 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., purpose. Contributions totaling \$5,000 or more during the year for an exclusive intervence in the second second

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).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)	Page 2
Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL.	Employer identification number
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) Tatal contributions	(d)
110.	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES	Total contributions	Type of contributio
1	("ALSAC") 501 ST. JUDE PLACE MEMPHIS, TN 38105	\$663,714,962.	Person X Payroll Noncash (Complete Part II for noncash contributions
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contributio
		\$	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.)

# SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

# 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.



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.

Nan	ne of organization ST. JUDE (	CHILDREN'S	RESEARCH HOSPITA	λL,	Em	ployer identificat	tion number
	INC.					62-0646012	
Pa	art I-A Complete if the or	ganization	is exempt unde	r section 501(c)	or is a section 527	organization.	
2	Provide a description of the organ Political campaign activity expend Volunteer hours for political camp	litures	•		Part IV. ►	\$	
Pa	art I-B Complete if the or	ganization	is exempt unde	r section 501(c)(	3).		
1	Enter the amount of any excise ta	x incurred by t	the organization unde	r section 4955	•	\$	
2	Enter the amount of any excise ta	x incurred by	organization manager	s under section 4955	►	\$	
3	If the organization incurred a secti	ion 4955 tax, o	did it file Form 4720 fo	or this year?		Yes	No
4a	Was a correction made?	ا 				Yes	No
b	o If "Yes," describe in Part IV.						
	art I-C Complete if the or						
	Enter the amount directly expende					\$	
2	Enter the amount of the filing orga						
	exempt function activities				►	\$	
3	Total exempt function expenditure						
	line 17b	- 4400 DOI (		•••••••••••••••••••••••••••••••••••••••	►	\$	
		n 1120-POL to	or this year?			Yes	No
5	Enter the names, addresses and e made payments. For each organiz	employer ident	ification number (EIN)	of all section 527 poli	tical organizations to wh	the filing organ	nization
	contributions received that were p	romptly and d	lirectly delivered to a	from the filing organiza	ation's funds. Also enter	the amount of po	itical Indiar a
	political action committee (PAC). If					iale segregaleu il	ind of a
	(a) Name		) Address	(c) EIN		(a) Amount	of political
<u></u>			n Address	(C) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions r	eceived and d directly a separate anization.
_							

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

Schedule C (Form 990 or 990-EZ) 2016

LHA 632041 11-10-16

ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL,

Schedule C (Form 990 or 990-EZ) 2016	INC.			62-064	6012 Page 2
Part II-A Complete if the or section 501(h)).	ganization is e	cempt under section	on 501(c)(3) and f	iled Form 5768 (e	lection under
		offiliated avour (and list	Dent IV and a With the		
expenses and sha	are of excess lobbyi	affiliated group (and list	in Part IV each affiliate	d group member's nam	ie, address, EIN,
		and "limited control" pi	ovisions apoly		
Lim	its on Lobbying Ex	penditures		(a) Filing organization's	(b) Affiliated group totals
(The term "exper	nditures" means an	ounts paid or incurred	.)	totals	totais
1a Total lobbying expenditures to inf	luence public opinic	n (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to inf	luence a legislative l	oody (direct lobbying)			
c Total lobbying expenditures (add			••••••		
d Other exempt purpose expenditu					
e Total exempt purpose expenditur	es (add lines 1c and	1d)			
f Lobbying nontaxable amount. En If the amount on line 1e, column (a)				and an and a constant	21
Not over \$500,000		obbying nontaxable an of the amount on line 1e			
Over \$500,000 but not over \$1,00		000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,		,000 plus 10% of the ex			
Over \$1,500,000 but not over \$17		000 plus 5% of the exce			· · · · · · · · · · · · · · · · · · ·
Over \$17,000,000		0,000.			-
g Grassroots nontaxable amount (e	nter 25% of line 1f)				
h Subtract line 1g from line 1a. If ze	• 1				
i Subtract line 1f from line 1c. If zer					
j If there is an amount other than ze	-				
reporting section 4911 tax for this		veraging Period Under			Yes No
(Some organizations t		501(h) election do not		of the five columns be	elow.
		arate instructions for li			
		enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount				er verser	
(150% of line 2a, column(e))				2*************************************	
c Total lobbying expenditures					
d Grassroots nontaxable amount		Na <u>anga</u> ti • Januar 1943	Najari Nasa ang Kasari		·
<ul> <li>e Grassroots ceiling amount (150% of line 2d, column (e))</li> </ul>					
f Grassroots lobbying expenditures					
	·		· · · · · · · · · · · · · · · · · · ·	Sobodulo C /Form	990 or 990-EZ) 2016

51, 005	CHIDDREN D REDERACH HOSFILAD,	
Schedule C (Form 990 or 990-EZ) 2016 INC.	62-0646012	Page 3
Part II-B Complete if the organization (election under section 50)	on is exempt under section 501(c)(3) and has NOT filed Form 5768 (h)).	

For each "Yes," response on lines 1a through 1i b	elow, provide in Part IV a detailed description	(	a)	(b)	
of the lobbying activity.		Yes	No	Am	ount
1 During the year, did the filing organization a	ittempt to influence foreign, national, state or				92468-63
	fluence public opinion on a legislative matter		1997 - 1997 - 17 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -		
or referendum, through the use of:					
a Volunteers?		X	w.watana wata		
b Paid staff or management (include compen	sation in expenses reported on lines 1c through 1i)?	x			
			х		
d Mailings to members, legislators, or the put	blic?		x		
e Publications, or published or broadcast sta	tements?		x		
f Grants to other organizations for lobbying p	purposes?		x		
g Direct contact with legislators, their staffs, o	overnment officials, or a legislative body?	x			19,189.
	ions, speeches, lectures, or any similar means?		x		
		x			25,026.
***************************************		- Carlot Contractor	an a		44,215.
2a Did the activities in line 1 cause the organiz	ation to be not described in section 501(c)(3)?		X	ante de la competencia de la c	
b If "Yes " enter the amount of any tax incurre	ed under section 4912	10000000000		ji ta ka	
c If "Ves," enter the amount of any tax incurre	ed by organization managers under section 4912				
	912 tax, did it file Form 4720 for this year?	an di dei di Argani.	and the second	ana	
Part III-A Complete if the organizati	on is exempt under section 501(c)(4), secti	on 501(c)	(5), or se		1. 2000 (1. 1997) (1. 1997) 1. 2000 (1. 1997)
501(c)(6).			(0), 01 00	ouon	
				Yes	No
<ol> <li>Were substantially all (90% or more) dues re</li> </ol>	eceived nondeductible by members?		1		
	bying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lob	bying and political campaign activity expenditures from t	ne prior yea	r? 3		
	on is exempt under section 501(c)(4), section 501(c)(4), section of the section o				ne 3, is
1 Dues, assessments and similar amounts fro	m members		1		
2 Section 162(e) nondeductible lobbying and	political expenditures (do not include amounts of politi	cal			
expenses for which the section 527(f) tax					
			2a		
b Carryover from last year		•••••••	<u></u> 2b		
c Total		••••••	20		
3 Aggregate amount reported in section 6033	(e)(1)(A) notices of nondeductible section 162(e) dues	••••••			
	2c exceeds the amount on line 3, what portion of the exc				
	the reasonable estimate of nondeductible lobbying and r				
expenditure next year?					
	penditures (see instructions)				
Part IV Supplemental Information					
	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 t		, 139, 1 arch	~, inteo 1 i	10 2 (366	
PART II-B, LINE 1, LOBBYING ACTIVITIE					
LINE 1A) A ST. JUDE PATIENT/FAMILY TRA	AVELED TO DC ON BEHALF OF ST. JUDE				
TO ADVOCATE WITH CONGRESS FOR INCREASI	ED NIH FUNDING; LINE 1B) ST. JUDE				
EMPLOYS A DIRECTOR OF GOVERNMENT AFFA:	IRS; LINE 1G) AMOUNT LISTED IS				
PRORATED SALARY OF DIRECTOR OF GOVERNM	MENT AFFAIRS PLUS TRAVEL EXPENSES;				
LINE 1I) AMOUNT LISTED IS RELATED TO I	PRORATED RETAINER FEES FOR DIRECT				
632043 11-10-16		Schedul	e C (Form	990 or 99(	)-EZ) 2016

Schedule C (Form 990 or 990-EZ) 2016 INC.	CHILDREN'S RESEARCH HOSPITAL,	62-0646012 Pag	ge 4_
Part IV Supplemental Information (c	ontinued)		
AND STATE LEGISLATIVE CONTACTS AS WELL	AS A PORTION OF PROFESSIONAL		
DUES ATTRIBUTABLE TO LOBBYING.			<u> </u>
······			
	·		
. <u>.</u>			
	· · · · · · · · · · · · · · · · · · ·		
632044 11-10-16	Schedule	e C (Form 990 or 990-EZ) 2	2016

(For Depa	THEDULE D m 990) rtment of the Treasury al Revenue Service	Com Part IV, li Information about S	plemental Financial Statements plete if the organization answered "Yes" on Form 990, ne 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. schedule D (Form 990) and its instructions is at www.lrs.gov/form990.						OMB No. 1545 201 Open to P Inspection	6 ublic
Nan	ne of the organizati	on ST. JUDE CHILDRE	N'S RESEARC	H HOSPITAL,					entification r	number
Da	rt   Organiza	INC.	onor Advis	d Funda an O					646012	
1 0		ations Maintaining D			ther Similar Fund	is or P	CCOL	unts.Co	mplete if the	
	organizatio	n answered "Yes" on Form	950, Part IV, III		advised funds		b) Fur	de and o	ther account	
1	Total number at er	nd of year				'	bjiu			5
2	Aggregate value o	f contributions to (during ye	ear)							
3		f grants from (during year)			······					
4	Aggregate value a	t end of year								
5	Did the organization	on inform all donors and do	hor advisors in	writing that the as						
	are the organizatio	on's property, subject to the	organization's	exclusive legal co	ontrol?				Yes	No
6		on inform all grantees, donc								
		oses and not for the benefi								
Pa	rt II Conserv	ate benefit? ation Easements. Con	nnlete if the or	apization answer	od "Vos" on Form 000	Dort IV	line 7		Yes	No
1		servation easements held b				, Faitiv	, mie 7	•		
		of land for public use (e.g.			Preservation of a his	storically	impor	tant land	area	
		f natural habitat			Preservation of a ce	•	•			
	Preservation	of open space								
2	Complete lines 2a	through 2d if the organizati	on held a quali	fied conservation	contribution in the form	n of a co	nserva	ation ease	ement on the	last
	day of the tax year							Held at t	ne End of the T	ax Year
	Total number of co	onservation easements					2a			
b	lotal acreage restr	ricted by conservation ease	ments				2b			
с С	Number of conserv	vation easements on a cert vation easements included	fied historic str	ucture included in	(a)		2c			
u		al Register					2d			
3	Number of conserv	vation easements modified,	transferred. re	leased, extinguish	ed. or terminated by th			during t	be tay	
	year 🕨			,		ie organ	Lution	r danng u		
4	Number of states v	where property subject to c	onservation ea	sement is located	▶					
5	Does the organizat	ion have a written policy re	garding the pe	iodic monitoring,	inspection, handling of					
_	violations, and enfo	prcement of the conservation	on easements i	t holds?					Yes	No
6	Staff and volunteer	r hours devoted to monitori	ng, inspecting,	handling of violati	ons, and enforcing cor	nservatio	on eas	ements d	uring the yea	r
7	Amount of expense		enertine here							
'	► \$	es incurred in monitoring, ir	specting, nand	lling of violations,	and enforcing conserv	ation ea	semer	nts during	the year	
8	· · · · · · · · · · · · · · · · · · ·	vation easement reported o	n line 2(d) aboy	e satisfy the requ	irements of section 17		Mi			
		(4)(B)(ii)?							Yes	No
9	In Part XIII, describ	e how the organization rep	orts conservati	on easements in it	s revenue and expens	e staten	nent, a	nd balan		
		le, the text of the footnote t								
D-	conservation easer	nents.							-	
Par		tions Maintaining Co	pliections of	Art, Historic	al Treasures, or C	Other S	Simila	ar Asse	ts.	
10		the organization answered						<u> </u>		
	historical treasures	elected, as permitted under , or other similar assets hel	SFAS TTO (AS	C 958), not to rep	ort in its revenue state	ment an	d bala	nce shee	t works of art	
	the text of the footr	note to its financial stateme	nts that descri	bes these items	, or research in further	ance of p	DUDIIC	service, p	provide, in Pa	rt XIII,
b		elected, as permitted under			n its revenue statemer	it and ba	alance	sheet wo	orks of art his	torical
	treasures, or other	similar assets held for publ	c exhibition, ec	lucation, or resea	ch in furtherance of pu	ublic ser	vice, p	rovide the	e following an	nounts
	relating to these ite	ms:							0	
	(i) Revenue includ	led on Form 990, Part VIII, I								
	(II) Assets included	d in Form 990, Part X					▶ \$	;		
		eceived or held works of an				al gain, p	provide	÷		
		nts required to be reported on Form 990, Part VIII, line								
b	Assets included in I									
		duction Act Notice, see ti	e Instructions	for Form 990.					D (Form 990	)) 2016
	08-29-16									,,
				32						

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22	edule D (Form 990) 2016 INC. art III Organizations Maintaining (	Collections of A	Art Historiaal T				62-064	5012	Paç
3	Using the organization's acquisition access	on and other record	da obselvenu of th	reasures	, or Otl	her Sim	ilar Ass	ets(continu	ed)
	Using the organization's acquisition, access (check all that apply):	ion, and other recor	us, check any of the	e following f	hat are a	significar	it use of its	s collection i	items
а			d						
b				change pro					
с			e Other						
4	Provide a description of the organization's c	l	in how they firstly a						
5	During the year, did the organization solicit of	receive donations	of art, bistorical tra-	the organiz	ation's ex	empt pur	pose in Pa	rt XIII.	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's a	asures, or o	ther simil	ar assets			
'a	rt IV Escrow and Custodial Arran	gements. Compl	ete if the organization s c		d "Voo" -			Yes	
	reported an amount on Form 990, Pa	rt X, line 21.	oto il tre organizati	on answere	u res o	n Form 9	90, Part IV	, line 9, or	
1a	Is the organization an agent, trustee, custod		diary for contribution	ns or other	accote ne	tingludge			
	on Form 990, Part X?				assels no	n included	1	¥	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:	••••••	•••••	••••••		Yes	
							T	A	
C	Beginning balance					1c		Amount	
d	Additions during the year				•••••	1d	1		
е	Distributions during the year			••••••	••••••	<u>1u</u> 1e			
•	Linding balance					44	l		
a	bid the organization include an amount on Fi	orm 990, Part X, line	21, for escrow or c	ustodial acc	count liab	ility?		Yes	
b	If "Yes," explain the arrangement in Part XIII	Check here if the ev	Internation has been					100	I
a	t V Endowment Funds. Complete i	the organization an	swered "Yes" on Fo	orm 990, Pa	rt IV, line	10,			
		(a) Current year	(b) Prior year	(c) Two ye	ars back		years back	(e) Four yea	ars ba
а	Beginning of year balance	873,056,599.	873,885,134.		04,075.		343,273.	782,71	
b	Contributions	12,552,432.	2,341,719.	2,9	70,640.				15,3
	Net investment earnings, gains, and losses	103,475,245.	-72,118.	8,2	2,632.		517,552.	69,20	•
d	Grants or scholarships								
e	Other expenditures for facilities								
_	and programs	23,830,854.	3,098,136.	52,41	2,213.	51,4	53,887.	8,78	6,29
f	Administrative expenses								
g	End of year balance	965,253,422.	873,056,599.	873,88	5,134.	915,1	.04,075.	843,84	3,27
	Provide the estimated percentage of the current	ent year end balance	e (line 1g, column (a	)) held as:					
a	Board designated or quasi-endowment 🕨		_%						
	Permanent endowment  100.00	%							
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should	d equal 100%.							
3	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administe	ered for tl	ne organiz	ation		
	by:							Yes	s N
	(i) unrelated organizations							3a(i) X	
								a	
	and the related organization	ons listed as require	a on Schedule R?					3b X	
	Describe in Part XIII the intended uses of the o	proanization's endow	vment funds.						
	Complete if the organization answered				), Part X,	line 10.			
	Description of property	(a) Cost or oth			•••	cumulate	d	(d) Book val	ue
	and	basis (investme	ent) basis (o	other)		reciation			
	Land								
- C 1	Buildings		1,023,	680,309.	5	11,335,	332.	512,344	,47
L L	_easehold improvements								
6	Equipment			473,178.	2:	92,841,0	581.	122,631	. 497
			i 0	590,373.		5,687,4			,964

		1			
ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL	

chedule D (Form 990) 2016 INC. Part VII Investments - Other Securit	ies.				
Complete if the organization answer	d "Yes"	on Form 990. Part i	V. line 11b. See Form	990 Part X line 12	
(a) Description of security or category (including name of	security)	(b) Book valu	e (c) Method	d of valuation: Cost	or end-of-year market value
) Financial derivatives					
Closely-held equity interests					
) Other					
(A)					
(B)	1	·			
(C)	1				
(D)					
(E)			·····		
(F)					
(G)	<u></u>				
(H)	+				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line	121				
Part VIII Investments - Program Rela	<u>(2.)</u>				
Complete if the organization answere (a) Description of investment	u res"	on Form 990, Part I	/, line 11c. See Form 9	990, Part X, line 13.	
	+	(b) Book value	(c) Method	or valuation: Cost	or end-of-year market value
(1)					
(2)	+				
(3)					
(4)		·····			
(5)					
(6)					
(7)					
(8)					
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line	13.) ►				
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets.	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	<b>(b)</b> Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	<b>(b)</b> Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2)	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	<b>(b)</b> Book value
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4)	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	<b>(b)</b> Book value
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4)	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	<b>(b)</b> Book value
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6)	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	<b>(b)</b> Book value
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7)	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8)	l "Yes" o (a) D	Description	, line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, col	"Yes" (   (a) [ AN LEB.         	Description ANESE SYRIAN AS	, line 11d. See Form 9	990, Part X, line 15.	(b) Book value 4,082,933,94
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (1) Other Liabilities.	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S	990, Part X, line 15. ES, INC	(b) Book value 4,082,933,94
(8) (9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S	990, Part X, line 15. ES, INC	(b) Book value 4,082,933,94
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col art X Other Liabilities. Complete if the organization answered (a) Description of liability	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	ine 11d. See Form S SOCIATED CHARITI	990, Part X, line 15. ES, INC	(b) Book value 4,082,933,94
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value	990, Part X, line 15.	(b) Book value 4,082,933,94
<ul> <li>(8)</li> <li>(9)</li> <li>al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered</li> <li>(1) INTEREST IN NET ASSETS OF AMERIC</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>al. (Column (b) must equal Form 990, Part X, col art X. Other Liabilities. Complete if the organization answered</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) SELF INSURANCE LIABILITY</li> </ul>	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value 2,013,40	990, Part X, line 15.	(b) Book value 4,082,933,94
<ul> <li>(8)</li> <li>(9)</li> <li>al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered</li> <li>(1) INTEREST IN NET ASSETS OF AMERIC</li> <li>(2)</li> <li>(3)</li> <li>(4)</li> <li>(5)</li> <li>(6)</li> <li>(7)</li> <li>(8)</li> <li>(9)</li> <li>al. (Column (b) must equal Form 990, Part X, col art X. Other Liabilities. Complete if the organization answered</li> <li>(a) Description of liability</li> <li>(1) Federal income taxes</li> <li>(2) SELF INSURANCE LIABILITY</li> <li>(3) WORKERS COMPENSATION</li> </ul>	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value	990, Part X, line 15.	(b) Book value 4,082,933,94
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) SELF INSURANCE LIABILITY (3) WORKERS COMPENSATION (4)	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value 2,013,40	990, Part X, line 15.	(b) Book value 4,082,933,94
(8)         (9)         Ial. (Col. (b) must equal Form 990, Part X, col. (B) line         art IX       Other Assets.         Complete if the organization answered         (1) INTEREST IN NET ASSETS OF AMERIC         (2)         (3)         (4)         (5)         (6)         (7)         (8)         (9)         (al. (Column (b) must equal Form 990, Part X, col         art X         Other Liabilities.         Complete if the organization answered         (a) Description of liability         (1) Federal income taxes         (2) SELF INSURANCE LIABILITY         (3) WORKERS COMPENSATION         (4)         (5)	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value 2,013,40	990, Part X, line 15.	(b) Book value 4,082,933,94
(8) (9) (art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) SELF INSURANCE LIABILITY	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value 2,013,40	990, Part X, line 15.	(b) Book value 4,082,933,94
(8) (9) (art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) SELF INSURANCE LIABILITY (3) WORKERS COMPENSATION (4) (5) (6) (7)	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value 2,013,40	990, Part X, line 15.	(b) Book value 4,082,933,94
(8) (9) Ial. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) Ial. (Column (b) must equal Form 990, Part X, col art X Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) SELF INSURANCE LIABILITY (3) WORKERS COMPENSATION (4) (5) (6)	"Yes" ( (a) [ AN LEB.	Description ANESE SYRIAN AS 15.)	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value 2,013,40	990, Part X, line 15.	(b) Book value 4,082,933,94
(8) (9) (al. (Col. (b) must equal Form 990, Part X, col. (B) line art IX Other Assets. Complete if the organization answered (1) INTEREST IN NET ASSETS OF AMERIC (2) (3) (4) (5) (6) (7) (8) (9) (al. (Column (b) must equal Form 990, Part X, col art X. Other Liabilities. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) SELF INSURANCE LIABILITY (3) WORKERS COMPENSATION (4) (5) (6) (7) (8)	I "Yes" ( (a) [ AN LEB,   	Description ANESE SYRIAN AS 15.) In Form 990, Part IV	, line 11d. See Form S SOCIATED CHARITI Line 11e or 11f. See F (b) Book value 2,013,40	290, Part X, line 15.	(b) Book value 4,082,933,94

Schedule D (Form 990) 2016 INC. Part XI Reconciliation of Revenue per Auc	lited Financial Stater	nents With	Revenue ner F	62-064 Return	6012 Page 4
Complete if the organization answered "Yes"	on Form 990, Part IV, line 12	2a.	nevenue per i	icum.	
1 Total revenue, gains, and other support per audited					786,140,580
2 Amounts included on line 1 but not on Form 990, Particular State	rt VIII, line 12:			San Langu A.	
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 Max	
a Investment expenses not included on Form 990, Part					
			671,867,114.		
c Add lines 4a and 4b				4c	671,867,114.
5 Total revenue. Add lines 3 and 4c. (This must equal F	orm 990, Part I, line 12.)			5	900,801,934.
Part XII Reconciliation of Expenses per Au	alted Financial State	ments Witl	n Expenses per	Return	1.
Complete if the organization answered "Yes" of 1 Total expenses and losses per audited financial state					
the second state	ments	••••••		1	857,021,844.
	t IX, line 25:	1 - 1			
		<u>2a</u>			•
c Other losses d Other (Describe in Part XIII.)		<u>2</u> c	· · · · · · · · · · · · · · · · · · ·		
					•
3 Subtract line 2e from line 1		••••••		2e	0.
4 Amounts included on Form 990, Part IX, line 25, but n	ot on line 1:	•••••••	••••••	3	857,021,844.
a Investment expenses not included on Form 990, Part	VIII line 7b	4a		業派	
b Other (Describe in Part XIII.)	vin, me / D	. 4a 4b			
				A.AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	٥
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal i	Form 990. Part I. line 18.)	••••••		4c 5	0. 857,021,844.
Part XIII Supplemental Information.				3	037,021,011.
Provide the descriptions required for Part II, lines 3, 5, and 6	Port III lines 1s and 4: De-	+ B/ Kunne dla			
Provide the descriptions required for Part II, lines 3, 5, and 9 lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4:	); Part III, lines 1a and 4; Par e this part to provide any ad	rt IV, lines 1b a ditional inform	and 2b; Part V, line 4 nation.	; Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	e this part to provide any ad	ditional inform	and 2b; Part V, line 4 nation.	l; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete	e this part to provide any ad	ditional inform	and 2b; Part V, line 4 nation.	l; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA	e this part to provide any ad	ditional inform	and 2b; Part V, line 4	I; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND	e this part to provide any ad	ditional inform	and 2b; Part V, line 4 hation.	I; Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND FUTURE NEEDS OF ST. JUDE.	e this part to provide any ad	ditional inform	and 2b; Part V, line 4 hation.	l; Part X,	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND FUTURE NEEDS OF ST. JUDE. PART X, LINE 2:	e this part to provide any ad	ditional inform	and 2b; Part V, line 4 hation.	l; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND FUTURE NEEDS OF ST. JUDE. PART X, LINE 2: AS OF JUNE 30, 2017, THE ORGANIZATION HAD NOT	e this part to provide any ad NESE SYRIAN ASSOCIATE ARE USED TO SUPPORT T IDENTIFIED ANY UNCER	ditional inform	and 2b; Part V, line 4 hation.	I; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND FUTURE NEEDS OF ST. JUDE. PART X, LINE 2: AS OF JUNE 30, 2017, THE ORGANIZATION HAD NOT POSITIONS UNDER ASC TOPIC 740, INCOME TAXES,	this part to provide any ad NESE SYRIAN ASSOCIATE ARE USED TO SUPPORT T IDENTIFIED ANY UNCER REQUIRING ADJUSTMENTS	TAIN TAX	and 2b; Part V, line 4 hation.	I; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND	this part to provide any ad NESE SYRIAN ASSOCIATE ARE USED TO SUPPORT T IDENTIFIED ANY UNCER REQUIRING ADJUSTMENTS HE ORGANIZATION WERE	TO ITS	and 2b; Part V, line 4 hation.	I; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND FUTURE NEEDS OF ST. JUDE. PART X, LINE 2: AS OF JUNE 30, 2017, THE ORGANIZATION HAD NOT POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, COMBINED FINANCIAL STATEMENTS. IN THE EVENT T	this part to provide any ad NESE SYRIAN ASSOCIATE ARE USED TO SUPPORT T IDENTIFIED ANY UNCER REQUIRING ADJUSTMENTS HE ORGANIZATION WERE NCERTAIN TAX POSITION	CITAIN TAX TO ITS TO IS, IT	and 2b; Part V, line 4 hation.	I; Part X,	line 2; Part XI,
Ines 2d and 4b; and Part XII, lines 2d and 4b. Also complete PART V, LINE 4: THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBA CHARITIES, INC., A RELATED ORGANIZATION, AND FUTURE NEEDS OF ST. JUDE. PART X, LINE 2: AS OF JUNE 30, 2017, THE ORGANIZATION HAD NOT POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, COMBINED FINANCIAL STATEMENTS. IN THE EVENT T RECOGNIZE INTEREST AND PENALTIES RELATED TO U	This part to provide any ad NESE SYRIAN ASSOCIATE ARE USED TO SUPPORT T IDENTIFIED ANY UNCER REQUIRING ADJUSTMENTS HE ORGANIZATION WERE NCERTAIN TAX POSITION STATEMENTS AS A GENE	CITAIN TAX CTAIN TAX	and 2b; Part V, line 4 hation.	I; Part X,	line 2; Part XI,

	1		
ST. JUD	CHILDREN'S RESEARCH HOSPITAL,		
Schedule D (Form 990) 2016 INC.		62 0646010	_
Part XIII Supplemental Information (c	antinued)	62-0646012	Page 5
EXAMINATION BY THE FEDERAL AND STATE 7	AXING AUTHORITIES RESPECTIVELY		
	,		
THERE ARE NO INCOME TAX EXAMINATIONS (	URRENTLY 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 A	LSAC 663,714,692.		
GAIN ON BOND DEFEASANCE	8,152,422.		
		······································	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	671,867,114.		
		· · · · · · · · · · · · · · · · · · ·	
		· · · · · · · · · · · · · · · · · · ·	
		·····	
		Schedule D (Form 99	30) 2016
632055 08-29-16			,

SCHEDULE F (Form 990)		Stateme	ent the	of Act	tivities Outside the U on answered "Yes" on Form 990, Par	nited Sta t IV, line 14b, 1	ates 0	MB No. 1545-0047
Department of the Treasury					Attach to Form 990.			pen to Public
Internal Revenue Service		Information ab	out	Schedule F	F (Form 990) and its instructions is at	t www.irs.gov/fo	orm990.	nspection
Name of the organization							Employer identif	ication number
ST. JUDE CHILDREN' INC.	S RE:	SEARCH HOSPI	TAL	4			_	
	Info	mation on /					62-0646012	
			AGU	vides Ou	tside the United States. Compl	lete if the organ	ization answered "	Yes" on
Form 990, I 1 For grantmakers	_	·						
the grantage alight	Does	the organizatio	n ma	intain recoi	ds to substantiate the amount of its gr	rants and other	assistance,	
the grantees eligit	Duity it	or the grants or	assis	stance, and	the selection criteria used to award th	e grants or assi	stance?	Yes No
2 For grantmakers. United States.	. Desc	ribe in Part V th	e org	anization's	procedures for monitoring the use of it	ts grants and of	ther assistance out	side the
3 Activities per Regi	on. (Th	ne following Par	t I, lii	ne 3 table c	an be duplicated if additional space is	needed.)		
(a) Region		(b) Number of	(c)	Number of			vity listed in (d)	(f) Total
		offices		mployees, jents, and	(by type) (such as, fundraising, pro-	is a prog	gram service,	expenditures
		in the region	l ind	dependent intractors	gram services, investments, grants to		specific type	for and investments
				the region	recipients located in the region)	of service	(s) in the region	in the region
						1		
CENTRAL AMERICA &						RESEARCH /	EDUCATION AND	
THE CARIBBEAN		0		0	PROGRAM SERVICES	TRAINING		1,229,950.
EAST ASIA AND THE						RESEARCH / 1	EDUCATION AND	
PACIFIC		0		0	PROGRAM SERVICES	TRAINING		3,310,151.
EUROPE (INCLUDING								
ICELAND AND								
GREENLAND)		0		0	* PROGRAM SERVICES		EDUCATION AND	000 004
				0	FROGRAM BERVICES	TRAINING		-265,774.
MIDDLE EAST AND						RESEARCH / 1	EDUCATION AND	
NORTH AFRICA	1	0		0		TRAINING	boomin and	4,582,761.
	· · · ·							-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
						RESEARCH / 1	EDUCATION AND	
NORTH AMERICA	1	0		0		TRAINING		-1,603.
				1				
RUSSIA AND						RESEARCH / I	EDUCATION AND	
NEIGHBORING STATES		0		0	PROGRAM SERVICES	TRAINING		1,313.
						RESEARCH / I	EDUCATION AND	
SOUTH AMERICA		0		0	PROGRAM SERVICES	TRAINING		832,337.
	1							
COUMU ACT >							BOUCATION AND	
SOUTH ASIA		0				TRAINING		3,383.
3 a Sub-total				0			na shekeri na gata na k	9,692,518.
b Total from continua sheets to Part I		0		0				-
c Totals (add lines 3a						14.5 (1997) 14.5 (1997) 14.5 (1997)	an the second	0.
and 3b)		0		0				9,692,518.
	·····	l					전철연일 관련 전 문화관 위험	2,022,010.

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

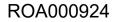
Schedule F (Form 990) 2016

62-0646012

Page 2

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.

							•.
t	organizations liste	organizations listed above that are r	organizations listed above that are recognized as charities by ee or counsel has provided a section 501(c)(3) equivalency let	organizations listed above that are recognized as charities by the foreign country, ee or counsel has provided a section 501(c)(3) equivalency letter	organizations listed above that are recognized as charities by the foreign country, recognized as tax-exerce or counsel has provided a section 501(c)(3) equivalency letter	organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by see or counsel has provided a section 501(c)(3) equivalency letter	organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by

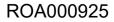


### ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

f additional space is neede	le the United St ed.	ates. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	Page
(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)
				· · · · · · · · · · · · · · · · · · ·		
			······································			
						Image: Second

Schedule F (Form 990) 2016

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		KIN B KEBERKCH HOSFITKE,			
	dule F (Form 990) 2016 INC.		62-0646012		Page 4
Par	t IV Foreign Forms				
1		operty to a foreign corporation during the tax year? If "Yes," the			
	organization may be required to file Form 92	26, Return by a U.S. Transferor of Property to a Foreign			
	Corporation (see Instructions for Form 926)		Yes	х	No
-					
2		reign trust during the tax year? If "Yes," the organization			
		0, Annual Return To Report Transactions With Foreign			
		and/or Form 3520-A, Annual Information Return of Foreign			
	Trust With a U.S. Owner (see Instructions fo	r Forms 3520 and 3520-A; do not file with Form 990)	Yes	х	No
3	Did the organization have an ownership into	erest in a foreign corporation during the tax year? If "Yes,"			
Ŭ		n 5471, Information Return of U.S. Persons With Respect To			
	Certain Foreign Corporations (see Instructio	ns for Form 5471)	Yes	х	No
4	Was the organization a direct or indirect sha	areholder 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,			
		ssive Foreign Investment Company or Qualified Electing Fund			
	(see Instructions for Form 8621)		Yes	x	No
_					
5		erest in a foreign partnership during the tax year? If "Yes,"			
		n 8865, Return of U.S. Persons With Respect to Certain			
	Foreign Partnerships (see Instructions for Fo	rm 8865)	Yes	X	No
6	Did the organization have any operations in	or related to any boycotting countries during the tax year? If			
		eparately file Form 5713, International Boycott Report (see			
	Instructions for Form 5713; do not file with I		Yes	х	No
			165		NO

Schedule F (Form 990) 2016

Schedule F Part V	(Form 990) 2016 INC			62-0646012	Pa
Faity	Supplemental Inf				
	Provide the information	n required by Pa	rt I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	nting method; amounts of	
	investments vs. expen	aitures per regio	n); Part II, line 1 (accounting method); Part III (accounting method);	nod); and Part III, column (c)	
	(estimated number of )	recipients), as ap	plicable. Also complete this part to provide any additional info	rmation. See instructions.	
ART I, I	THE 3.				
<u> </u>	<u></u>	·····			
			BASIS. PAYMENTS ARE ISSUED BASED		
	AND AND NECONDED (	N AN ACCRUA	5 BASIS, PAIMENTS ARE ISSUED BASED		
N CONTRA	CTUAL OBLIGATIONS	HPON RECEIPT	F OF SUPPORTING DOCUMENTATION.		
			or borrowing becomentation.	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·				
	·		· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·		
				- · · · · · · · · · · · · · · · · · · ·	
	······································				
			· · · · · · · · · · · · · · · · · · ·		
		1			

SC	HEDULE H		ĺ		Hooni	tala		1	OMB No.	1545-00	047
(Fo	orm 990)				Hospi				20	16	
Dener		Compl	ete if the c	organiza	ation answered ' Attach to I	Yes" on Form 990	, Part IV, question	n 20.	<b></b>		) Li turita
	Iment of the Treasury	Information	n about Sc	hedule		d its instructions	is at www.irs.gov/	form990 .	Open t Inspec		
Nam	e of the organization		E CHILDRI	EN'S R	ESEARCH HOSPI	TAL,		Employer id		ion nu	mber
Pa	rt I Financia		and Cort	tain O	ther Commu	nity Benefits at	Cost	62-064601	2		
1.4						inty benefits a				Yes	No
1a	Did the organizatio	n have a financia	assistance	e policv	during the tax ve	ar? If "No." skin to	question 6a		1a	X	
	If "Yes," was it a w if the organization had m								1b	x	<u> </u>
2	facilities during the tax ye	ultiple hospital facilities sar.	, indicate whic	ch of the fo	llowing best describes	application of the financia	al assistance policy to its	s various hospital	8738.3 1953-19		
		ormly to all hospita			Appli	ed uniformly to mo	st hospital facilitie	S			
3	Generally tail Answer the following bas	lored to individual	• •		that any find to the four-						
	Did the organizatio										
	If "Yes," indicate w		-	•	•				3a	An <b>Christi</b>	X
	100%	150%	200%		Other	%	**********		to starte		
b	Did the organizatio								na seneral Salar kang Salar kang		
	of the following wa			eligibility					<u>3b</u>		x
_	200%	250%	300%		350%		ther 9	6			
C	If the organization eligibility for free or										
	threshold, regardle	ss of income, as a	a factor in o	determi	ning eligibility for t	iree or discounted	care.		A Contractory A Contractory A Contractory		
4	Did the organization's fin "medically indigent"?								4	X	121212-0225
	Did the organization b									x	
	If "Yes," did the org								5b	x	
С	If "Yes" to line 5b,									ł	
60	care to a patient will Did the organization										x
	If "Yes," did the org										
~	Complete the following ta										
7	Financial Assistanc		ner Commu	unity Be	nefits at Cost						
	Financial Assist		(a) Numb activities	sor	(b) Persons served	(C) Total community benefit expense	(d) Direct offsetting revenue	(e) Net communi benefit expense		) Percer of total	
	ans-Tested Govern	•	programs (o	ptional)	(optional)			-	_	expense	
а	Financial Assistance	· ·				74,493,760.	391,930.	74,101,83		8.65	59
ь	Worksheet 1) Medicaid (from Wo					/1,150,100.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
-	column a)					152,099,836.	33,008,786.	119,091,05	. o	13.90	<b>)</b> %
С	Costs of other mea	ins-tested									
	government progra	•									
	Worksheet 3, colum	,				8,522,000.	1,838,368.	6,683,63	2.	.78	38
a	Total Financial Assistar Means-Tested Governme					235,115,596.	35,239,084.	199,876,51	2	23.33	38
	Other Bene					,					
е	Community health		1								
	improvement service	ces and									
	community benefit										
	(from Worksheet 4)					21,192,693.		21,192,69	3.	2.4	/*
T	Health professions (from Worksheet 5)					9,677,935.	265,036.	9,412,89		1.10	)8
g	Subsidized health s		1					-,,			
	(from Worksheet 6)					25,572,063.		25,572,06	3.	2.98	38
	Research (from Wo	rksheet 7)				334,430,853.	77,926,736.	256,504,11	7.	29.93	38
i	Cash and in-kind co										
	for community bene					4,726,935.		1 775 07	5	.55	<b>.</b> *
i	Worksheet 8) Total. Other Benefi	ts				395,600,479.	78,191,772.	4,726,93		37.03	
	Total. Add lines 7d					630,716,075.	113,430,856.	517,285,21		60.36	

632091 11-02-16 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 42

ST.	JUDE	CHILDREN'	s	RESEARCH	HOSPITAL	

Pa	edule H (Form 990) 2016 INC. rt II Community Building A	Activities	Compl	ete this table if th	e organization	conduc	rted any c	omm	62-06460		F	age 2
05.025	tax year, and describe in Par	t VI how its	comm	unity building activ	ities promoter	the he	ealth of th		unity building acti munities it serves	viues	aunng	the
		(a) Numb activities or p (option	per of programs	(b) Persons served (optional)	(C) Total community building expen		(d) Direct offsetting rev	t	(e) Net community building expense	1 1	) Percei otal expe	
1	Physical improvements and housing			······································						1		
2	Economic development				85,5	32.			85,532		.0	18
3	Community support											
4	Environmental improvements											
5	Leadership development and											
	training for community members				_							
6	Coalition building								_			
7	Community health improvement											
	advocacy				7,3				7,329,		.0	80
8	Workforce development				22,2	68.			22,268.		.0	08
9	Other											
10	Total				115,1	29.			115,129.		.0	18
	rt III   Bad Debt, Medicare, &	& Collect	ion Pi	ractices								
	ion A. Bad Debt Expense										Yes	No
1	Did the organization report bad debt	•										
_	Statement No. 15?					•••••		••••••	••••••	1		X
2	Enter the amount of the organization		•	•								
_	methodology used by the organizati	1				•••••	2		512,000.			
3	Enter the estimated amount of the o	-		•								
	patients eligible under the organizati											
	methodology used by the organizati									21213	Eco.	
	for including this portion of bad deb											
4	Provide in Part VI the text of the fool	1	-					lebt			10. 32. 34 10. 32. 34	
<b>.</b> .	expense or the page number on whi	ich this footi	note is i	contained in the a	ittached financ	ial stat	ements.					
	ion B. Medicare						1 - 1		•			
5	Enter total revenue received from Me								.0.			
6	Enter Medicare allowable costs of ca								455,285.			
7	Subtract line 6 from line 5. This is the								-455,285.			
8	Describe in Part VI the extent to white		•				•		•			
	Also describe in Part VI the costing r Check the box that describes the ma	-	-	irce used to dete	rmine the amo	unt rep	ortea on i	пе 6.				
		X Cost		no votio	Other						1023) 2410-041	
Sant	Cost accounting system ion C. Collection Practices		to charg		Other					وتعتقد والمتعاد	12.12251	تمغنا
	Did the organization have a written o	laht collecti	on nolic	w during the tax w	100r?					9a	x	
h	If "Yes," did the organization's collection p	policy that an	nlied to t	he largest number o	f its natients du	ing the t	tay year co	n	rovisions on the	- <del>3</del> 8		
	collection practices to be followed for pat	ients who are	known '	to qualify for financi	al assistance? D	escribe i	in Part VI	naar p		9Ь	x	
Pa	t IV Management Compan	ies and	Joint	Ventures (owned	10% or more by of	ficers. dir	ectors, truste	es. kev	employees, and physic	ians - s	ee instru	ctions)
	(a) Name of entity			cription of primary			nization's					
	(a) Name of entity			tivity of entity			or stock		Officers, direct- s, trustees, or		hysicia ofit % (	
					.		rship %	key	y employees' ofit % or stock		stock	
									wnership %	own	ership	%
								1				

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Schedule H (Form 990) 2016 INC.	PITAL,								62-0646012	_
Schedule H (Form 990) 2016         INC.           Part V         Facility Information									62-0646012	Page
Section A. Hospital Facilities	· · · ·	<u> </u>	<u> </u>	r –	ā					
(list in order of size, from largest to smallest)		ical	Children's hospital		ŝ					
How many hospital facilities did the organization operate	icensed hospital	Gen. medical & surgical	oita	ital	١Ž	≥				
during the tax year? 1	d d	s S	so	å	S	١ <u>ē</u>				
		ca	sh	2	l ö	Research facility	เรา	ER-other		
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital	sed	ledi	5	l ig	ă T	2	2	Þ		Facilit
organization that operates the hospital facility)	l ü		μ	넔	ŭ	ŝ	54	1 Ŧ		report group
	<u> </u>	99	5	Ĕ	5	æ	臣	臣	Other (describe)	<b>"</b> ••••
1 ST. JUDE CHILDREN'S RESEARCH HOSPITAL										
262 DANNY THOMAS PLACE										
MEMPHIS, TN 38105-3678										
WWW.STJUDE.ORG	_									
TN STATE LICENSE NUMBER 000000113	x		x			x				
	<u>_</u>				_	-				_
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ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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

					Yes	No
_ <u> </u>	ommun	ty Health Needs Assessment		147.2	1. 20	
1	Was th	e 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	x year?	1		x
2			service as a tax-exempt hospital in the current tax year or			
	the imr	nediately preceding tax year? If "Yes," pro	ovide details of the acquisition in Section C	2		X
3			ely preceding tax years, did the hospital facility conduct a			
	commu	inity health needs assessment (CHNA)? If	"No," skip to line 12	3	x	
	If "Yes,	" indicate what the CHNA report describe	es (check all that apply):			
e	х	A definition of the community served by t	the hospital facility			
Ł	, X	Demographics of the community				
¢	: X	Existing health care facilities and resource	es within the community that are available to respond to the health needs			
		of the community				
c	x	How data was obtained				
e	, X	The significant health needs of the comm	nunity			
f	x	Primary and chronic disease needs and o	other health issues of uninsured persons, low-income persons, and minority			
		groups				
ç	X	The process for identifying and prioritizing	g community health needs and services to meet the community health needs			
h	Х	The process for consulting with persons r	representing the community's interests			
i	х	The impact of any actions taken to address	ess the significant health needs identified in the hospital facility's prior CHNA(s)			
j		Other (describe in Section C)				
4	Indicat	e the tax year the hospital facility last cond	ducted a CHNA: 20 15			
5	In conc	ucting its most recent CHNA, did the host	pital facility take into account input from persons who represent the broad			
	interest	s of the community served by the hospital	I facility, including those with special knowledge of or expertise in public			
	health?	If "Yes," describe in Section C how the ho	ospital facility took into account input from persons who represent the			
	commu	nity, and identify the persons the hospital	facility consulted	5	x	
<b>6</b> a	Was th	e hospital facility's CHNA conducted with (	one or more other hospital facilities? If "Yes," list the other			
	hospita	I facilities in Section C		6a		x
b	Was th	e hospital facility's CHNA conducted with t	one or more organizations other than hospital facilities? If "Yes,"			
				6b	_	x
7	Did the	hospital facility make its CHNA report wid	lely available to the public?	7	X	
	If "Yes,	indicate how the CHNA report was made	• • • • • • • • • • • • • • • • • • • •			
а	x	Hospital facility's website (list url): SEE F	PART V, SECTION C			
b		Other website (list url):				
C	x		spection without charge at the hospital facility			
d		Other (describe in Section C)			in a la caracteria de la c	
8			strategy to meet the significant community health needs			
			HNA? If "No," skip to line 11	8	X	
			pted an implementation strategy: 20 <u>15</u>		in i	الأستنابي الم
			plementation strategy posted on a website?	10	X	
		(list url): SEE PART V, SECTION C		and and and and	122	
			pted implementation strategy attached to this return?	10b	1111000	
11			addressing the significant needs identified in its most			
		eds are not being addressed.	hat are not being addressed together with the reasons why			
12a		e required by section 501/r/(3)2	ction 4959 for the hospital facility's failure to conduct a	100		X
h			4720 to report the section 4959 excise tax?	12a 12b		<u> </u>
			ection 4959 excise tax the organization reported on Form 4720	_120 ?:::	alage de la	<u>alastiau</u>
Ŭ		its hospital facilities? \$	South Tool Choise tan the organization reported on Form 4720			
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ST.	JUDE	CHILDREN'	S	RESEARCH	HOSPITAL

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 Part V
 Facility Information (continued)

 Financial Assistance Policy (FAP)
 62-0646012
 Page 5

# Name of hospital facility or letter of facility reporting group ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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				Yes	No
	Did th	ne hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explai	ined eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	lf "Yes	s," indicate the eligibility criteria explained in the FAP:	30		
а		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)	対象		
c		Asset level			
d		Medical indigency			
е		Insurance status			
f		Underinsurance status			
g		Residency	電源		
h	x	Other (describe in Section C)			
14	Explai	ined the basis for calculating amounts charged to patients?	14	X	
15	Explain	ined the method for applying for financial assistance?	15	x	
	If "Yes	s," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
	explair	ned the method for applying for financial assistance (check all that apply):			
а		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	a second		
e	х	Other (describe in Section C)			
		videly publicized within the community served by the hospital facility?	16	x	
		s," indicate how the hospital facility publicized the policy (check all that apply):			
а	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 uri): SEE PART V, SECTION C			
c	х	A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C			
d	х	The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)	12.4		
е	х	The FAP application form was available upon request and without charge (in public locations in the hospital			
		facility and by mail)		$\sum_{i=1}^{n-1} (a_i)_{i \in \mathcal{I}}$	
f	х	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	х	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	1.		
		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 FAF			
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			
		Other (describe in Section C)			1933
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ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL	

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	edule H (Form 990) 2016 INC. 62-06460	12	P	age <b>6</b>
Pa	art V Facility Information (continued)			
Billi	ng and Collections			
Nar	ne of hospital facility or letter of facility reporting groupST. 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)			
t	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			
C	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:			1.53
а	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	1997) 1997)		
е	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):			
а	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			
е	X Other (describe in Section C)			
f	None of these efforts were made			
Poli	cy 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:			
а	The hospital facility did not provide care for any emergency medical conditions		成1999 1月13日 1月13日	
b	The hospital facility's policy was not in writing		<u> 20</u> 9 49	
c				
d	Other (describe in Section C)	$\frac{1}{2} \frac{1}{2} \frac{1}$		
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ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL,
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	ST. JUDE CHIL	DREN'S RESEARCH HOSPITAL,			
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Pa	t V Facility Information (continued)		<u> </u>		<u>- 30</u> ,
Char	ges to Individuals Eligible for Assistance Unde	er the FAP (FAP-Eligible Individuals)			
Nam	e of hospital facility or letter of facility reportin	ng group ST. JUDE CHILDREN'S RESEARCH HOSPITAL			
				Yes	No
22	ndicate how the hospital facility determined, dur ndividuals for emergency or other medically nece	ring the tax year, the maximum amounts that can be charged to FAP-eligible essary care.			
а	The hospital facility used a look-back met 12-month period	thod based on claims allowed by Medicare fee-for-service during a prior			
b		thod based on claims allowed by Medicare fee-for-service and all private spital facility during a prior 12-month period			
с		thod based on claims allowed by Medicaid, either alone or in combination			
		ate health insurers that pay claims to the hospital facility during a prior			
d	X The hospital facility used a prospective M	Medicare or Medicaid method			
23	During the tax year, did the hospital facility charge	e any FAP-eligible individual to whom the hospital facility provided	and the second states	ndensenerer.	italian orang
		s more than the amounts generally billed to individuals who had	23		x
	f "Yes," explain in Section C.		No.	<u> Anna an</u>	
24	During the tax year, did the hospital facility charge	e any FAP-eligible individual an amount equal to the gross charge for any		ro-sealara	
	service provided to that individual?		24		х
	f "Yes," explain in Section C.		i na second		2025
		Schedule H	l (Forn	n 990)	2016

Schedule H (Form 990) 2016

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ST. JUDE CH Schedule H (Form 990) 2016 INC.	ILDREN'S RESEARCH HOSPITAL,	62-0646012	Page 8
Part V Facility Information (continued)			1 490 0
Section C. Supplemental Information for Part 1 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 2	V, Section B. Provide descriptions required for Part V, Section B, lia 4. If applicable, provide separate descriptions for each hospital fac and hospital facility line number from Part V, Section A ("A, 1," "A	ility in a facility roportin	~
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 IDENT	IFIED 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-PROF	IT PUBLIC HEALTH CONSULTANCY		
ORGANIZATION, TO CONDUCT THE CHNA.			
IN AN EFFORT TO DEVELOP A SOCIAL, ECON	OMIC, AND HEALTH PORTRAIT OF THE		
COMMUNITY SERVED BY ST. JUDE FOR THE G	REATER MEMPHIS AREA AND NATIONALLY,		
HRIA REVIEWED EXISTING DATA DRAWN FROM	LOCAL, STATE, AND NATIONAL SOURCES.		
HRIA CONDUCTED QUALITATIVE RESEARCH WI	TH INTERNAL AND EXTERNAL ST. JUDE		
STAKEHOLDERS AS WELL AS PATIENTS AND FA	MILY MEMBERS SERVED IN ORDER TO		
SUPPLEMENT QUANTITATIVE FINDINGS WITH	PERCEPTIONS OF COMMUNITY STRENGTHS		
AND ASSETS, THEIR PRIORITY HEALTH CONCL	RNS, AND SUGGESTIONS FOR FUTURE		
PROGRAMMING AND SERVICES.			
FOCUS GROUPS			
FOCUS GROUPS WERE CONDUCTED WITH CURREN	T AND FORMER ST. JUDE PATIENTS,		
PATIENT CAREGIVERS, AND ST. JUDE CLINIC	AL, RESEARCH, AND ADMINISTRATIVE		
STAFF. DIFFERENT TOPIC AREAS WERE EXPLO	RED BASED ON THE UNIQUE EXPERIENCES		
OF EACH OF THE GROUPS. THE PATIENT AND	CAREGIVER FOCUS GROUPS, CONDUCTED		
WITH CURRENT PATIENTS AND REPRESENTATIV	ES OF THE FAMILY ADVISORY AND		
QUALITY OF LIFE/PALLIATIVE CARE STEERIN	G COUNCILS, EXPLORED THE EXTENT TO		
WHICH ST. JUDE IS MEETING THE NEEDS OF	CHILDREN WITH CATASTROPHIC		
ILLNESSES AND OPPORTUNITIES TO BRIDGE P	ATIENT NEEDS IN THE FUTURE. THE		
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Part V Facility Information (continued)		Page
Section C. Supplemental Information for Part V, Section B. Provide descriptic 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separat group, designated by facility reporting group letter and hospital facility line numb name of hospital facility.	Openintions for each beenitel feality in a feality was suffi-	
CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF FOCUS GROUP EXPLO	RED THESE	
TOPICS AS WELL AS SPECIFIC ISSUES RELATED TO THE GREATER MEMPH	IS	
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.	DN AVERAGE,	
FOCUS GROUPS LASTED 30-90 MINUTES. BEFORE THE START OF THE GRO	JPS, HRIA	
EXPLAINED THE PURPOSE OF THE STUDY TO PARTICIPANTS AND PARTICI	PANTS HAD AN	
OPPORTUNITY TO ASK QUESTIONS. THEY WERE ALSO NOTIFIED VERBALLY	THAT GROUP	
DISCUSSIONS WOULD REMAIN CONFIDENTIAL, AND NO RESPONSES WOULD	3E CONNECTED	
TO THEM PERSONALLY. PATIENT FOCUS GROUP PARTICIPANTS RECEIVED	\$30 GIFT	
CERTIFICATE AS WELL AS FOOD AND BEVERAGES IN APPRECIATION FOR	HEIR TIME.	-
PARTICIPANTS WERE RECRUITED BY ST. JUDE STAFF, WHO ARRANGED AL	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	
ARE		
WILLIAM L. GREENE, PHARM D, CHIEF PHARMACEUTICAL OFFICER		
LIZA JOHNSON, MD, STAFF PHYSICIAN, HOSPITALIST		
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ST.	JUDE	CHILDREN	1's	RESEARCH	HOSPITAL,

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Part V Facility Information (continued)			
130, 136, 10, 166, 196, 206, 210, 210, 23, and 2	V, Section B. Provide descriptions required for Part V, Section B, lim 4. If applicable, provide separate descriptions for each hospital facilier and hospital facility line number from Part V, Section A ("A, 1," "A	lity in a facility roporting	-
- PAT KEEL, SVP, CHIEF FINANCIAL OFFIC	ER		
- CINDY LEKHY, VP, CLINICAL OPERATIONS			
- MONIKA METZGER, MD, REGIONAL DIRECTO	R, CENTRAL AND SOUTH AMERICA		
REGIONS, INTERNATIONAL OUTREACH PROGRA	M		
- SEAN PHIPPS, PHD, CHAIR, PSYCHOLOGY	DEPARTMENT		
- ULRIKE REISS, MD, DIRECTOR, CLINICAL	HEMATOLOGY DIVISION		
- GILES W. ROBINSON, MD, ASSISTANT MEM	BER, ONCOLOGY DEPARTMENT		
- VICTOR SANTANA, MD, MEMBER, VP, CLIN	ICAL TRIALS ADMINISTRATION		
- RON SMITH, VP, SCIENTIFIC OPERATIONS			
- ELAINE TUOMANEN, MD, CHAIR, DEPARTME	NT OF INFECTIOUS DISEASES		
FAMILY ADVISORY COUNCIL AND QUALITY OF	LIFE/PALLIATIVE CARE STEERING		
COUNCIL (INTERNAL AND EXTERNAL, SOME F	AMILY MEMBERS AND FORMER PATIENTS		
ARE ALSO ST. JUDE EMPLOYEES)			
- AUDREY DAVIS			
- DEBBIE HIGGINS			
- CASEY PAPPAS			
- GABBY SALINAS		<u></u>	
- KELLY WADDELL			
ADOLESCENT PATIENTS, N=4			
KEY INFORMANT INTERVIEWS			
HRIA CONDUCTED INTERVIEWS WITH 16 INDIV	IDUALS; 6 WERE INTERNAL TO THE ST.		
JUDE HOSPITAL AND 10 WERE EXTERNAL REPR	ESENTATIVES. INTERVIEWEES REPRESENT	<u></u>	
A RANGE OF SECTORS, INCLUDING LEADERS I	N HEALTH CARE AND HEALTH RESEARCH,		
GOVERNMENT, AND SOCIAL SERVICE ORGANIZA	TIONS FOCUSING ON VULNERABLE		
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ST.	JUDE	CHILDREN'S	RESEARCH	HOSPITAL,	

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Section C. Supplemental Information for Part V 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 24	<b>A. Section B.</b> Provide descriptions required for Part V, Section B, line 4. If applicable, provide separate descriptions for each hospital facility 6 and hospital facility line number from Part V, Section A ("A, 1," "A, 4	v in a facility reporting	
POPULATIONS. SIMILAR TO THE FOCUS GROU	PS, 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 A	AFFILIATE PROGRAM		
- JUSTIN BAKER, CHIEF, DIVISION OF QUAL	LITY 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 SCI	ENTIFIC ADVISORY BOARD		
- ALICIA HUETTEL, DIRECTOR OF FAMILY CE	NTERED CARE		*
EXTERNAL KEY INFORMANT INTERVIEWS			
- DR. JOHNATHAN MCCULLERS, CHAIR, DEPAR	TMENT OF PEDIATRICS, UTHSC/LE		
SONHEUR CHILDREN'S HOSPITAL			
- JENNIFER MARSHALL PEPPER, HIV/RYAN WH	ITE, SHELBY COUNTY	·	
DR. DAVID STERN, DEAN UTHSC COLLEGE C	FMEDICINE		
- DR. BARRY GOLDSPIEL, ACTING CHIEF, PH	ARMACY DEPARTMENT, CHIEF, CLINICAL		
PHARMACY SPECIALIST SECTION, NIH			
DRS. NADA ELMAGBOUL AND ROBIN WOMEODU	, SICKLE CELL DISEASE PROGRAM		
METHODIST LE BONHEUR HEALTHCARE			
- VALERIE NAGOSHINER, DEPUTY COMMISSION - ANGELA MOORE, PH COORDINATOR, COMMUNI			
EALTH DEPARTMENT	HANDIN FURNING, SIBUDI COUNTI	<u></u>	
JENNIFER MYRICK, HEALTH SYSTEMS MANAG	ER, AMERICAN CANCER SOCIETY		
IID-South			
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