

IN THE SUPREME COURT OF THE STATE OF NEVADA

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

THEODORE E. SCHEIDE, III,

Appellant,

vs.

ST. JUDGE CHILDREN'S
RESEARCH HOSPITAL,

Respondent.

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Supreme Court No. ~~84279~~ of Supreme Court

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

APPEAL

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

APPENDIX

VOL. 5

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CHRONOLOGICAL INDEX OF APPENDIX

Description	Date Filed	Vol.	Page No.	Bate No.
Notice of Motion and Motion to Strike the Fraudulently Submitted Petition Naming St. Jude's Research Hospital as Petitioner and Related Relief (Pages 251-340 of the document)	3/16/21	5	003-092	ROA000939- ROA001028
Notice of Motion and Errata to [Exhibits A-D] to Motion to Strike the Fraudulently Submitted Petition Naming St. Jude's Research Hospital as Petitioner and Related Relief (Pages 1-160 of the document)	3/16/21	5	093-252	ROA001029- ROA001188

Part V Facility Information (continued)

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

- DEE WIMBERLY, CAROL WEIDENHOFFER, HUGH JONES, SACHARY HIDINGER, ANDREA

TUTOR, METHODIST LE BONHEUR HEALTHCARE CHNA TEAM

- DR. MARTIN WHITSIDE, TENNESSEE CANCER COALITION

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 13H: SEE NARRATIVE FOR PART 1, LINE 3C REGARDING

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 15E: SEE NARRATIVE FOR PART 1, LINE 3C REGARDING

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 20E: ST. JUDE DOES NOT TAKE ANY OF THE COLLECTION

ACTIONS DESCRIBED IN PART V, SECTION B, LINE 19.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 11: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN UPDATE

(06/30/17)

ST. JUDE: PATIENT POPULATION AND CLINICAL FOCUS

THE COMMUNITY SERVED BY ST. JUDE CAN BEST BE DEFINED BY UNDERSTANDING

Part V Facility Information (continued)

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

ST. JUDE'S PATIENT POPULATION AND SCOPE OF CLINICAL SERVICES. ST. JUDE

IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CANCER AND BLOOD

DISORDERS, AND CHILDREN AND ADOLESCENTS WITH HIV INFECTION. IT SERVES

AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CANCER AS WELL AS A

LOCAL REFERRAL CENTER FOR CHILDREN WITH CANCER, BLOOD DISORDERS, AND

HIV/AIDS. ST. JUDE TREATS CHILDREN AND YOUNG ADULTS WITH NEWLY

DIAGNOSED OR SUSPECTED PEDIATRIC CANCER, HIV INFECTIONS OR CERTAIN

HEMATOLOGIC OR GENETIC DISEASES. WE ACCEPT MOST PATIENTS OUTSIDE OUR

PRIMARY MARKET BASED ON A REFERRAL FROM THEIR PHYSICIAN OR AN AFFILIATE

CLINIC, THEIR AGE, AND THEIR ABILITY TO ENROLL IN AN OPEN CLINICAL

TRIAL. IN ADDITION TO BEING TREATED AT ST. JUDE PATIENTS MAY HAVE THE

OPTION TO RECEIVE CARE AT ONE OF OUR EIGHT REGIONAL AFFILIATE CLINICS.

ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING

GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND

OTHER CATASTROPHIC DISEASES IN CHILDREN. MORE SPECIFICALLY,

APPROXIMATELY 7,500 PATIENTS ARE SEEN AT ST. JUDE ANNUALLY FOR ACTIVE

THERAPY, TREATMENT COMPLETION MONITORING, SURVIVORSHIP SUPPORT OR

PARTICIPATION IN RESEARCH PROGRAMS. THE HOSPITAL IS LICENSED FOR 80

INPATIENT BEDS AND CURRENTLY STAFFS 67 BEDS FOR PATIENTS REQUIRING

HOSPITALIZATION DURING TREATMENT. IT SHOULD BE NOTED THAT ST. JUDE HAS

DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF PATIENTS

TO BE TREATED AS OUTPATIENTS WHO MAY HAVE BEEN ADMITTED AS IN-PATIENTS

AT MOST HOSPITALS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING

DEDICATED SOLELY TO ST. JUDE PATIENT FAMILIES DESIGNED WITH INFECTION

CONTROL MEASURES SUCH AS HEPA AIR FILTRATION, INFECTION-RESISTANT

SURFACES AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS

Part V Facility Information (continued)

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

OR PATIENTS' HOMES.

THE ST. JUDE AFFILIATE PROGRAM MAKES TREATMENTS DEVELOPED AS CLINICAL

TRIALS AT ST. JUDE CHILDREN'S RESEARCH HOSPITAL AVAILABLE TO MORE

CHILDREN BY OFFERING MUCH OF THE CARE CLOSE TO HOME. THE ST. JUDE

AFFILIATE PROGRAM IS A NETWORK OF PEDIATRIC HEMATOLOGY-ONCOLOGY

CLINICS, HOSPITALS, AND IN SOME CASES, UNIVERSITIES UNITED TO EXTEND

THE MISSION OF ST. JUDE. THE PHYSICIANS AND STAFF AT THESE SITES WORK

IN COLLABORATION WITH THE STAFF OF ST. JUDE TO DELIVER STATE-OF-THE-ART

CARE AND INNOVATIVE CLINICAL TRIALS TO CHILDREN WITH CANCER AND BLOOD

DISORDERS.

ST. JUDE ALSO OPERATES ST. JUDE GLOBAL. ITS MISSION IS TO IMPROVE THE

SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES

WORLDWIDE THROUGH THE SHARING OF KNOWLEDGE, TECHNOLOGY AND

ORGANIZATIONAL SKILLS. THERE ARE 3 OVERRIDING GOALS:

- TO TRAIN THE CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR

MISSION

- TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED

INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR

CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES

- TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY

THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND

QUALITY OF CARE DELIVERED AROUND THE GLOBE.

ST. JUDE IS A RESEARCH ORGANIZATION, AND THERE ARE TIMES WHEN BASIC

RESEARCH DISCOVERIES PERTAIN TO DISEASES THAT ARE BEYOND THE SCOPE OF

Part V Facility Information (continued)

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

DISEASES TREATED AS A PRIMARY DIAGNOSIS AT ST. JUDE.

FOR THE PURPOSES OF THIS REPORT, THE FOCUS IS SOLELY ON THOSE DISEASES

FOR WHICH CHILDREN ARE ADMITTED TO ST. JUDE FOR TREATMENT.

CONSISTENT WITH ST. JUDE'S PREVIOUS CHNA, THE FINDINGS IN 2016

HIGHLIGHTED THE ISSUES OF ACCESS TO CARE; CHILDHOOD CANCER; SICKLE CELL

DISEASE AND HEMATOLOGY PATIENTS; LIVING WITH HIV AND AIDS; NEEDS OF THE

PATIENTS' FAMILIES AND CAREGIVERS; POST TREATMENT AND CARE TRANSITION;

HEALTH STATUS OF THE MEMPHIS COMMUNITY AND ADDITIONAL GAPS FOR THE

GENERAL PEDIATRIC POPULATION. ST. JUDE HAS CHOSEN TO ADDRESS THESE

NEEDS IN THREE GENERAL FOCUS AREAS: IMPROVING ACCESS TO CARE, ENHANCING

COORDINATION OF CARE AND IMPROVING CHILD HEALTH STATUS THROUGH HEALTHY

LIFESTYLE EDUCATION AND PREVENTION FOR CHILDREN. THESE INITIATIVES,

WHICH OFTEN ADDRESS MULTIPLE ISSUES IDENTIFIED IN THE CHNA, WERE CHOSEN

BECAUSE THEY ARE ALIGNED WITH OUR MISSION AND OUR CAPABILITIES.

AIM #1 IMPROVING ACCESS TO CARE

PEDIATRIC HEALTH NEED:

ACCESS TO AFFORDABLE HEALTH INSURANCE COVERAGE

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MANAGED CARE DEPARTMENT

ANTICIPATED OUTCOME:

ASSIST UNINSURED PATIENTS WITH ENROLLING IN FUNDING FOR WHICH THEY

Part V Facility Information (continued)

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

QUALIFY

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. RENEW CONTRACT WITH VENDOR TO PROVIDE CERTIFIED APPLICATION

COUNSELOR SERVICES TO ASSIST PATIENT FAMILIES APPLYING FOR HEALTH

INSURANCE COVERAGE THROUGH THE FEDERALLY-FACILITATED MARKETPLACE.

2. CONDUCT AN AUDIT OF THE SCREENING PROCESS TO VALIDATE COMPLIANCE.

MAKE PROCESS ADJUSTMENTS AS NEEDED.

SELECTED ACCOMPLISHMENTS:

- THE AGREEMENT WITH FIRSTSOURCE SOLUTIONS USA, LLC DBA MEDASSIST IS

RENEWED ANNUALLY. MEDASSIST IS THE VENDOR USED TO PROVIDE CERTIFIED

APPLICATION COUNSELOR SERVICES TO UNINSURED PATIENTS.

- AN AUDIT OF THE SCREENING PROCESS HAS BEEN DEVELOPED AND WILL

CONTINUE TO BE CONDUCTED ON A MONTHLY BASIS TO ENSURE THAT ALL FAMILIES

ARE GIVEN ASSISTANCE WITH THE SCREENING AND ENROLLMENT PROCESS. IN

FY17, 95% OF UNINSURED PATIENTS WERE OFFERED ASSISTANCE AND FIFTY

UNINSURED PATIENTS WERE ENROLLED IN HEALTH PLANS. THE REMAINING 5% WERE

NOT CONTACTED BECAUSE THEY WERE IN THE AFTER COMPLETION OF THERAPY

PROGRAM AND WERE NOT HERE LONG.

PEDIATRIC HEALTH NEED:

PALLIATIVE CARE

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF ONCOLOGY, DIVISION

OF QUALITY OF LIFE AND PALLIATIVE CARE

Part V Facility Information (continued)

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

ANTICIPATED OUTCOME:

INCREASE THE NUMBER OF CLINICIANS TRAINED IN PALLIATIVE CARE MEDICINE (PCM) AND EDUCATIONAL OPPORTUNITIES FOR PCM

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. RECRUIT AND TRAIN TWO PHYSICIAN FELLOWS IN THE PALLIATIVE CARE

TRAINING PROGRAM.

2. PROVIDE TRAINING IN PALLIATIVE CARE FOR ADVANCED PRACTICE HEALTHCARE

PERSONNEL THROUGH TARGETED CONFERENCES AND OTHER EDUCATIONAL

OPPORTUNITIES INCLUDING END-OF-LIFE NURSING EDUCATION CONSORTIUM

(ELNEC) CONFERENCE, AN INSTITUTION-DEVELOPED QUALITY OF LIFE SEMINAR

(QOLA), AND A 2 DAY PEDIATRIC ONCOLOGY PALLIATIVE CARE CONFERENCE.

3. EDUCATE COMMUNITY PROVIDERS ABOUT PCM THROUGH COMMUNITY-BASED

BRIDGING PROGRAMS FOR HOME HEALTH AND HOSPICE CARE THROUGH THE QUALITY

OF LIFE FOR ALL KIDS PROGRAM VIA A THREE HOUR DIDACTIC CURRICULUM.

4. ENHANCE TRAINING OPPORTUNITIES WITH ST. JUDE AFFILIATES.

SELECTED ACCOMPLISHMENTS:

- EACH YEAR THE PALLIATIVE CARE TRAINING PROGRAM HAS BEEN SUCCESSFUL IN

RECRUITING AND TRAINING TWO PHYSICIAN FELLOWS.

- ENROLLMENT: FY16 FY17

ELNEC 32 78

QOLA 37 29

NEW PEDIATRIC ONCOLOGY

PALLIATIVE CARE CONFERENCE 325

Part V Facility Information (continued)

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

IN ADDITION, ALL BEDSIDE NURSES ARE REQUIRED TO COMPLETE ELNEC WITHIN

THREE YEARS. ALSO, INPATIENT AND OUTPATIENT NURSES ARE REQUIRED AND

SUPPORTED TO COMPLETE BOTH SEMINARS (A TOTAL OF 24.5 CEUS IN PCM).

- COMMUNITY PROVIDER EDUCATION HAPPENS TWICE A MONTH THROUGH ST. JUDE'S

COMBINED FELLOWSHIP PROGRAM BOARD REVIEW SERIES. EACH SESSION AVERAGES

10 ATTENDEES RANGING FROM GRADUATE STUDENTS TO MEDICAL STUDENTS TO

ADVANCED CLINICIANS.

- THE SJ AFFILIATE STAFF ARE INVITED TO PARTICIPATE IN ELNEC, THE QOL

SEMINAR AND THE PEDIATRIC PALLIATIVE ONCOLOGY SYMPOSIUM AT NO COST, AND

ARE INCLUDED IN THE NUMBERS CITED ABOVE.

PEDIATRIC HEALTH NEED:

HEALTHCARE OF CHILDHOOD CANCER SURVIVORS

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF ONCOLOGY, DIVISION

OF CANCER SURVIVORSHIP

ANTICIPATED OUTCOME:

PROVIDE CANCER SURVIVORSHIP INFORMATION TO BOTH CAREGIVERS AND

SURVIVORS VIA SURVIVORS' DAY CONFERENCE AND ST. JUDE LIFE

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. PROVIDE WORKSHOPS AND SPEAKERS THAT OFFER INFORMATION ABOUT

AVAILABLE RESOURCES.

2. GIVE SURVIVORS AND THEIR FAMILIES THE OPPORTUNITY TO LEARN FROM

OTHER SURVIVORS.

Part V Facility Information (continued)

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

3. ENSURE THAT SURVIVORS UNDERSTAND HOW TO APPROACH HEALTHCARE

POST-TREATMENT.

4. OFFER AN ONLINE RESOURCE FOLLOWING THE CONFERENCE FOR CONTINUOUS

FLOW OF SURVIVORSHIP INFORMATION.

5. ASSESS LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS.

6. USE INFORMATION FROM THESE STUDIES TO DEFINE RISK GROUPS FOR VARIOUS

LATE EFFECTS AND ASSESS INTERVENTIONS.

SELECTED ACCOMPLISHMENTS:

LECTURES/WORKSHOPS PROVIDED BY MELISSA M. HUDSON:

- 17TH ANNUAL ONCOLOGY SYMPOSIUM, AVERA CANCER INSTITUTE, "THE MYRIAD

OF LATE AND LONG-TERM HEALTH RISKS OF CANCER SURVIVORS" AND "CANCER

SURVIVORSHIP CARE MODELS", SIOUX FALLS, SOUTH DAKOTA, SEPTEMBER 29-30,

2016

- CANCER SURVIVORSHIP: OPTIMIZING CARE AND OUTCOMES, MICHAEL GARIL

ENDOWED LECTURESHIP ON LATE EFFECTS: "CHILDHOOD SURVIVORSHIP COHORT

RESEARCH: LESSONS LEARNED AND FUTURE DIRECTIONS", DANA FARBER CANCER

INSTITUTE, BOSTON, MA, NOVEMBER 17-18, 2016

- PFIZER, INC. U.S. GENOTROPIN ADVISORY BOARD MEETING, "SAFETY OF

GROWTH HORMONE THERAPY IN CHILDHOOD CANCER SURVIVORS", NEW YORK, NEW

YORK, DECEMBER 9, 2016

- RONALD MCDONALD BOARD MEETING, SURVIVORSHIP RESEARCH AT ST. JUDE

CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TENNESSEE, JANUARY 17, 2017

- PRIMARY CARE SYMPOSIUM - CANCER SURVIVORSHIP: A PRIMARY CARE AND

ONCOLOGY COLLABORATION, "PRIMARY CARE OF SURVIVORS OF CHILDHOOD,

ADOLESCENT AND YOUNG ADULT CANCERS" WEST CANCER CENTER, MEMPHIS,

TENNESSEE, MARCH 7, 2017 TRANSLATIONAL CANCER RESEARCH SEMINAR SERIES,

Part V Facility Information (continued)

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CINCINNATI CHILDREN'S HOSPITAL, "PEDIATRIC SURVIVORSHIP CARE IN THE

21ST CENTURY: EVOLVING AND EMERGING HEALTH RISKS", CINCINNATI, OHIO,

APRIL 6, 2017

- CANCER SURVIVORSHIP RESEARCH AND BEST PRACTICES CONFERENCE: CHANGING

LIVES THROUGH QUALITY SURVIVORSHIP CARE, "OPTIMIZING HEALTH AND HEALTH

CARE TRANSITIONS IN CHILDHOOD CANCER SURVIVORS", CINCINNATI, OHIO,

APRIL 7, 2017

- ANNA T. MEADOWS LECTURE IN PEDIATRIC CANCER SURVIVORSHIP, "THE ROLE

OF SURVIVORSHIP RESEARCH IN ADVANCING CHILDHOOD CANCER CARE AND QUALITY

OF SURVIVAL", THE CENTER FOR CHILDHOOD CANCER RESEARCH (CCCR) AT THE

CHILDREN'S HOSPITAL OF PHILADELPHIA, PHILADELPHIA, PENNSYLVANIA, APRIL

25, 2017

LECTURES/WORKSHOPS PROVIDED BY DANIEL MULROONEY:

- PEDIATRIC ONCOLOGY ISSUES, THE CHILDREN'S HOSPITAL AT SAINT FRANCIS,

TULSA, OK, SEPTEMBER 30, 2016

- IMPLEMENTATION OF COG GUIDELINES FOR SURVIVORSHIP, THE CHILDREN'S

HOSPITAL AT SAINT FRANCIS, TULSA, OK, SEPTEMBER 2016

- UPDATES IN FERTILITY OUTCOMES IN PEDIATRIC CANCER SURVIVORS, THE

ONCOFERTILITY CONSORTIUM, PRENTICE WOMEN'S HOSPITAL, NORTHWESTERN

UNIVERSITY, CHICAGO, IL, NOVEMBER 2, 2016

- THE SPECTRUM OF CARDIOVASCULAR DISEASE AFTER CHILDHOOD CANCER

THERAPY, GREEHEY CHILDREN'S CANCER RESEARCH INSTITUTE SEMINAR SERIES,

SAN ANTONIO, TX, JUNE 2, 2017

- FERTILITY PRESERVATION AT ST. JUDE: PAST, PRESENT, AND FUTURE, GRAND

ROUNDS, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN, SEPTEMBER

8, 2016

Part V Facility Information (continued)

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- OPTIMIZING CARE FOR THE SURVIVOR OF CHILDHOOD CANCER, AFFILIATE

PHYSICIANS' CONFERENCE, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN, APRIL 7, 2017

LECTURES/WORKSHOPS PROVIDED BY MATTHEW EHRHARDT:

- LATE EFFECTS OF CHILDHOOD CANCER: THE COST OF CURE. PEDIATRIC

ONCOLOGY EDUCATION (POE) PROGRAM, LUNCH AND LEARN SERIES, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN, JULY 2016

- PEDIATRIC CANCER SURVIVORSHIP: MODELS OF CARE AND SURVEILLANCE

GUIDELINES, CHINA VISITING SCHOLAR PROGRAM, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN, JULY 2016

- CHILDREN'S ONCOLOGY GROUP LONG-TERM FOLLOW-UP GUIDELINES FOR

SURVIVORS OF CHILDHOOD, ADOLESCENT, AND YOUNG ADULT CANCERS. ADVANCING

CARDIOVASCULAR CARE OF THE ONCOLOGY PATIENT, AMERICAN COLLEGE OF

CARDIOLOGY, WASHINGTON, D.C., FEBRUARY 2017

- EXERCISE BEFORE, DURING, AND AFTER THERAPY: HOW MUCH SHOULD THE

CANCER PATIENT DO? ADVANCING CARDIOVASCULAR CARE OF THE ONCOLOGY

PATIENT, AMERICAN COLLEGE OF CARDIOLOGY, WASHINGTON, D.C., FEBRUARY

2017

- TAKING THE CUE: ELEMENTS OF A WELL-CHAMPIONED SURVIVORSHIP PROGRAM.

ADVANCING CARDIOVASCULAR CARE OF THE ONCOLOGY PATIENT, AMERICAN COLLEGE

OF CARDIOLOGY, WASHINGTON, D.C., FEBRUARY 2017

- HOW TO MITIGATE CARDIOTOXICITY: STATINS AND PROTON THERAPY FOR ALL

CHILDHOOD AND ADULT CANCER PATIENTS AND SURVIVORS? ADVANCING

CARDIOVASCULAR CARE OF THE ONCOLOGY PATIENT, AMERICAN COLLEGE OF

CARDIOLOGY, WASHINGTON, D.C., FEBRUARY 2017

- SURVIVING CHILDHOOD CANCER. ST. JUDE MIDWEST AFFILIATE PEDIATRIC

Part V Facility Information (continued)

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CANCER SURVIVORSHIP CONFERENCE, PEORIA, IL, APRIL 2017

- CANCER SURVIVORSHIP AND THE AFTER COMPLETION OF THERAPY CLINIC, ST.

JUDE MIDWEST AFFILIATE ASSOCIATION OF PEDIATRIC HEMATOLOGY/ONCOLOGY

NURSES (APHON), PEORIA, IL, APRIL 2017

OPPORTUNITIES FOR SURVIVORS TO LEARN FROM EACH OTHER:

- ST. JUDE HOSTS PERIODIC CELEBRATIONS OF SURVIVORSHIP ATTENDED BY

SURVIVORS, FAMILIES AND FRIENDS. THE EVENT PROVIDES A FORUM TO

CELEBRATE SURVIVORSHIP, EDUCATE ATTENDEES ABOUT HEALTH EFFECTS OF

CHILDHOOD CANCER AND RESEARCH PROGRESS IN THIS AREA, AND SHARE

INFORMATION ABOUT HEALTH RESOURCES.

- ST. JUDE SURVIVOR DAY ACTIVITIES, SEPTEMBER 10, 2016: OVERVIEW OF

PROGRESS IN PEDIATRIC CANCER TREATMENT BY DR. JAMES DOWNING. HEALTH

FAIR WITH BOOTHS FEATURING HEALTH PROMOTION MATERIALS FROM HOSPITAL

SERVICE AREAS.

- PLANNED ACTIVITIES FOR 2017 ST. JUDE SURVIVOR DAY (SCHEDULED FOR

SEPTEMBER 9, 2017): INSPIRATIONAL CANCER SURVIVOR DR. WENDY HARPAM

WILL SHARE HER SURVIVORSHIP EXPERIENCES IN KEYNOTE ADDRESS ENTITLED

"HAPPINESS IN A STORM". SURVIVORSHIP STAFF AND DR. HARPAM WILL LEAD

WORKSHOPS FOCUSING ON HOPE AND RESILIENCY IN OVERCOMING THE OBSTACLES

ASSOCIATED WITH THE CANCER EXPERIENCE AND ITS AFTERMATH.

ENSURING THAT SURVIVORS UNDERSTAND HOW TO APPROACH HEALTHCARE

POST-TREATMENT:

- SURVIVORS AND THEIR FAMILIES ATTENDING THE AFTER COMPLETION OF

THERAPY AND ST. JUDE LIFETIME COHORT CLINICS ROUTINELY RECEIVE

COUNSELING ABOUT THEIR HEALTH HISTORY, CANCER-RELATED HEALTH RISKS,

Part V Facility Information (continued)

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

HEALTH SCREENING RECOMMENDED FOR THEIR SPECIFIC CANCER TREATMENT

EXPOSURES, AND METHODS OF RISK REDUCTION. A SURVIVORSHIP CARE PLAN IS

PROVIDED AT THE FIRST EVALUATION THAT DETAILS THE CANCER DIAGNOSIS,

TREATMENT, MAJOR HEALTH EVENTS THAT HAVE OCCURRED DURING AND AFTER

THERAPY, CANCER-RELATED HEALTH RISKS, AND RECOMMENDED HEALTH SCREENING.

THE SURVIVORSHIP CARE PLAN IS UPDATED AFTER EVERY HEALTH EVALUATION.

- FOR SURVIVORS WHO DO NOT WISH TO PARTICIPATE IN THE ACT OR ST. JUDE

LIFETIME COHORT PROGRAMS, THESE SAME SERVICES ARE AVAILABLE THROUGH THE

ST. JUDE ALUMNUS PROGRAM OFFICE.

- RELATED TO A+ TRANSITION TASK FORCE ACTIVITIES, SURVIVORSHIP STAFF

HAVE BEEN INVOLVED IN MULTIDISCIPLINARY EFFORTS TO INTRODUCE AND

CONSISTENTLY ADDRESS SURVIVORSHIP TRANSITION ISSUES, PARTICULARLY

PSYCHOSOCIAL AND REHABILITATION NEEDS, AT EARLIER TIME POINTS AFTER

DIAGNOSIS.

ONLINE RESOURCES:

- PERIODIC BRIEF PUBLICATIONS FEATURE SURVIVOR STORIES AND EDUCATIONAL

TOPICS:

LONG-TERM FOLLOW-UP NEWSLETTERS AND BRIEFS (AVAILABLE AT

[HTTPS://LTFU.STJUDE.ORG/](https://LTFU.STJUDE.ORG/)) ARE PUBLISHED ON A QUARTERLY BASIS.

LIFELINE NEWSLETTERS (AVAILABLE AT

[HTTPS://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-](https://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-)

[LIFE-STUDY/LIFELINE-NEWSLETTER.HTML](https://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-LIFE-STUDY/LIFELINE-NEWSLETTER.HTML)) ARE PUBLISHED SEMIANNUALLY.

- OTHER SURVIVORSHIP RESOURCES ARE AVAILABLE AT:

Part V Facility Information (continued)

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

HTTPS://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-

LIFE-STUDY/HANDOUTS.HTML

ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS:

- THE AFTER COMPLETION OF THERAPY AND ST. JUDE LIFETIME COHORT CLINICS

CONTINUE TO EVALUATE MORE THAN 2000 LONG-TERM (5+ YEAR) SURVIVORS ON AN

ANNUAL BASIS FOR COMPLICATIONS RELATED TO THEIR CANCER OR ITS

TREATMENT.

USING THE INFORMATION TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS

AND ASSESS INTERVENTIONS:

- ST. JUDE INVESTIGATORS HAVE PUBLISHED SEMINAL RESEARCH CHARACTERIZING

TREATMENT-RELATED CARDIOVASCULAR, PULMONARY, ENDOCRINE, NEUROLOGIC,

NEUROSENSORY, NEUROCOGNITIVE, AND PSYCHOSOCIAL OUTCOMES AMONG LONG-TERM

SURVIVORS THAT HAS BEEN USED TO IDENTIFY SURVIVORS AT HIGH RISK FOR

MORBIDITY WHO MAY BE TARGETED FOR PREVENTIVE/REMEDIAL INTERVENTIONS.

WILSON CL, CHEMAITILLY W, JONES KE, KASTE SC, SRIVASTAVA DK, OJHA RP,

YASUI Y, PUI CH, ROBISON LL, HUDSON MM, NESS KK. MODIFIABLE FACTORS

ASSOCIATED WITH AGING PHENOTYPES AMONG ADULT SURVIVORS OF CHILDHOOD

ACUTE LYMPHOBLASTIC LEUKEMIA. J CLIN ONCOL. 2016; 34(21):2509-15.

BOLAND AM, GIBSON TM, LU L, KASTE SC, DELANY JP, PARTIN RE, LANCTOT JQ,

HOWELL CR, NELSON HH, CHEMAITILLY W, PUI CH, ROBISON LL, MULROONEY DA,

HUDSON MM, NESS KK. DIETARY PROTEIN INTAKE AND LEAN MASS IN SURVIVORS

OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA: A REPORT FROM THE ST. JUDE

LIFETIME COHORT STUDY. PHYS THER. 2016; 96(7): 1029-38.

Part V Facility Information (continued)

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

KRULL KR, CHEUNG YT, LIU W, FELLAH S, REDDICK WE, BRINKMAN TM, KIMBERG

C, OGG R, SRIVASTAVA DK, PUI CH, ROBISON LL, HUDSON MM. CHEMOTHERAPY

PHARMACODYNAMICS, NEUROIMAGING AND NEUROCOGNITIVE OUTCOMES IN LONG-TERM

SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA. J CLIN ONCOL.

2016; 34(22):2644-53.

MOGIL RJ, KASTE SC, FERRY RJ, HUDSON MM, HOWELL CR, PARTIN RE,

SRIVASTAVA DK, ROBISON LL, NESS KK. EFFECT OF LOW-MAGNITUDE,

HIGH-FREQUENCY MECHANICAL STIMULATION ON BMD AMONG YOUNG CHILDHOOD

CANCER SURVIVORS: A RANDOMIZED CLINICAL TRIAL. JAMA ONCOL. 2016; 2(7):

908-14.

EHRHARDT MJ, BHAKTA N, LIU Q, YASUI Y, KRASIN MJ, MULROONEY DA, HUDSON

MM, ROBISON LL. ABSENCE OF BASAL CELL CARCINOMA IN IRRADIATED CHILDHOOD

CANCER SURVIVORS OF BLACK RACE: A REPORT FROM THE ST. JUDE LIFETIME

COHORT STUDY. CANCER EPIDEMIOL BIOMARKERS PREV. 2016; 25(9):1356-60.

FERNANDEZ-PINEDA I, HUDSON MM, PAPPAS AS, BISHOP MW, KLOSKY JL, BRINKMAN

TM, SRIVASTAVA DK, NEEL MD, RAO BN, DAVIDOFF AM, KRULL KR, ROBISON LL,

NESS KK. LONG-TERM FUNCTIONAL OUTCOMES AND QUALITY OF LIFE IN ADULT

SURVIVORS OF CHILDHOOD EXTREMITY SARCOMAS: A REPORT FROM THE ST. JUDE

LIFETIME COHORT STUDY. J CANCER SURVIV. 2017;11(1):1-12.

GREEN DM, ZHU L, WANG M, NESS KK, KRASIN MJ, BHAKTA NH, MCCARVILLE MB,

SRINIVASAN S, STOKES DC, SRIVASTAVA D, OJHA R, SHELTON K, PUI CH,

ARMSTRONG GT, MULROONEY DA, METZGER M, SPUNT SL, NAVID F, DAVIDOFF AM,

Part V Facility Information (continued)

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

RAO BN, ROBISON LL, HUDSON MM. PULMONARY FUNCTION AFTER TREATMENT FOR

CHILDHOOD CANCER: A REPORT FROM THE ST. JUDE LIFETIME COHORT STUDY

(SJLIFE). ANN AM THORAC SOC. 2016; 13(9):1575-85.

CHEUNG YT, EDELMANN MN, MULROONEY DA, GREEN DM, CHEMAITILLY W, JOHN N,

ROBISON LL, HUDSON MM, KRULL KR. URIC ACID AND NEUROCOGNITIVE FUNCTION

IN SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA TREATED WITH

CHEMOTHERAPY ONLY. CANCER EPIDEMIOL BIOMARKERS PREV. 2016;

25(8):1259-67.

CHEUNG YT, SABIN ND, REDDICK WE, BHOJWANI D, LIU W, BRINKMAN TM, GLASS

JO, HWANG SN, SRIVASTAVA D, PUI CH, ROBISON LL, HUDSON MM, KRULL KR.

LEUKOENCEPHALOPATHY AND LONG-TERM NEUROBEHAVIORAL, NEUROCOGNITIVE AND

BRAIN IMAGING OUTCOMES IN SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLASTIC

LEUKEMIA TREATED WITH CHEMOTHERAPY: A LONGITUDINAL ANALYSIS. LANCET

HAEMATOL. 2016;3(10):E456-E466.

ZHANG FF, OJHA RP, KRULL KR, GIBSON TM, LU L, LANCTOT J, CHEMAITILLY W,

ROBISON LL, HUDSON MM. ADULT SURVIVORS OF CHILDHOOD CANCER HAVE POOR

ADHERENCE TO DIETARY GUIDELINES. J NUTR. 2016;146(12):2497-2505.

EHRHARDT MJ, SANDLUND JT, ZHANG N, LIU W, NESS KK, BHAKTA N,

CHEMAITILLY W, KRULL KR, BRINKMAN TM, CROM DB, KUN L, KASTE SC,

ARMSTRONG GT, GREEN DM, SRIVASTAVA K, ROBISON LL, HUDSON MM, MULROONEY

DA. LATE OUTCOMES OF ADULT SURVIVORS OF CHILDHOOD NON-HODGKIN LYMPHOMA:

A REPORT FROM THE ST. JUD LIFETIME COHORT STUDY. PEDIATR BLOOD CANCER.

2017 JUN;64(6).

Part V Facility Information (continued)

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CHEUNG YT, CHEMAITILLY W, MULROONEY DA, BRINKMAN TM, LIU W, BANERJEE P,

SRIVASTAVA D, PUI CH, ROBISON LL, HUDSON MM, KRULL KR. ASSOCIATION

BETWEEN DEHYDROEPIANDROSTERONE-SULFATE AND ATTENTION IN LONG-TERM

SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA TREATED WITH ONLY

CHEMOTHERAPY. PSYCHONEUROENDOCRINOLOGY. 2017;76:114-118.

WILLARD VW, KLOSKY JL, LI C, SRIVASTAVA DK, BRINKMAN TM, ROBISON LL,

HUDSON MM, PHIPPS S. THE IMPACT OF CHILDHOOD CANCER: PERCEPTIONS OF

ADULT SURVIVORS. CANCER. 2017 MAY 1;123(9):1625-1634.

HUDSON MM, EHRHARDT MJ, BHAKTA N, BAASSIRI M, EISSA H, CHEMAITILLY W,

GREEN DM, MULROONEY DA, ARMSTRONG GT, BRINKMAN TM, KLOSKY JL, KRULL KR,

SABIN ND, WILSON CL, HUANG IC, BASS JK, HALE K, KASTE S, KHAN RB,

SRIVASTAVA DK, YASUI Y, JOSHI VM, SRINIVASAN S, STOKES D, HOEHN ME,

WILSON M, NESS KK, ROBISON LL. APPROACH FOR CLASSIFICATION AND

SEVERITY-GRADING OF LONG-TERM AND LATE-ONSET HEALTH EVENTS AMONG

CHILDHOOD CANCER SURVIVORS IN THE ST. JUDE LIFETIME COHORT. CANCER

EPIDEMIOLOG BIOMARKERS PREV. 2017 MAY;26(5):666-674.

JIN J, ZHU L, TONG X, NESS KK. T-TYPE CORRECTED-LOSS ESTIMATION FOR

ERROR-IN-VARIABLE MODEL. COMMUN STAT THEORY METHODS.

2017;46(2):616-627.

CHEMAITILLY W, LI Z, KRASIN MJ, BROOKE RJ, WILSON CL, GREEN DM, KLOSKY

JL, BARNES N, CLARK KL, FARR JB, FERNANDEZ-PINEDA I, BISHOP MW, METZGER

M, PUI CH, KASTE SC, NESS KK, SRIVASTAVA DK, ROBISON LL, HUDSON MM,

Part V Facility Information (continued)

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

YASUI Y, SKLAR CA. PREMATURE OVARIAN INSUFFICIENCY IN CHILDHOOD CANCER

SURVIVORS: A REPORT FROM THE ST. JUDE LIFETIME COHORT. J CLIN

ENDOCRINOL METAB. MARCH 24, 2017. EPUB AHEAD OF PRINT.

GREEN DM, ZHU L, WANG M, CHEMAITILLY W, SRIVASTAVA D, KUTTEH WH, KE RW,

RIBEIRO RC, ROBISON LL, HUDSON MM. EFFECT OF CRANIAL IRRADIATION ON

SPERM CONCENTRATION OF ADULT SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLASTIC

LEUKEMIA. A REPORT FROM THE ST. JUDE LIFETIME COHORT STUDY. HUM REPROD.

2017 JUN 1;32(6):1192-1201.

VUOTTO SC, OJHA RP, LI C, KIMBERG C, KLOSKEY JL, KRULL KR, SRIVASTAVA

DK, ROBISON LL, HUDSON MM, BRINKMAN TM. THE ROLE OF BODY IMAGE

DISSATISFACTION IN THE ASSOCIATION BETWEEN TREATMENT-RELATED SCARRING

OR DISFIGUREMENT AND PSYCHOLOGICAL DISTRESS IN ADULT SURVIVORS OF

CHILDHOOD CANCER. PSYCHOONCOLOGY. 2017 APR 18. EPUB AHEAD OF PRINT.

PEDIATRIC HEALTH NEED:

COMMUNITY EDUCATION

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, COMMUNICATIONS & PUBLIC

RELATIONS DEPARTMENT

ANTICIPATED OUTCOME:

PROVIDE INFORMATION AND EDUCATION ABOUT HEALTHCARE RESOURCES AND

HEALTHCARE CAREERS

Part V Facility Information (continued)

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

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. ST. JUDE PROFESSIONALS WILL PROVIDE INFORMATION AND RESOURCES ABOUT SICKLE CELL DISEASE, HIV, CANCER, FLU, AND OTHER PEDIATRIC LIFE-THREATENING DISEASES.

2. INVENTORY EDUCATIONAL OPPORTUNITIES ABOUT HEALTHCARE CAREERS ALREADY AVAILABLE FROM ST. JUDE TO DETERMINE AREAS OF FOCUS.

SELECTED ACCOMPLISHMENTS:

ST. JUDE PROFESSIONALS PROVIDING INFORMATION AND RESOURCES:

- OFFERED RADIO STATION PRODUCERS ST. JUDE PROFESSIONALS WHO CAN PROVIDE LISTENERS WITH DETAILS ABOUT COMMUNITY RESOURCES AVAILABLE FOR LEARNING ABOUT AND BEING TESTED FOR DISORDERS/DISEASES SUCH AS SICKLE CELL TRAIT AND HIV

- SICKLE CELL DISEASE - YVONNE CARROLL, LET'S TALK ABOUT IT WITH BOBBIE THOMPSON (PROGRAM NAME), LOK 8/30/16: HTTP://WWW.WLOK.COM/

- IN ADDITION, ST. JUDE CONDUCTED MORE THAN 75 30-SECOND EDUCATIONAL SPOTS SEPTEMBER THROUGH DECEMBER 2016. TOPICS INCLUDED: HIV VOICES PROJECT, AIDS SUPPORT, SICKLE CELL STEP, BLOOD DONOR CENTER, CANCER EDUCATION, ST. JUDE SCIENCE AMBASSADORS AND SCIENCE SOUND BITES. AN HPV VACCINATION SPOT IS IN DEVELOPMENT.

- "PROMISE" MAGAZINE IS ONE VEHICLE USED BY THE ST. JUDE COMMUNICATIONS AND PUBLIC RELATIONS DEPARTMENT TO EDUCATE THE PUBLIC ABOUT SICKLE CELL DISEASE, HIV, CANCER AND OTHER DISEASES. "PROMISE" IS MAILED TO BETWEEN 200,000 AND 300,000 READERS, WHICH INCLUDE DONORS, EMPLOYEES, PEER INSTITUTIONS, CEOS OF FORTUNE 500 COMPANIES, SELECT MEDIA AND INDIVIDUALS WHO SUBSCRIBE THROUGH OUR ONLINE SUBSCRIPTION FORM. ALL THE ARTICLES APPEAR ONLINE, WHERE THEY HAVE AN EVEN WIDER READERSHIP. AN

Part V Facility Information (continued)

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

E-NEWSLETTER VERSION OF "PROMISE" IS ALSO SENT TO NEARLY 10,000

SUBSCRIBERS.

A FEW OF THE EDUCATIONAL ARTICLES IN THIS MAGAZINE HAVE INCLUDED:

THE SUMMER 2016 "PROMISE" INCLUDED A STORY ON HOW ST. JUDE IS WORKING

TO MAKE THE FLU VACCINE MORE EFFECTIVE, AND HOW NUTRITIONAL DEFICITS OF

VITAMINS A AND D, ESPECIALLY PREVALENT IN THE MEMPHIS AREA, HAMPER THE

VACCINE'S EFFICACY.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2016/fighting-flu-with-a-vitamin-boost.html)

[SUMMER-2016/FIGHTING-FLU-WITH-A-VITAMIN-BOOST.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2016/fighting-flu-with-a-vitamin-boost.html)

IN THE SAME ISSUE, WE SPOTLIGHTED A GROUP OF LOCAL YOUTH WHO MEET

MONTHLY TO HELP CLINICIANS AND SCIENTISTS NATIONWIDE IMPROVE THE

RESEARCH AND TREATMENT OF HIV/AIDS.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2016/a-seat-at-the-table-youth-help-hiv-aids-researchers.html)

[SUMMER-2016/A-SEAT-AT-THE-TABLE-YOUTH-HELP-HIV-AIDS-RESEARCHERS.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2016/a-seat-at-the-table-youth-help-hiv-aids-researchers.html)

THE AUTUMN 2016 ISSUE OF "PROMISE" EXPLAINED HOW ST. JUDE RESEARCHERS

ENSURE CODEINE IS GIVEN ONLY TO CHILDREN WITH SICKLE CELL DISEASE WHOSE

GENES INDICATE IT'S SAFE AND EFFECTIVE.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/](https://www.stjude.org/about-st-jude/stories/promise-magazine/autumn-2016/when-genes-point-to-the-right-medicine.html)

[AUTUMN-2016/WHEN-GENES-POINT-TO-THE-RIGHT-MEDICINE.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/autumn-2016/when-genes-point-to-the-right-medicine.html)

THE SPRING 2017 ISSUE OF "PROMISE" ALSO HIGHLIGHTED A FREE APP THAT

PEOPLE CAN DOWNLOAD TO SCAN PICTURES OF THEIR CHILDREN FOR

RETINOBLASTOMA, A COMMON CHILDHOOD EYE CANCER.

Part V Facility Information (continued)

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

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2017/saving-eyes-and-lives-worldwide.html)

[SPRING-2017/SAVING-EYES-AND-LIVES-WORLDWIDE.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2017/saving-eyes-and-lives-worldwide.html)

- ST. JUDE HAS A PRESENCE ON SOCIAL MEDIA AS @STJUDERESEARCH ACROSS EIGHT PLATFORMS WITH A TOTAL OF ALMOST 35,000 FOLLOWERS. THE GOAL FOR SOCIAL MEDIA IS TO INCREASE THE RECOGNITION AND UNDERSTANDING OF ST. JUDE SCIENCE, MEDICINE AND TRANSLATIONAL RESEARCH BY HIGHLIGHTING SCIENTIFIC AND MEDICAL STUDIES, SUCCESSES, PROJECTS AND PROGRAMS. THE PLATFORMS ALSO FEATURE CAREER OPPORTUNITIES FOR RESEARCH AND CLINICAL CARE STAFF. THE AUDIENCE IS CURRENT AND POTENTIAL PHYSICIANS, SCIENTISTS, CLINICIANS, POSTDOCS, REFERRING PHYSICIANS, PATIENTS AND THEIR FAMILIES. WITHIN THE LAST YEAR, FEATURED TOPICS HAVE RANGED FROM CHILDHOOD CANCER FACTS TO PALLIATIVE CARE AWARENESS TO OPENINGS FOR SPECIALTY CANCER CLINICS.

EDUCATIONAL OPPORTUNITIES ABOUT HEALTHCARE CAREERS:

- THE SUMMER 2016 EDITION OF PROMISE INCLUDED INFORMATION ABOUT THE ST. JUDE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, THE FIRST DEGREE-GRANTING PROGRAM EVER ESTABLISHED ON THE CAMPUS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2016/next-generation-education-the-st-jude-graduate-school.html)

[SUMMER-2016/NEXT-GENERATION-EDUCATION-THE-ST-JUDE-GRADUATE-SCHOOL.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2016/next-generation-education-the-st-jude-graduate-school.html)

- THE SPRING 2017 ISSUE OF PROMISE SHOWED HOW ST. JUDE DISPELS COMMON HEALTH CARE MYTHS FOR LOCAL SCHOOL CHILDREN AND MAKES SCIENCE COME TO LIFE FOR STUDENTS AND TEACHERS IN LOCAL CLASSROOMS.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2017/bringing-science-into-the-classroom.html)

[SPRING-2017/BRINGING-SCIENCE-INTO-THE-CLASSROOM.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2017/bringing-science-into-the-classroom.html)

Part V Facility Information (continued)

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

- APPROXIMATELY 150 LOCAL HIGH SCHOOL STUDENTS AND TEACHERS VISITED ST.

JUDE IN MARCH 2017 FOR THE SECOND ANNUAL SCIENCE SCHOLARS OF TOMORROW

SYMPOSIUM. THE DAY-LONG EVENT FEATURED SCIENTIFIC PRESENTATIONS AND

TOURS OF LABORATORIES, CLINICS AND CORE FACILITIES, ENABLING STUDENTS

TO INTERACT WITH SCIENTISTS AND CLINICIANS.

PEDIATRIC HEALTH NEED:

ST. JUDE AFFILIATE NETWORK

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, AFFILIATE PROGRAM OFFICE

ANTICIPATED OUTCOME:

THE ST. JUDE AFFILIATE NETWORK SHOULD BE MAINTAINED TO EXPAND

OPPORTUNITIES FOR SERVICES TO A LARGER NUMBER OF CHILDREN.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. EVALUATE OPPORTUNITIES TO EXPAND TO ADDITIONAL LOCATIONS.

2. ENHANCE OPERATIONS AND INCREASE PATIENT VISITS AT ALL CLINICS.

SELECTED ACCOMPLISHMENTS:

- THERE ARE NO CURRENT PLANS TO OPEN NEW AFFILIATE LOCATIONS.

- NEW CANCER PATIENTS REFERRED TO ST. JUDE FROM THE AFFILIATES HAS

INCREASED EACH YEAR:

FY15 104

FY16 144 + 38%

FY17 166 + 15%

Part V Facility Information (continued)

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

- THE SICKLE CELL CLINICAL RESEARCH AND INTERVENTION PROGRAM HAS BEEN OPENED AT THE BATON ROUGE, CHARLOTTE AND PEORIA AFFILIATES ENABLING PATIENTS TO BENEFIT FROM THE PROTOCOL WHILE STAYING IN THEIR HOME COMMUNITIES.

- THE NUMBER OF PATIENTS ENROLLED IN ST. JUDE PRIMARY THERAPEUTIC PROTOCOLS FROM THE AFFILIATE CLINICS HAS INCREASED EACH YEAR:

FY15	62	
FY16	69	+11%
FY17	106	+54%

AIM #2 ENHANCING COORDINATION OF CARE

PEDIATRIC HEALTH NEED:

PHYSICIAN COORDINATION OF CARE

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

ST. JUDE AFFILIATE INSTITUTIONS

ALL DOMESTIC AND INTERNATIONAL REFERRING CLINICIANS AND CENTERS

ANTICIPATED OUTCOME:

IMPROVE CONTINUITY OF CARE BY ENHANCING COMMUNICATION TOOLS AND EFFORTS

TO PROVIDE PHYSICIANS WITH UNPARALLELED ACCESS TO PATIENT INFORMATION

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. CONTINUE TO IMPROVE THE CLINICIAN PORTAL TO PERMIT REFERRING AND

AFFILIATED PHYSICIANS' CONVENIENT ACCESS TO PATIENT INFORMATION, IN

Part V Facility Information (continued)

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

ACCORDANCE WITH APPLICABLE LAW.

SELECTED ACCOMPLISHMENTS:

- CLINICIAN PORTAL WORK IS ONGOING. EXTERNAL PHYSICIAN TESTING HAS BEEN

COMPLETED AND FEEDBACK HAS BEEN RECEIVED.

- IN A LIMITED SCOPE, ST. JUDE PROVIDERS NOW HAVE THE ABILITY VIA

DIRECT EMAIL (ENCRYPTED PROVIDER DIRECTORY DEVELOPED FOR SECURE DATA

EXCHANGE) TO SEND AN ELECTRONIC SUMMARY OF CARE, ALONG WITH OTHER

DOCUMENTS AS ATTACHMENTS, TO OUTSIDE PHYSICIANS TO WHOM WE ARE

REFERRING OUR PATIENTS. WE WILL ALSO BE ABLE TO RECEIVE AN ELECTRONIC

TRANSITION OF CARE DOCUMENT FROM OUTSIDE PROVIDERS AND AFFILIATES WHO

ARE REFERRING A PATIENT TO ST. JUDE. THIS WILL BE ROLLING OUT IN A

LIMITED AVAILABILITY THROUGH THE END OF THE YEAR SINCE IT REQUIRES

OUTSIDE PROVIDERS TO HAVE A SPECIAL SECURE CONNECTION.

- PROVIDERS IN THE AFFILIATE PROGRAM NOW HAVE ACCESS TO THEIR PATIENTS'

ST. JUDE ELECTRONIC MEDICAL RECORD.

PEDIATRIC HEALTH NEED:

TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE SERVICES

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF HEMATOLOGY,

CLINICAL HEMATOLOGY DIVISION

DIGGS-KRAUS SICKLE CELL CENTER AT REGIONAL ONE HEALTH

METHODIST HEALTHCARE COMPREHENSIVE SICKLE CELL CENTER (MCSCC)

ANTICIPATED OUTCOME:

Part V Facility Information (continued)

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

INCREASE THE NUMBER OF PATIENTS WITH SICKLE CELL DISEASE WHO ESTABLISH

SUSTAINED ADULT CARE AFTER LEAVING PEDIATRIC CARE AT ST. JUDE

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. CONTINUE TO WORK WITH ADULT SICKLE CELL CENTERS IN THE COMMUNITY TO

ENHANCE A SEAMLESS TRANSITION FROM PEDIATRIC CARE.

2. ENHANCE ADOLESCENT AND YOUNG ADULTS (AYA) TRANSITION CLINICS WITH

CO-LOCATION OF PEDIATRIC AND ADULT HEMATOLOGY PROVIDERS.

3. AUGMENT FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS

WITH HEMATOLOGIC AND ONCOLOGIC DISEASES, THROUGH DEVELOPMENT OF DISEASE

EDUCATIONAL CURRICULUM AND TRAINING MODULES TO FOSTER INCREASED

ADOLESCENT AUTONOMY AND MEDICAL LITERACY.

SELECTED ACCOMPLISHMENTS:

- WE CONTINUE TO OFFER THE TRANSITION TOUR QUARTERLY TO THE TWO ADULT

CENTERS. WE ALSO CONTINUE TO PROVIDE CONTINUED COMMUNICATIONS WITH

ADULT PROVIDERS TO OFFER PATIENT TRANSFER DATA TO AVOID INTERRUPTION IN

CARE PLAN. WE ALSO HAVE PROVIDED TRAINING FOR METHODIST ADULT PROVIDER

(NURSE PRACTITIONER) AT ST. JUDE TO ENSURE CONSISTENCY IN CARE

PRACTICE.

- IMPROVED COMMUNICATION BETWEEN EMERGENCY ROOM DOCTORS/STAFF AND

DOCTORS/STAFF IN THE ADULT SICKLE CELL CENTER. CONTINUED TO HAVE

OVERLAP IN PEDIATRIC AND ADULT CARE ON TWO LEVELS: PHYSICIAN (PEDIATRIC

HEMATOLOGIST) AND CARE COORDINATION (TRANSITION NURSE CASE MANAGER) WHO

WORK WITH BOTH THE PEDIATRIC AND ADULT SICKLE CELL POPULATION.

- MANY INITIATIVES HAVE BEEN IMPLEMENTED TO ENHANCE TRANSITION:

TRANSITION READINESS PROGRAM

Part V Facility Information (continued)

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

TRANSITION TOUR PROGRAM

SKILLS LAB: YOUNG ADULTS ARE TAUGHT HOW TO ACCESS INSURANCE BENEFITS,

HOW TO ORDER MEDICATION REFILLS, AND HOW TO SCHEDULE DOCTOR'S

APPOINTMENT BY WAY OF ROLE PLAY.

AIM #3 IMPROVING CHILD HEALTH STATUS THROUGH HEALTHY LIFESTYLE

EDUCATION AND PREVENTION FOR CHILDREN

PEDIATRIC HEALTH NEED:

CHILD KNOWLEDGE OF CANCER PREVENTION, NUTRITION, OBESITY, AND PHYSICAL

ACTIVITY

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, GLOBAL PEDIATRIC MEDICINE

ANTICIPATED OUTCOME:

INCREASE THE NUMBER OF STUDENTS AND TEACHERS PARTICIPATING IN ST. JUDE

CANCER AND HEALTHY LIVING EDUCATION PROGRAM

INCREASE THE KNOWLEDGE THAT CHILDREN HAVE ON CANCER AND HEALTHY LIVING

TOPICS (NUTRITION, EXERCISE, SUN PROTECTION, AVOIDING TOBACCO)

WITH PRE AND POST QUIZZES

IMPROVE ATTITUDES OF CHILDREN TOWARD HEALTHY LIVING PRACTICES (AVOIDING

SMOKING, BETTER NUTRITION HABITS, MORE EXERCISE, AVOIDING EXCESSIVE

SUN) USING SURVEY INSTRUMENTS

Part V Facility Information (continued)

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

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. EVALUATE THE EFFECTIVENESS OF THE ST. JUDE CANCER EDUCATION FOR

CHILDREN CURRICULUM AT INCREASING CHILDREN'S KNOWLEDGE OF CANCER AND

HEALTHY LIVING TOPICS (NUTRITION, EXERCISE, SUN PROTECTION, AVOIDING

TOBACCO).

2. EVALUATE THE EFFECTIVENESS OF THE ST. JUDE CANCER EDUCATION FOR

CHILDREN CURRICULUM AT IMPROVING CHILDREN'S ATTITUDES TOWARDS HEALTHY

LIVING PRACTICES (AVOIDING SMOKING, BETTER NUTRITION HABITS, MORE

EXERCISE, AVOIDING EXCESSIVE SUN).

3. PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE CANCER AND

HEALTHY LIVING EDUCATIONAL PROGRAMS.

4. EVALUATE THE EFFECTIVENESS OF THE ST. JUDE CANCER EDUCATION FOR

CHILDREN CURRICULUM AT IMPROVING CHILDREN'S ATTITUDES TOWARDS HEALTHY

LIVING PRACTICES (AVOIDING SMOKING, BETTER NUTRITION HABITS, MORE

EXERCISE, AVOIDING EXCESSIVE SUN).

5. PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE CANCER AND

HEALTHY LIVING EDUCATIONAL PROGRAMS.

SELECTED ACCOMPLISHMENTS:

- THE ST. JUDE CANCER EDUCATION FOR CHILDREN PROGRAM DEVELOPED AN

ELEMENTARY CURRICULUM FOR STUDENTS IN GRADES 3-5 THAT USES EDUCATION

AND POSITIVE REINFORCEMENT TO HELP PROMOTE HEALTHY LIFESTYLE CHOICES

AND TO REDUCE A CHILD'S LIFETIME RISK OF DEVELOPING CANCER. IT

SPECIFICALLY ADDRESSES OBESITY, NUTRITION, SMOKING, AND SUN EXPOSURE,

IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND PRIMARY CANCER

PREVENTION. A FORMAL EVALUATION OF THE CURRICULUM TO DETERMINE THE

IMPACT OF THE CURRICULUM ON STUDENT ATTITUDES TOWARDS HEALTHY LIVING

Part V Facility Information (continued)

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

TOPICS WAS CONDUCTED. THESE RESULTS WILL BE AVAILABLE IN FY18.

THE FOLLOWING PUBLICATIONS RESULTED FROM THIS EVALUATION:

AYERS, K., VILLALOBOS, A., LI, Z., KRASIN, M. (2014). THE ST. JUDE
 CANCER EDUCATION FOR CHILDREN PROGRAM PILOT STUDY: DETERMINING THE
 KNOWLEDGE ACQUISITION AND RETENTION OF 4TH-GRADE STUDENTS. JOURNAL OF
 CANCER EDUCATION.

AYERS, K., VILLALOBOS, A., LI, Z., QUINTANA, Y., KLOSKY, J. (2016). THE
 ST. JUDE CANCER EDUCATION FOR CHILDREN PROGRAM: THE IMPACT OF A
 TEACHER-LED INTERVENTION ON STUDENT KNOWLEDGE GAINS. JOURNAL OF CANCER
 EDUCATION.

- DURING THE 2016-2017 SCHOOL YEAR, THE SCHOOL OUTREACH TEAM WORKED WITH 21
 SCHOOLS AND LOCAL LIBRARIES IN THE MEMPHIS AREA TO DELIVER CANCER AND
 HEALTHY LIVING EDUCATIONAL PROGRAMS TO OVER 2451 K-12 STUDENTS. THROUGH
 THESE PARTNERSHIPS, THE SCHOOL OUTREACH TEAM WAS ABLE TO INCREASE THE
 NUMBER OF STUDENTS AND TEACHERS WHO HAVE PARTICIPATE IN THE ST. JUDE
 CANCER EDUCATION FOR CHILDREN PROGRAM (TABLE 1).

TABLE 1: THE NUMBER OF TEACHERS AND STUDENTS WHO PARTICIPATED IN
 EDUCATIONAL PROGRAMS

SCHOOL YEAR	NUMBER OF TEACHERS	NUMBER OF STUDENTS
2012-2013	65	1,014
2013-2014	143	990
2014-2015	245	162

Part V Facility Information (continued)

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

2015-2016 115 1,761

2016-2017 131 2,451

IN ADDITION, THE SCHOOL OUTREACH TEAM PARTNERED WITH THE SHELBY COUNTY

SCHOOLS' SUPERINTENDENT'S SUMMER LEARNING ACADEMY TO PROVIDE CANCER

EDUCATION TO 1781 STUDENTS AT 12 SCHOOLS IN THE MEMPHIS AREA DURING THE

2017 SUMMER MONTHS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 7A: THE CHNA REPORT WAS MADE WIDELY AVAILABLE

AT THE FOLLOWING URL:

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-](https://www.stjude.org/about-st-jude/financials/community-health-needs-)

ASSESSMENT.HTML

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 10A: THE HOSPITAL FACILITY'S MOST RECENTLY

ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-](https://www.stjude.org/about-st-jude/financials/community-health-needs-)

ASSESSMENT.HTML

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 14: ST. JUDE CURRENTLY DOES NOT BILL NOR PURSUE

PAYMENT FOR ANY ST. JUDE PATIENT; THEREFORE, ST. JUDE DOES NOT HAVE A

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16A: THE FAP WAS MADE WIDELY AVAILABLE AT THE

Part V Facility Information (continued)

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

FOLLOWING URL:

[HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16B: BASED ON THE FINANCIAL ASSISTANCE

STATEMENT ([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-](https://www.stjude.org/legal/financial-assistance-statement.html)

[ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)) AND FINANCIAL ASSISTANCE POLICY

([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)), ST.

JUDE DOES NOT HAVE AN APPLICATION FORM.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16C: A PLAIN LANGUAGE SUMMARY WAS MADE WIDELY

AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. WE DO NOT NEED TO DETERMINE ELIGIBILITY FOR THIS ASSISTANCE. BY DEFAULT, ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST. ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR FAMILIES CAN PAY FOR IT. ST. JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS. IF THE PATIENT HAS INSURANCE, ST. JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS. BILLING INSURANCE FOR THE COSTS THAT WOULD BE DUE AT ANY OTHER HOSPITAL ALLOWS ST. JUDE TO CONTINUE DOING SOME OF THE MOST ADVANCED RESEARCH IN THE WORLD. IT ALSO ALLOWS ST. JUDE TO PAY FOR TREATMENTS, COPAYMENTS, DEDUCTIBLES, COINSURANCE, AND ANY OTHER COSTS INSURANCE DOES NOT COVER.

TO ENSURE FAMILIES ARE MAKING USE OF ALL RESOURCES FOR WHICH THEY ARE ELIGIBLE, WE HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY. DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS.

WE ALSO CONTRACT WITH A VENDOR TO PROVIDE CERTIFIED APPLICATION COUNSELOR

SERVICES TO ASSIST FAMILIES APPLYING FOR HEALTH INSURANCE COVERAGE THROUGH

FEDERAL OR STATE FACILITATED MARKETPLACE.

PART I, LINE 7:

COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST

TO CHARGES. COST-TO-CHARGE RATIO USED FOR LINE 7A FINANCIAL ASSISTANCE AT

COST, LINE 7B MEDICAID, AND LINE 7C COSTS OF OTHER MEANS-TESTED GOVERNMENT

PROGRAMS.

SOME CHIPS VOLUME IS INCLUDED IN MEDICAID IN PART I, LINE 7B BECAUSE IN

MANY STATES THE CHIPS PROGRAMS ARE MANAGED BY THE SAME THIRD PARTY

ADMINISTRATORS, AND IT IS DIFFICULT TO DISTINGUISH BETWEEN CHIPS AND

MEDICAID COVERAGE.

PART I, LINE 7G:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SERVICES SUPPORT FOR EIGHT AFFILIATE CLINICS TOTALING APPROXIMATELY \$8.9
MILLION.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL CEO IS A MEMBER OF MEMPHIS
TOMORROW. MEMPHIS TOMORROW IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS
OF MEMPHIS' LARGEST ENTERPRISES. THE PURPOSE IS TO BRING TOP BUSINESS
LEADERS TOGETHER WITH GOVERNMENT AND CIVIC LEADERS TO FOSTER ECONOMIC
PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY. THEIR INITIATIVES ARE
FOCUSED IN THOSE AREAS WHICH DIRECTLY IMPACT ECONOMIC GROWTH AND
OPPORTUNITY, INCLUDING: HUMAN CAPITAL DEVELOPMENT, INDUSTRY DEVELOPMENT,
AND PUBLIC SAFETY. ST. JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD
WHOSE STRATEGIES ARE BASED ON THE COMMON SENSE PREMISE THAT ECONOMIC
GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE
MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS: GOOD JOBS,
QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT.

ST. JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX)
632100 11-02-16

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ASSOCIATION OF MEMPHIS. APEX IS AN ASSOCIATION OF PURCHASING AND
PROCUREMENT PROFESSIONALS FROM MEMPHIS ORGANIZATIONS WHOSE PURPOSE IS TO
PROMOTE BEST PRACTICES IN SUPPLIER DIVERSITY. ADDITIONALLY, ST. JUDE IS
SILVER SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC) ECONOMIC
DEVELOPMENT FAIR. THE MMBC SERVES AS THE MID-SOUTH'S FOREMOST MINORITY
BUSINESS DEVELOPMENT ORGANIZATION. THE MMBC HELPS TO DEVELOP A STRONG
MINORITY AND WOMEN BUSINESS COMMUNITY IN AN EFFORT TO IMPACT ECONOMICALLY
THE ENTIRE MID-SOUTH REGION.

THE ST. JUDE OFFICE OF GOVERNMENT AFFAIRS DIRECTOR CONTINUES TO SERVE ON
THE BOARD OF DIRECTORS OF THE RIVERFRONT DEVELOPMENT CORPORATION (RDC).
THE RDC MANAGES ALL THE PARKS ALONG A 5-MILE STRETCH OF THE MEMPHIS
RIVERFRONT INCLUDING ALONG DOWNTOWN MEMPHIS AND MUD ISLAND RIVER PARK.
ELEMENTS ALONG THE RIVER FOSTER HEALTHY LIFESTYLES INCLUDING RIVERFIT, A
SERIES OF PHYSICAL FITNESS CHALLENGES, AND A PLAYGROUND DESIGNED
SPECIFICALLY FOR CHILDREN AT BEALE ST. LANDING, THE ONLY CHILD-DESIGNATED
PLAYGROUND ON THE MEMPHIS RIVERFRONT. THE RDC IS ALSO WORKING WITH THE
CITY OF MEMPHIS TO IMPLEMENT A SERIES OF IMPROVEMENTS DESIGNED TO TIE THE

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
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RIVERFRONT CLOSER TO WORKERS AND RESIDENTS OF DOWNTOWN MEMPHIS TO MAKE

ACCESS TO RIVERFRONT AMENITIES EASIER FOR ALL CITIZENS OF MEMPHIS AND

TOURISTS VISITING THE CITY.

THE PEDIATRIC ONCOLOGY EDUCATION PROGRAM BRINGS FIFTY TO SIXTY STUDENTS

EACH SUMMER FOR INTERNSHIPS IN BASIC SCIENCE OR CLINICAL RESEARCH.

ADDITIONALLY, EXPERIENTIAL LEARNING INTERNSHIPS ARE STRUCTURED BY AND

MANAGED BY ACADEMIC PROGRAMS IN MANY AREAS FROM SCIENCE TO ACCOUNTING.

THERE ARE ANOTHER 150 STUDENTS INVOLVED IN THESE INTERNSHIPS. THESE

PROGRAMS SUPPORT INCREASING THE AWARENESS OF CAREERS IN RESEARCH SCIENCE,

HEALTHCARE, OR HEALTHCARE MANAGEMENT AND CONTRIBUTE TO PREPARING STUDENTS

TO ENTER THESE CAREERS.

THE CLINICAL EDUCATION AND TRAINING OFFICE HOSTS THIRTY TO FORTY STUDENTS

ANNUALLY AS PATIENT CARE OBSERVERS. THESE STUDENTS ARE AT DIFFERENT STAGES

OF TRAINING FROM UNDERGRADUATE COLLEGE OR PROFESSIONAL HEALTHCARE SCHOOLS

INCLUDING MEDICAL SCHOOLS. THE OBSERVERS ARE DECIDING ON OR CONFIRMING

CAREER HEALTHCARE DECISIONS.

Part VI Supplemental Information

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THE VOLUNTEER SERVICES DEPARTMENT PROVIDES SUMMER PROGRAMS FOR HIGH SCHOOL
AND COLLEGE STUDENTS THAT DRIVE ENTRY INTO HEALTH CAREERS.

THE OFFICE OF LEGAL SERVICES OFFERS LEGAL INTERNSHIPS TO LOCAL (UNIVERSITY
OF MEMPHIS, OLE MISS) LAW STUDENTS DURING THE ACADEMIC YEAR AND TO
NATIONAL LAW SCHOOLS DURING THE SUMMER. INTERNS PERFORM LEGAL RESEARCH;
DRAFT MEMORANDA, LETTERS, AND OTHER DOCUMENTS; DRAFT AND REVIEW
CONTRACTUAL AGREEMENTS; PREPARE PRESENTATIONS TO ST. JUDE PERSONNEL; AND
ASSIST WITH IDENTIFYING LEGAL FRAMEWORK FOR POLICIES. INTERNS ALSO LEARN
THROUGH OBSERVATION OF AND PARTICIPATION IN DAY-TO-DAY LAW PRACTICE
ACTIVITIES, INCLUDING LEGAL PROCEEDINGS, NEGOTIATIONS, MEETINGS,
TRAININGS, AND COUNSELING SESSIONS. WHEN POSSIBLE, INTERNS WORK WITH
CLIENT DEPARTMENTS AND DEPARTMENTAL STAFF TO GATHER INFORMATION AND TO
GAIN INSIGHT INTO AND UNDERSTANDING OF RESEARCH, CLINICAL, BUSINESS, AND
HEALTH CARE OPERATIONS.

THE CHIEF LEGAL OFFICER PARTICIPATES ON COMMITTEES OF THE MEMPHIS CHILD

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ADVOCACY CENTER, WHICH HELPS LOCAL CHILDREN FIND SAFETY AND HEALING

(INCLUDING ACCESS TO A MENTAL HEALTH PROFESSIONAL) AFTER A REPORT OF

SEXUAL OR OTHER SEVERE ABUSE, AND OFFERS ABUSE PREVENTION TRAINING TO

COMMUNITY VOLUNTEERS AND PARENTS.

THE CHIEF LEGAL OFFICER SERVES AS CHAIR OF THE ADVISORY BOARD OF THE

INSTITUTE FOR HEALTH LAW & POLICY OF THE CECIL C. HUMPHREYS UNIVERSITY OF

MEMPHIS SCHOOL OF LAW, WHICH ENDEAVORS TO ADDRESS UNMET HEALTH LAW NEEDS

OF THE LOCAL COMMUNITY AND WORK WITH COMMUNITY LEADERS TO PROACTIVELY

ADDRESS HEALTH POLICY NEEDS.

THE SENIOR ASSOCIATE COUNSEL IS THE MEMPHIS BAR ASSOCIATION HEALTH LAW

SECTION'S ELECTED REPRESENTATIVE TO THE BOARD OF THE MEMPHIS BAR

ASSOCIATION. THE CHIEF LEGAL OFFICER CHAIRS THE COMMUNITY AFFAIRS

COMMITTEE OF THAT SECTION AND THE ASSOCIATE COUNSEL IS AN ACTIVE MEMBER OF

THE COMMITTEE, WHICH ANNUALLY SPONSORS A SATURDAY LEGAL CLINIC PROVIDING

UNREPRESENTED MEMBERS OF THE COMMUNITY AN OPPORTUNITY TO MEET WITH A

VOLUNTEER ATTORNEY AND DISCUSS LEGAL ISSUES, INCLUDING THOSE THAT HAVE AN

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IMPACT ON PERSONAL HEALTH.

THE MANAGER OF THE CANCER EDUCATION PROGRAM IN THE DEPARTMENT OF GLOBAL

PEDIATRIC MEDICINE (GPM) DEDICATES 80% OF HER TIME TO CANCER EDUCATION

OUTREACH, INCLUDING ACTIVITIES SUCH AS K-12 CURRICULUM DEVELOPMENT, SCHOOL

VISITS FOR CANCER AND HEALTHY LIVING EDUCATION, CAREER TALKS, TEACHER

TRAINING WORKSHOPS AND PUBLIC-ACCESS WEBSITE DEVELOPMENT.

PART III, LINE 2:

BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE

UNCOLLECTIBLE. SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE

ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:

BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS

FOLLOWS:

NET PATIENT SERVICE REVENUES AND RECEIVABLES. NO FAMILY EVER PAYS THE

HOSPITAL FOR THE CARE THEIR CHILD RECEIVES. ACCORDINGLY, NET PATIENT

Part VI Supplemental Information

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SERVICE REVENUE CONSISTS ONLY OF ESTIMATED NET REALIZABLE AMOUNTS FROM
THIRD-PARTY PAYORS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE
REVENUE ADJUSTMENTS (IF NECESSARY) DUE TO FUTURE AUDITS, REVIEWS, AND
INVESTIGATIONS. RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION
OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE
RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS
BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS,
AND INVESTIGATIONS. PATIENT SERVICE REVENUE HAS BEEN REDUCED BY
ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$512,000 AND
\$1,629,000 IN 2017 AND 2016, RESPECTIVELY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER BED DEBT EXPENSE A
COMMUNITY BENEFIT.

PART III, LINE 8:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER THE MEDICARE
SHORTFALL A COMMUNITY BENEFIT. THE COST TO CHARGE RATIO WAS USED TO
DETERMINE MEDICARE ALLOWABLE COSTS OF CARE.

Part VI Supplemental Information

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PART III, LINE 9B:

ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE WHETHER OR NOT

THEY OR THEIR FAMILIES CAN PAY FOR IT. ST. JUDE DOES HAVE A BILLING

SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS. IF THE PATIENT HAS INSURANCE,

ST. JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH

COSTS. THIS IS SET FORTH IN OUR FINANCIAL ASSISTANCE STATEMENT

([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)) AND

FINANCIAL ASSISTANCE POLICY ([HTTPS://WWW.STJUDE.ORG/](https://www.stjude.org/legal/financial-assistance-policy.html)

[LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)).

PART VI, LINE 2:

ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING,

RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC

DISEASES IN CHILDREN.

CANCER

CHILDHOOD CANCERS ARE RARE. ONLY 10,270 NEW CASES ARE EXPECTED TO OCCUR

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AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN 2017; HOWEVER, CANCER IS THE

LEADING CAUSE OF DISEASE RELATED DEATH IN U.S. CHILDREN (FOOTNOTE 1). THE

PRINCIPLE FOCUS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS CANCER.

SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST. JUDE ARE INVESTED IN

ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS, AND

TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE

THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. SIXTY-SIX PERCENT OF

OUR CANCER PATIENTS RESIDE IN THE ST. JUDE CATCHMENT AREA WHICH INCLUDES A

180-MILE RADIUS AROUND ST. JUDE LOCATED IN MEMPHIS, TN AND A 100-MILE

RADIUS AROUND EACH OF OUR EIGHT AFFILIATES. THESE EIGHT AFFILIATES ARE

LOCATED IN HUNTSVILLE, AL, CHARLOTTE, NC, JOHNSON CITY, TN, BATON ROUGE,

LA, SHREVEPORT, LA, TULSA, OK, SPRINGFIELD IL, AND PEORIA, IL. ALL

PATIENTS IN OUR CATCHMENT AREA ARE ACCEPTED TO ST. JUDE FOR TREATMENT OF

THEIR CANCER REGARDLESS OF WHETHER AN APPROPRIATE CLINICAL TRIAL IS OPEN.

THE DISTRIBUTION OF ST. JUDE CANCER CASES IN RELATION TO RACE, ETHNICITY,

AND GENDER IS CONSISTENTLY ALIGNED WITH THE GENERAL DEMOGRAPHICS OF THE

CATCHMENT AREA (BASED ON 2010 DATA FROM THE US CENSUS BUREAU) AND WITH THE

CANCER SPECIFIC DEMOGRAPHICS (BASED ON SURVEILLANCE EPIDEMIOLOGY AND END

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RESULTS (SEER) 2009 DATA). FOR EXAMPLE, ESTIMATES FROM THE 2009 SEER DATA

SUGGEST THAT WHITES COMPRISE 80%, BLACKS 18% AND HISPANICS 8% OF THE

PEDIATRIC CANCER CASES IN THE CATCHMENT AREA. IN COMPARISON, 73%, 18%,

AND 14.5%, RESPECTIVELY, OF WHITES, BLACKS AND HISPANICS CONSTITUTE OUR

CANCER PATIENT POPULATION (FOOTNOTE 2). (NOT EQUAL TO 100% SINCE

SUMMARIZES RACE AND ETHNICITY.) DEMOGRAPHICS FROM THE ST. JUDE PEDIATRIC

CANCER COHORT ARE COMPARED WITH THE DEMOGRAPHICS OF THE CATCHMENT AREA

ANNUALLY TO MONITOR DEMOGRAPHIC REPRESENTATION OF OUR CANCER PATIENTS IN

RELATION TO THE AREA THAT WE SERVE. ALSO MONITORED ANNUALLY IS THE

DISTRIBUTION OF SPECIFIC CANCERS IN THE CATCHMENT AREA AND COMPARED WITH

THE ST. JUDE CANCER POPULATION.

OUR RESEARCH AND CLINICAL TRIALS ARE INFORMED BY THE CHILDREN TREATED AT

ST. JUDE AND OUR AFFILIATE CLINICS. ST. JUDE OFFERS THERAPEUTIC TRIALS FOR

A VARIETY OF CANCERS INCLUDING CENTRAL NERVOUS SYSTEM (CNS) TUMORS,

NON-CNS SOLID TUMORS, AND LEUKEMIA/LYMPHOMA. MANY OF THESE TRIALS ARE

INSTITUTIONALLY SPONSORED; HOWEVER, ST. JUDE ALSO PARTICIPATES IN A NUMBER

OF CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A

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VARIETY OF THERAPEUTIC STUDIES. PEDIATRIC CANCER PATIENTS MAY EXPERIENCE

TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFTER DIAGNOSIS. THE CHILDHOOD

CANCER SURVIVOR STUDY AND ST. JUDE LIFE ARE TWO STUDIES, ACTIVE AT ST.

JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER

SURVIVORS. INFORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK

GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTIONS.

THE RARITY OF PEDIATRIC CANCERS AND OUR UNIQUE POSITION AS A NATIONAL

RESOURCE FOR THE RESEARCH AND TREATMENT OF CANCER MEANS THAT OUR REACH IS

EXTENSIVE, INCLUDING LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL LEVELS.

MANY OF OUR INITIATIVES ARE DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT

ON A GLOBAL SCALE.

THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN), A NOT-FOR-PROFIT

ALLIANCE OF 27 OF THE WORLD'S LEADING CANCER CENTERS, IS DEDICATED TO

IMPROVING THE QUALITY, EFFECTIVENESS AND EFFICIENCY OF CARE PROVIDED TO

PATIENTS WITH CANCER (WWW.NCCN.ORG). ST. JUDE, A NCCN MEMBER IN

COLLABORATION WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER/THE

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WEST CLINIC, PARTICIPATES IN A NUMBER OF THE VARIOUS COMMITTEES AND
GUIDELINES PANELS THAT WORK TOWARD THE GOAL OF IMPROVING THE QUALITY AND
EFFECTIVENESS OF CARE PROVIDED TO PATIENTS WITH CANCER. THE NCCN
GUIDELINES ARE WIDELY USED IN ONCOLOGY PRACTICE; IN 2016 THE NCCN
GUIDELINES WERE DOWNLOADED MORE THAN 6.9 MILLION TIMES.

ACCORDING TO THE AMERICAN CANCER SOCIETY, INDIVIDUALS WITH LOWER
SOCIOECONOMIC STATUS HAVE HIGHER CANCER INCIDENCE RATES DUE TO ENGAGING IN
LIFESTYLE BEHAVIORS THAT INCREASE CANCER RISK (FOOTNOTE 3). THE ST. JUDE
CANCER EDUCATION FOR CHILDREN PROGRAM IS A LOCAL COMMUNITY EFFORT THAT
USES EDUCATION AND POSITIVE REINFORCEMENT TO PROMOTE HEALTHY LIFESTYLE
CHOICES THAT CAN HELP CHILDREN REDUCE THEIR RISK OF CANCER IN ADULTHOOD.
EDUCATIONAL COMPONENTS OF THE PROGRAM SPECIFICALLY ADDRESS OBESITY,
NUTRITION, SMOKING, AND SUN EXPOSURE, IMPORTANT ISSUES IN PROMOTING
CHILDHOOD HEALTH AND PRIMARY CANCER PREVENTION. THE PROGRAM DEVELOPMENT IS
OVERSEEN BY A MULTIDISCIPLINARY TEAM COMPOSED OF ST. JUDE FACULTY AND
STAFF, LOCAL EDUCATORS, AND LOCAL HEALTH EXPERTS WHO WORK TOGETHER TO
ENSURE THAT THE CONTENT ACHIEVES THE GOALS OF THE PROGRAM WHILE ALIGNING

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TO STATE AND NATIONAL EDUCATION STANDARDS. DURING THE 2016-2017 SCHOOL
YEAR, THE SCHOOL OUTREACH TEAM WORKED WITH 29 SCHOOLS AND 8 COMMUNITY
ORGANIZATIONS IN THE MEMPHIS AREA TO DELIVER CANCER AND HEALTHY LIVING
EDUCATION PROGRAMS TO OVER 2,400 K-12 STUDENTS. OF THE 29 SCHOOLS THAT
PARTICIPATED IN THE PROGRAM, 21 WERE TITLE 1 SCHOOLS; THIS PARTICIPATION
IS IMPORTANT BECAUSE OF THE HIGH PERCENTAGE OF CHILDREN ENROLLED FROM LOW
SOCIOECONOMIC FAMILIES.

HEMATOLOGY

THE GEOGRAPHIC CATCHMENT AREA FOR ST. JUDE ENCOMPASSES 21 COUNTIES IN
WESTERN TENNESSEE INCLUDING MEMPHIS, AND AREAS IN EAST ARKANSAS, NORTH
MISSISSIPPI, AND A FEW COUNTIES IN MISSOURI.

MORE THAN 70,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE
(SCD), AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE
SUFFER FROM THE DISEASE. IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN
THE WORLD. ST. JUDE HAS ONE OF THE LARGEST PEDIATRIC SCD PROGRAMS IN THE
COUNTRY AND PROVIDES COMPREHENSIVE TREATMENT AND EDUCATION TO ABOUT 900

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CHILDREN WITH SCD IN THE GEOGRAPHIC CATCHMENT AREA. SCD IS DIAGNOSED BY

STATE-WIDE NEWBORN SCREENING IN ALL 50 STATES. ST. JUDE HAS A PARTNERSHIP

WITH NEWBORN SCREENING PROGRAMS IN TN AND MS THAT ENSURES A STABLE

RELATIONSHIP AMONG PARENTS, PATIENTS, PRIMARY CARE PROVIDERS, ABOUT 50

NEWBORNS WITH SCD ARE IDENTIFIED EACH YEAR IN OUR GEOGRAPHIC CATCHMENT

AREA. OUR SCD INFANT TODDLER PROGRAM CONTACTS AND ACCEPTS ALL CHILDREN

DIAGNOSED WITH THE DISEASE TO ITS COMPREHENSIVE CARE SERVICE.

ADDITIONALLY, ST. JUDE PROVIDES TRAIT COUNSELING SERVICE TO INFANTS BORN

WITH SICKLE CELL TRAIT TO 21 COUNTIES IN WESTERN TN. ST. JUDE PROVIDES

CONFIRMATORY TESTING, EDUCATION AND COMPREHENSIVE CARE AND FOLLOW-UP

THROUGHOUT CHILDHOOD FOR CHILDREN WITH SCD DISEASE. FROM BIRTH TO AGE 18

YEARS, PATIENTS ARE CLINICALLY EVALUATED AT LEAST EVERY 6 MONTHS, RECEIVE

EDUCATION AND MULTI-DISCIPLINARY SERVICES ACCORDING TO STANDARDIZED

TREATMENT AND EDUCATION GUIDELINES. SERVICES ALSO INCLUDE COMMUNITY

OUTREACH AND EDUCATION OF THE LOCAL COMMUNITY. ST. JUDE HAS ESTABLISHED A

FORMAL TRANSITION PROGRAM TO ADULT CARE FOR PATIENTS WITH SCD AND PROVIDES

SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRANSITION PROCESS BY

WORKING CLOSELY WITH THE ADULT SCD PROGRAMS AT METHODIST UNIVERSITY

Part VI Supplemental Information

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- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HOSPITAL AND REGIONAL ONE HOSPITAL. IN THE PAST, THE SCD PROGRAM AT ST.

JUDE HAS COLLABORATED WITH SEVERAL FEDERALLY QUALIFIED HEALTH CARE

CENTERS, WITH COMMUNITY PRIMARY CARE PHYSICIANS, LATINO MEMPHIS (THE

LARGEST HISPANIC SOCIAL AGENCY IN TENNESSEE), WITH THE SICKLE CELL

FOUNDATION OF TENNESSEE (A COMMUNITY-BASED SCD ORGANIZATION), AND WITH

REGIONAL SCD PROVIDERS TO ENSURE A MEDICAL HOME AND ADEQUATE SOCIAL

SUPPORT FOR ALL SCD PATIENTS IN THE AREA. ST. JUDE ASSESSES PATIENT NEEDS

THROUGH PARENT AND PATIENT SURVEYS, INTERACTIVE EDUCATION, MATERIALS

REVIEW, AND THROUGH GROUP DISCUSSIONS WITH PARENTS AND PATIENTS.

ST. JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY 800 CHILDREN

PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A STRONG

RELATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS. CHILDREN FROM THE GEOGRAPHIC

CATCHMENT AREA OF ST. JUDE (AS OUTLINED ABOVE) WITH ILLNESSES SUCH AS

HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND

IMMUNE THROMBOCYTOPENIC PURPURA AND OTHER NON-MALIGNANT HEMATOLOGIC

DISORDERS ARE REFERRED TO AND RECEIVE STATE-OF THE-ART CARE FROM ST. JUDE

PHYSICIANS AND MEDICAL STAFF. ST. JUDE IS ONE OF A SELECT GROUP OF

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FEDERALLY RECOGNIZED PEDIATRIC HEMOPHILIA TREATMENT CENTERS AND PROVIDES

STATE-OF-THE-ART COMPREHENSIVE CARE TO APPROXIMATELY 300 CHILDREN WITH

BLEEDING AND THROMBOSIS DISORDERS.

(NOTE: THIS NARRATIVE FOR PART VI, LINE 2 IS CONTINUED BELOW.) - SEE PAGE

118/124

PART VI, LINE 3:

AS NOTED IN PART I, LINE 3C, NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT.

IN ADDITION, ST. JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES

AT NO COST TO FAMILIES. WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN

ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY

QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS

AND SOCIAL SECURITY. DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE

FAMILY SEEK TREATMENT OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD

STEWARDS OF DONOR DOLLARS. WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE

APPLICATION ASSISTANCE.

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THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT

([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)) AND

FINANCIAL ASSISTANCE POLICY ([HTTPS://WWW.STJUDE.ORG/](https://www.stjude.org/legal/financial-assistance-policy.html)

[LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)) ARE POSTED ON THE HOSPITAL'S

WEBSITE AND AVAILABLE AT REGISTRATION. THESE DOCUMENTS ARE AVAILABLE IN

ENGLISH AND SPANISH. FOR FAMILIES SPEAKING OTHER LANGUAGES, WE UTILIZE

ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED TRANSLATION

SERVICES.

PART VI, LINE 4:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL IN MEMPHIS, TN, IS A SPECIALTY

HOSPITAL THAT TREATS PEDIATRIC CATASTROPHIC DISEASES WITH A FOCUS ON

CANCER AND BLOOD DISORDERS. PATIENTS AT ST. JUDE ARE REFERRED BY A

PHYSICIAN, DIAGNOSED WITH A DISEASE CURRENTLY UNDER STUDY, AND ELIGIBLE

FOR A RESEARCH PROTOCOL, ST. JUDE IS THE ONLY PEDIATRIC RESEARCH CENTER

FOR CHILDREN WITH CATASTROPHIC DISEASES, INCLUDING CANCER AND BLOOD

DISORDERS, WHERE FAMILIES NEVER PAY FOR TREATMENT NOT COVERED BY

INSURANCE. IN FACT, NO FAMILY EVER PAYS ST. JUDE FOR ANYTHING.

Part VI Supplemental Information

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TRANSPORTATION, HOUSING AND FOOD ARE AMONG THE NO-COST SERVICES PROVIDED

TO ENSURE FAMILIES COMING TO ST. JUDE CAN FOCUS ON THEIR CHILD. NO CHILD

IS EVER DENIED TREATMENT DUE TO RACE, SEX, NATIONALITY, ETHNICITY,

RELIGION, OR THE FAMILY'S ABILITY TO PAY.

THE COMMUNITY SERVED BY ST. JUDE CAN BEST BE DEFINED BY UNDERSTANDING ST.

JUDE'S PATIENT POPULATION AND SCOPE OF CLINICAL SERVICES. ST. JUDE SERVES

AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES,

SUCH AS CANCER AS WELL AS A LOCAL REFERRAL CENTER FOR CHILDREN WITH

CANCER, BLOOD DISORDERS, AND HIV/AIDS. IT DOES NOT ADMIT CHILDREN FOR ANY

DIAGNOSTIC GROUPS OUTSIDE OF THESE SERVICES AND DOES NOT OFFER MEDICAL

SERVICES BEYOND THOSE NECESSARY TO CARE FOR CHILDREN WITH THESE DISEASES.

ST. JUDE DOES NOT HAVE AN EMERGENCY ROOM (ER). A REFERRAL FROM A MEDICAL

PROFESSIONAL EXTERNAL TO ST. JUDE, TYPICALLY THE CHILD'S PEDIATRICIAN OR A

PEDIATRIC SUBSPECIALIST, IS NECESSARY PRIOR TO ACCEPTING A PATIENT FOR

TREATMENT TO ST. JUDE.

ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING,

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RESEARCH-DRIVEN TREATMENTS. SPECIFICALLY, MORE THAN 7,500 PATIENTS ARE
 SEEN AT ST. JUDE YEARLY, MOST OF WHO ARE ENROLLED ON CLINICAL TRIALS FOR
 NEW TREATMENTS DEVELOPED BY ST. JUDE, AND WHO ARE TREATED ON A CONTINUOUS
 OUTPATIENT BASIS. THE HOSPITAL HAS 67 OPERATIONAL BEDS FOR PATIENTS
 REQUIRING HOSPITALIZATION DURING TREATMENT. IT SHOULD BE NOTED THAT ST.
 JUDE HAS DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF
 PATIENTS TO BE TREATED AS OUTPATIENTS WHO WOULD BE ADMITTED INTO INPATIENT
 UNITS AT MOST HOSPITALS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING
 DEDICATED SOLELY TO ST. JUDE PATIENT FAMILIES DESIGNED WITH INFECTION
 CONTROL MEASURES SUCH AS HEPA FILTRATION, INFECTION-RESISTANT SURFACES AND
 OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS OR PATIENTS'
 HOMES.

ST. JUDE HAS A NETWORK OF EIGHT AFFILIATED PEDIATRIC HEMATOLOGY/ONCOLOGY
 CLINICS IN THE U.S., ALLOWING ST. JUDE TO EXTEND CARE AND BENEFITS TO MORE
 CHILDREN AND INCREASE THE NUMBER OF CHILDREN ABLE TO BE TREATED ON ST.
 JUDE CLINICAL TRIAL. ST. JUDE ALSO OPERATES AN INTERNATIONAL OUTREACH

PROGRAM AIMED AT SHARING KNOWLEDGE AND RESOURCES TO IMPROVE THE SURVIVAL

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RATE OF CHILDREN WITH CANCER AND HEMATOLOGIC DISEASES WORLDWIDE. ST. JUDE

HAS PARTNERSHIPS WITH 24 MEDICAL INSTITUTIONS IN 17 COUNTRIES.

THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL MARKET, AFFILIATE INSTITUTIONS,

OTHER AREAS OF THE UNITED STATES/U.S. TERRITORIES, AND THE INTERNATIONAL

COMMUNITY. THE LOCAL MARKET ENCOMPASSES MEMPHIS, TENNESSEE AND THE

SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 28% OF NEW ONCOLOGY

PATIENTS RESIDING WITHIN THIS AREA.

FY17 NEW CANCER PATIENTS

PATIENT ORIGIN	% OF TOTAL
MEMPHIS, TN AND SURROUNDING AREA	28%
AFFILIATE REFERRAL	38%
NATIONAL REFERRAL (OTHER AREAS OF U.S.)	26%
INTERNATIONAL REFERRAL	8%
GRAND TOTAL	100%

THE ST. JUDE AFFILIATE PROGRAM (AP) IS A NETWORK OF EIGHT AFFILIATED

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PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U.S., ALLOWING ST. JUDE TO

EXTEND CARE AND BENEFITS TO MORE CHILDREN AND INCREASE THE NUMBER OF

CHILDREN ABLE TO BE TREATED ON ST. JUDE CLINICAL TRIALS CLOSER TO HOME.

THE PHYSICIANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE

STAFF AT ST. JUDE TO DELIVER PROTOCOL RELATED CARE OR EVIDENCE BASED

TREATMENT WHEN NOT PARTICIPATING IN A TRIAL TO PEDIATRIC

HEMATOLOGY-ONCOLOGY PATIENTS, SO THAT PATIENTS CAN RECEIVE CARE CLOSER TO

HOME. AFFILIATES ARE CURRENTLY LOCATED IN BATON ROUGE LA, CHARLOTTE NC,

HUNTSVILLE AL, JOHNSON CITY TN, PEORIA IL, SHREVEPORT LA, SPRINGFIELD MO,

AND TULSA OK. THE AFFILIATES' ENROLLMENT OF PATIENTS ON ST. JUDE CLINICAL

TRIALS HELPS ST. JUDE FIND CURES FASTER AND SAVE MORE CHILDREN.

ST. JUDE PROVIDES FINANCIAL SUPPORT FOR CLINICAL OPERATIONS TO ENSURE

EXCELLENT QUALITY OF CARE THAT MEETS ST. JUDE PROTOCOL GUIDELINES AND TO

PROVIDE PATIENT ASSISTANCE. THE AP AND OTHER STAFF ASSIST THE AFFILIATES

IN THE DEVELOPMENT OF NEW PEDIATRIC HEMATOLOGY-ONCOLOGY PROGRAMS; PROVIDE

MONITORING AND CONSULTATION TO IMPROVE PATIENT CARE AND CLINICAL PROCESSES

FOR THE AFFILIATE CLINIC AND CHILDREN'S HOSPITAL; AND PROVIDE NUMEROUS

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EDUCATIONAL OFFERINGS AND MENTORING FOR AFFILIATE STAFF. IN ADDITION, ST.

JUDE HAS MANY PROCESSES TO ENSURE GOOD CONTINUITY OF CARE BETWEEN THE

AFFILIATES AND ST. JUDE. THE AFFILIATES' CLINICAL RECORDS FOR SHARED

PATIENTS ARE AVAILABLE IN ST. JUDE MEDICAL RECORDS AND EVERY AFFILIATE HAS

ACCESS TO ST. JUDE ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS. THE

AFFILIATES ALSO HAVE ACCESS TO ALL ELECTRONIC RESOURCES, E.G. PATIENT

EDUCATION MATERIALS, RESEARCH PROTOCOLS, CLINICAL GUIDELINES AND

RESOURCES; EVERYTHING ON THE ST. JUDE INTRANET.

IN ADDITION TO ASSISTING THE AFFILIATES, ST. JUDE PROVIDES CONSULTATION

SERVICES FOR MORE THAN 3,400 NATIONAL AND 800 INTERNATIONAL PHYSICIAN

REQUESTS. FOR FY17 PATIENT CONSULTATIONS BY CONTINENT TOTALED 4,191 AS

FOLLOWS:

CONTINENT	NUMBER OF PATIENT CONSULTATIONS
NORTH AMERICA	3,470
SOUTH AMERICA	161
EUROPE	198

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AFRICA	32
ASIA	278
AUSTRALIA	52
TOTAL	4,191

ST. JUDE ALSO OPERATES AN INTERNATIONAL OUTREACH PROGRAM IN GPM, AIMED AT IMPROVING SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. THERE ARE AN ESTIMATED 175,000 NEWLY DIAGNOSED CASES OF CHILDHOOD CANCER WORLDWIDE EACH YEAR, AND 84% OCCUR IN LOW- AND MIDDLE-INCOME COUNTRIES. CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN ALL DEVELOPING COUNTRIES, REPLACING OTHER CAUSES OF CHILDHOOD MORTALITY (E.G. HIV, MALNUTRITION, INFECTIONS). DESPITE VAST IMPROVEMENTS IN THERAPY AND SURVIVAL IN HIGH-INCOME COUNTRIES OVER THE PAST 30 YEARS, AN ESTIMATED 60% DO NOT HAVE ACCESS TO ADEQUATE DIAGNOSIS AND MODERN CARE. ST. JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN

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IN COUNTRIES THAT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN

BURDEN OF CASES EFFECTIVELY.

WHILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OUR HOSPITAL IN

MEMPHIS, RECEIVING TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND

LESS DISRUPTIVE FOR THEM AND THEIR FAMILIES. AS A RESULT OF OUR

INTERNATIONAL EFFORTS, WE ARE ABLE TO REACH FAR MORE CHILDREN THAN WOULD

EVER BE ABLE TO COME TO MEMPHIS. A BASIC HEALTHCARE INFRASTRUCTURE IS

NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER

IMPROVES THE DEVELOPMENT OF BASIC HEALTHCARE. AT THE LOCAL LEVEL, GPM

DEVELOPS PARTNERSHIPS WITH MEDICAL INSTITUTIONS AND FUND-RAISING

ORGANIZATIONS AND FACILITATES THE INVOLVEMENT OF OTHER AND GOVERNMENT

ORGANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LOCAL

PERSONNEL. AT THE REGIONAL LEVEL, GPM DEVELOPS PROGRAMS THROUGH THE USE OF

TECHNOLOGY AND FOSTERS REGIONAL AND INTERNATIONAL COLLABORATIONS WITH

OTHER PEDIATRIC MEDICAL INSTITUTIONS. THE PRIMARY GOAL IS TO DEVELOP LOCAL

AND REGIONAL SELF-SUFFICIENCY. THIS MODEL RESULTS IN SIGNIFICANT OVERALL

IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE

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CONFIDENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT. ST.

JUDE EMPHASIZES THE BUILDING OF REGIONAL EXPERTISE AND DIAGNOSTIC

CAPABILITIES, WHICH PROVIDE A CRITICAL MASS OF PROFESSIONALS WHO

CONTINUALLY LEARN FROM AND ASSIST EACH OTHER. COST EFFICIENCY IS ALSO

REALIZED BECAUSE OF SHARED RESOURCES.

ST. JUDE HAS PARTNERSHIPS WITH 24 MEDICAL INSTITUTIONS (AND THEIR

SUPPORTING FOUNDATIONS) ACROSS 17 DIFFERENT COUNTRIES - BRAZIL, CHILE,

CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA,

HAITI, HONDURAS, JORDAN, LEBANON, MEXICO, MOROCCO, NICARAGUA, PHILIPPINES,

AND VENEZUELA.

(NOTE: THIS NARRATIVE FOR PART VI, LINE 4 IS CONTINUED BELOW.) - SEE PAGE

123/124

PART VI, LINE 5:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL WAS OPENED IN 1962. OUR MISSION IS

TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC

Part VI Supplemental Information

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DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR

FOUNDER, DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE,

RELIGION OR A FAMILY'S INABILITY TO PAY. OUR VISION IS TO BE THE WORLD

LEADER IN ADVANCING THE TREATMENT AND PREVENTION OF CATASTROPHIC DISEASES

IN CHILDREN. THIS VISION IS PURSUED BY PROVIDING OUTSTANDING PATIENT CARE,

BY CONDUCTING BASIC, TRANSLATIONAL AND CLINICAL RESEARCH DESIGNED TO

ELUCIDATE BIOLOGICAL MECHANISMS, UNDERSTAND DISEASE PATHOGENESIS, IMPROVE

DIAGNOSIS, ENHANCE TREATMENT OUTCOMES, PREVENT DISEASES AND MINIMIZE

ADVERSE CONSEQUENCES OF TREATMENT; AND BY EDUCATING HEALTH CARE AND

SCIENTIFIC RESEARCH PROFESSIONALS. THROUGH THESE EFFORTS, WE SEEK TO CURE

AND ENHANCE THE QUALITY OF LIFE FOR AN INCREASING NUMBER OF CHILDREN WHO

COME TO US FOR TREATMENT BY EXPANDING AND SHARING KNOWLEDGE TO ADVANCE

TREATMENT OF CHILDREN WITH CATASTROPHIC DISEASES WORLDWIDE, WHILE

DEVELOPING STRATEGIES TO PREVENT CATASTROPHIC DISEASES IN CHILDREN.

ST. JUDE COMBINES LABORATORY AND CLINICAL RESEARCH TO ADVANCE THE CARE OF

CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES. THE FOCUS IS ON

PROVIDING OUTSTANDING PATIENT CARE RESULTS AND ON RESEARCH FINDINGS THAT

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TRANSLATE INTO IMPROVED PATIENT OUTCOMES. ST. JUDE HAS AN ACADEMIC FACULTY

ENGAGED IN A BROAD SPECTRUM OF RESEARCH, INCLUDING THERAPEUTIC TRIALS,

INVESTIGATION OF DISEASE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC

RESEARCH.

HOSPITAL OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, MOST OF WHICH

ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, OR THEIR FAMILY MEMBERS.

RESEARCH ACTIVITIES ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD

COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS.

ST. JUDE CONTRIBUTED TO THE BUILDING OF A STATE-OF-THE ART NEUROSURGICAL

FACILITY FOR TREATING LOCAL PEDIATRIC PATIENTS AND ST. JUDE BRAIN TUMOR

PATIENTS. THE FACILITY IS EQUIPPED WITH INTRA-OPERATIVE IMAGING EQUIPMENT

(IMRI). WHEN PURCHASED, ONLY TWO NEUROSURGICAL FACILITIES IN THE UNITED

STATES PROVIDED PATIENTS WITH THIS LEVEL OF TREATMENT, WHICH ALLOWS

IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES. IMRI EQUIPMENT ALLOWS

SURGEONS TO MAKE INFORMED DECISIONS DURING THE SURGERY. LIVE WEB CASTS

ALLOW OTHERS TO VIEW PROCEDURES. OUR ASSISTANCE WITH THIS FACILITY HELPS

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ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL

TREATMENT AVAILABLE.

ST. JUDE COMPLETED THE FIRST PHASE OF THE PEDIATRIC CANCER GENOME PROJECT

(PCGP) IN JANUARY 2013 - A COLLABORATION WITH WASHINGTON UNIVERSITY TO

FIND CLUES TO THE CAUSES OF CHILDHOOD CANCER AND POTENTIAL NEW TREATMENTS

AND CURES. THE PROJECT HAS RESULTED IN GROUNDBREAKING DISCOVERIES IN A

NUMBER OF CHILDHOOD CANCERS INCLUDING RETINOBLASTOMA, MEDULLOBLASTOMA,

NEUROBLASTOMA, DIFFUSE INTRINSIC PONTINE GLIOMA, TWO AGGRESSIVE FORMS OF

LEUKEMIA AND LOW-GRADE GLIOMAS. IN DECEMBER 2012, THE PCGP WAS RECOGNIZED

AS ONE OF TIME MAGAZINE'S TOP 10 MEDICAL BREAKTHROUGHS AND, IN 2013, AS

ONE OF TIME MAGAZINE'S TOP 100 NEW SCIENTIFIC DISCOVERIES. THE SECOND

PHASE OF PCGP EXAMINED THE CANCER SAMPLES FROM 300 CHILDREN AND FOCUSED ON

DEFINING MUTATIONS THAT CONTRIBUTE TO TUMOR FORMATION, CHARACTERIZING THE

STATE OF THE CANCER CELL'S EPIGENOME AND DESCRIBING HOW IT DIFFERED FROM

WHAT IS SEEN IN THE NORMAL CELLS. THE SECOND PHASE ALSO INCLUDED A

CLINICAL GENOMICS PROJECT CALLED GENOMES FOR KIDS THAT INVOLVED

NEXT-GENERATION SEQUENCING FOR CHILDREN WITH CANCER. WHEN PHASE 2 IS

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COMPLETE, ST. JUDE HOPES TO HAVE A MODEL FOR HOW TO EXTEND GENOME
SEQUENCING TO EVERY CHILDHOOD CANCER PATIENT IN THE UNITED STATES. FROM
ITS BEGINNINGS IN 2010, THE PCGP IS THE LARGEST, BROADEST, PRIVATELY
FUNDED SEQUENCING PROJECT FOR CHILDREN WITH CANCER AND HAS SEQUENCED MORE
THAN 800 MATCHED PAIRS OF TUMOR AND HEALTHY GENOMES FROM YOUNG PATIENTS.
THE PCGP HAS PROVIDED NEW DETAILS ABOUT THE MUTATIONS THAT UNDERLIE THE
DEVELOPMENT AND GROWTH OF A RANGE OF CHILDHOOD CANCERS, AND HAS LAID THE
FOUNDATION FOR IMPROVED DIAGNOSTIC TESTING AND THE NEXT GENERATION OF MORE
EFFECTIVE, LESS-TOXIC THERAPIES. THE PROJECT HAS LED TO NEW DIRECTIONS IN
RESEARCH INVOLVING HIGH-RISK LEUKEMIA, BRAIN AND SOLID TUMORS AS WELL AS
NEW COMPUTATIONAL METHODS THAT HAVE BEEN SHARED FOR FREE WITH THE GLOBAL
SCIENTIFIC COMMUNITY.

THE CYCLOTRON (PARTICLE ACCELERATOR) AT ST. JUDE ENABLES RESEARCHERS TO
TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY
TUMOR CELLS AND STUDY THE HEARTS OF ADULT PATIENTS RETURNING TO ST. JUDE
FOR LIFETIME FOLLOW-UP. THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND
CHILDHOOD CANCER BY ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING

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TRACERS.

ST. JUDE USES THE SERVICES OF CHILDREN'S GMP, LLC (OF WHICH ST. JUDE IS

THE SOLE MEMBER). CHILDREN'S GMP, LLC, MANAGES AND OPERATES A GOOD

MANUFACTURING PRACTICE (GMP) FACILITY THAT ENGAGES IN THE PRODUCTION OF

BIOLOGICS AND DRUGS FOR RESEARCH. THE GMP OFFERS RESOURCES TO STUDY RARE

DISEASES OVERLOOKED BY PHARMACEUTICAL COMPANIES BECAUSE THERE IS LITTLE

PROFIT IN MANUFACTURING DRUGS FOR LESSER-KNOWN DISEASES. THE FACILITY,

OPERATING ACCORDING TO APPROVED FDA STANDARDS, ALLOWS DOCTORS TO TAILOR

TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD.

THE CELL AND TISSUE IMAGING CENTER INCLUDES ELECTRON MICROSCOPY AND LIGHT

MICROSCOPY. THE FACILITY PROVIDES INVESTIGATORS ACCESS TO TRANSMISSION

ELECTRON MICROSCOPY, CONFOCAL LASER SCANNING MICROSCOPY, MULTIPHOTON

MICROSCOPY, IMAGE ANALYSIS, CELL MICROINJECTION AND LIVE CELL IMAGING. THE

FEI TECNAI 20 200KV FEG ELECTRON MICROSCOPE, WHICH CAN MAGNIFY AN OBJECT

700,000 TIMES, IS AT THE HEART OF THIS PROGRAM. THIS TECHNOLOGY ALLOWS

RESEARCHERS TO GET A CLOSER LOOK AT CANCER TO BETTER UNDERSTAND HOW IT

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GROWS AND SPREADS AND RESPONDS TO THERAPY, USING THE ELECTRON MICROSCOPE,
RESEARCHERS LEARN HOW CANCER CELLS BREAK AWAY FROM THE TUMOR AND SPREAD
THROUGHOUT THE BODY.

A NEW PATIENT CARE AND RESEARCH BUILDING ON THE ST. JUDE CAMPUS HOUSES
PROTON BEAM RADIATION THERAPY TECHNOLOGY DESIGNED TO DELIVER RADIATION
THERAPY FOR TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER
CHILDHOOD CANCERS. PROTON THERAPY IS LESS DAMAGING TO SURROUNDING HEALTHY
TISSUE THAN OTHER CURRENT RADIATION THERAPIES. THIS EQUIPMENT WILL ENABLE
ST. JUDE TO PROVIDE THIS THERAPY IN A MORE INTEGRATED MANNER TO
OUTPATIENTS AND ALLOW OUR RADIATION ONCOLOGISTS TO LEAD THE DEVELOPMENT OF
NEW TREATMENTS WITH PROTONS. OURS WAS THE WORLD'S FIRST PROTON THERAPY
CENTER DEDICATED SOLELY TO THE TREATMENT OF CHILDREN.

TO FURTHER PALLIATIVE SERVICES IN THE COMMUNITY, ST. JUDE PARTICIPATED
WITH LE BONHEUR CHILDREN'S HOSPITAL IN DEVELOPING THE QUALITY OF LIFE FOR
ALL KIDS PALLIATIVE PROGRAM FOR SERIOUSLY ILL CHILDREN. HOSPICE STAFF,
BOTH IN THE HOME AND IN THE HOSPICE RESIDENCE, PROVIDES INTERDISCIPLINARY

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CARE TO CHILDREN THROUGHOUT THE ILLNESS TRAJECTORY AND CONCURRENT
THERAPIES.

ST. JUDE ADMINISTRATIVE LEADERS AND FACULTY MEMBERS OF THE DEPARTMENT OF
PHARMACEUTICAL SCIENCES HAVE BEEN AT THE FOREFRONT OF BRINGING NATIONAL
ATTENTION TO THE PEDIATRIC CANCER DRUG SHORTAGE TOPIC, ACTIVELY ENGAGING
REGULATORY AND LEGISLATIVE BODIES TO UNDERSTAND THE IMPACT THESE DRUG
SHORTAGES HAVE ON PEDIATRIC CARE AND RESEARCH. PRESENTATIONS OR WRITTEN
TESTIMONY HAVE BEEN PROVIDED TO THE FDA CENTER FOR DRUG EVALUATION AND
RESEARCH WORKSHOP, TWO SENATE HEARINGS, AND HEALTH SUBCOMMITTEE OF THE
HOUSE COMMITTEE ON ENERGY AND COMMERCE.

ST. JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GENERATION OF DOCTORS,
NURSES, RESEARCHERS AND ACADEMIC LEADERS. FROM PROGRAMS FOR HIGH SCHOOL
STUDENTS TO THE POSTDOCTORAL LEVEL, THE HOSPITAL PLAYS A MAJOR ROLE IN
PREPARING FUTURE LEADERS OF SCIENCE AND MEDICINE. IN ADDITION TO ONSITE
EDUCATION, THE INTERNATIONAL OUTREACH PROGRAM PROVIDES AN EDUCATION AND
COLLABORATION WEB SITE, CURE4KIDSTM (WWW.CURE4KIDS.ORG).

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VIA THE CONNECT2PROTECT PROGRAM, ST. JUDE COLLABORATES WITH CHURCHES,
OTHER HEALTH CARE ORGANIZATIONS AND CIVIC GROUPS TO RAISE AWARENESS ABOUT
PREVENTING THE SPREAD OF HIV/AIDS. THE PRIMARY TARGET IS THE
AFRICAN-AMERICAN COMMUNITY, ALTHOUGH OTHER ETHNIC GROUPS ARE ALSO SERVED
INCLUDING ASIAN, CAUCASIAN AND HISPANIC.

THE FUNDRAISING SOURCE FOR ST. JUDE IS ALSAC, WHICH RAISES FUNDS SOLELY
FOR THE HOSPITAL. BECAUSE OF THE HOSPITAL'S MISSION, PEOPLE NATIONWIDE
CONTRIBUTE VIA TENS OF THOUSANDS OF FUNDRAISING EFFORTS. ALSAC CONTRIBUTED
\$664 MILLION IN FY17 TO SUPPORT ST. JUDE.

VOLUNTEERS ENHANCE THE QUALITY OF PATIENT CARE BY PARTNERING WITH CLINICAL
STAFF TO PROVIDE AN ADDITIONAL PERSONAL TOUCH. VOLUNTEERS ALSO HELP ENSURE
A SAFE ENVIRONMENT. THEY LEND ASSISTANCE AND PROVIDE COMPASSIONATE CONCERN
BY OFFERING A LISTENING EAR TO FAMILIES AT A TIME WHEN THEY NEED IT MOST.
THEY ARE VITAL AMBASSADORS FOR THE HOSPITAL AND COMMUNITY.

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PART VI, LINE 2 (CONTINUATION FROM 100/124):

IN ADDITION TO PROVIDING AND CONTINUOUSLY IMPROVING STANDARDIZED CARE
TO THESE PATIENT POPULATIONS, ST. JUDE HEMATOLOGY DEDICATES A
SIGNIFICANT AMOUNT OF RESOURCES TO CLINICAL, TRANSLATIONAL, AND BASIC
RESEARCH TO IMPROVE SURVIVAL AND DECREASE MORBIDITY OF CHILDREN WITH
NON-MALIGNANT CHRONIC BLOOD DISEASES. MOST PATIENTS PARTICIPATE IN
RESEARCH STUDIES, WHICH HAVE RESULTED IN MAJOR IMPROVEMENTS IN CLINICAL
CARE. FOR EXAMPLE, RECENT RESULTS FROM THE BABY HUG TRIAL SHOWED THAT
DAILY ORAL HYDROXYUREA IS SAFE AND EFFECTIVE FOR INFANTS AND YOUNG
CHILDREN WITH SCD, WHICH LED TO THE RECOMMENDATION OF ITS GENERAL USE
IN THIS SUBPOPULATION. ALSO, IN A FIRST-IN-MAN TRIAL, ST. JUDE
HEMATOLOGY SHOWED THE SAFETY AND EFFICACY OF A NOVEL GENE TRANSFER
AGENT CARRYING THE FACTOR IX GENE FOR TREATMENT OF HEMOPHILIA B; ALL
TEN ADULT PARTICIPANTS WITH SEVERE HEMOPHILIA B HAD NO SERIOUS
UNEXPECTED SIDE EFFECTS AND ALL PARTICIPANTS SHOWED AN INCREASE IN
FACTOR IX LEVELS LEADING TO A SUBSTANTIAL REDUCTION IN THEIR BLEEDING
TENDENCY. ADDITIONALLY, ST. JUDE HAS DEVELOPED A VECTOR FOR GENE
TRANSFER TO TREAT CHILDREN WITH X LINKED SEVERE COMBINED

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IMMUNODEFICIENCY (X LINKED SCID) DISEASE WHICH HAS SHOWN PROMISE AS A

CURE FOR THE DISEASE. FUTURE EFFORTS WILL CONTINUE TO FOCUS ON FINDING

VIALE CURES AND/OR TREATMENTS TO PREVENT COMPLICATIONS IN CHILDREN

WITH SCD AND OTHER NON-MALIGNANT, CHRONIC HEMATOLOGIC DISEASES.

HIV

IN 1987, ST. JUDE'S FOUNDING FATHER, DANNY THOMAS DECLARED AIDS A

CATASTROPHIC ILLNESS. IT WAS THEN THAT THE COMPREHENSIVE HIV CARE AND

PREVENTION PROGRAM FOR CHILDREN AND YOUTH WAS ESTABLISHED. THE PROGRAM,

LOCATED IN THE MEMPHIS METROPOLITAN STATISTICAL AREA, IS IN A COMMUNITY

WHERE IN 2013, 59% OF NEW DIAGNOSES WERE AMONG ADOLESCENT YOUTH. SINCE

ITS BEGINNING, THE HIV CLINICAL AND RESEARCH PROGRAM HAS PROVIDED

EXCEPTIONAL CARE TO PERINATALLY-INFECTED INFANTS AND CHILDREN AND AN

EXCELLENT YOUTH-FOCUSED HIV PROGRAM FOR YOUTH AGES 13 TO 21. THE

SERVICES INCLUDE A STANDALONE LABORATORY THAT SUPPORTS THE HIV/AIDS

CLINICAL & RESEARCH PROGRAMS, COMPREHENSIVE MEDICAL CARE, CASE

MANAGEMENT SERVICES, A FULL PHARMACY, PATIENT ADVOCACY, PSYCHOSOCIAL,

AND SPIRITUAL SUPPORT FOR PATIENTS AND THEIR FAMILIES. OUR STRONG

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COMMUNITY INFRASTRUCTURE, FORMALLY ESTABLISHED 11 YEARS AGO, IS
 COMMITTED TO THE CAUSE OF HIV EDUCATION AND PREVENTION IN THE
 COMMUNITY. OUR COMMUNITY COALITION, CONNECT TO PROTECT (C2P), CONTINUES
 TO HAVE 25 CONSISTENT AND ACTIVE MEMBERS THAT REPRESENT AIDS SERVICE
 ORGANIZATIONS, LOCAL GOVERNMENT, FAITH-BASED AND SOCIAL SERVICE
 ORGANIZATIONS. QUARTERLY, THE COALITION MEMBERS CONTINUE TO IDENTIFY
 AT-RISK YOUTH AND CREATE A PROFILE OF AVAILABLE COMMUNITY RESOURCES
 BASED ON ELIMINATING BARRIERS TO BEING LINKED TO AND RETAINED IN CARE.
 IN ADDITION TO DEVELOPING A SOLID HIV PREVENTION PLAN, COALITION
 MEMBERS, ALONGSIDE OUR CLINICAL RESEARCH STAFF, HAVE CO-FACILITATED
 AND/OR PARTICIPATED IN APPROXIMATELY 187 EDUCATIONAL AND TESTING
 EVENTS, IMPACTING OVER 2,500 INDIVIDUALS.

WORKING TO ALIGN THE STRATEGIC PLAN WITH THE HIV CONTINUUM OF CARE THAT
 SPECIFICALLY ADDRESSES YOUTH BARRIERS TO TESTING, SURVEILLANCE
 REPORTING AND LINKAGE OF NEWLY DIAGNOSED HIV+ YOUTH TO MEDICAL CARE IN
 RESOURCE POOR COMMUNITIES HAS BEEN A STRONG ASSET TO OUR COMMUNITY
 INFRASTRUCTURE. FOR THIS CALENDAR YEAR, OUR STRATEGIC MULTISITE

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

INITIATIVE FOR LINKAGE AND ENGAGEMENT (SMILE) INTO CARE EFFORTS

RESULTED IN APPROXIMATELY 90% (87/97) OF NEWLY DIAGNOSED HIV+ YOUTH

BEING ENGAGED IN MEDICAL CARE AND 95% (83/87) OF THEM BEING RETAINED IN

CARE. THIS SUCCESS SPEAKS TO STRATEGIC COMMUNITY MOBILIZATION, PARTNER

AGENCY PARTICIPATION AND IMPROVED ACCESS TO CARE FOR NEWLY DIAGNOSED

HIV POSITIVE YOUTH. PARTICIPANTS IN THE SMILE PROGRAM RECEIVE

ASSISTANCE WITH LINKAGE AND ENGAGEMENT IN CARE SERVICES, SPECIALIZED

CASE MANAGEMENT, CRISIS INTERVENTION, AND INDIVIDUALIZED COMMUNITY

SERVICE AND RESOURCE REFERRALS AS INDIVIDUAL BARRIERS ARE IDENTIFIED.

THE SMILE PROGRAM DATA HAS BEEN USED TO FACILITATE CONTINUED DIALOGUE

WITHIN THE C2P COALITION. THE INTEGRATION OF BOTH PROGRAMS HAS

ENCOURAGED THE COALITION TO PRIORITIZE ALIGNMENT OF THE STRATEGIC PLAN

WITH THE HIV CARE CONTINUUM THEREBY IMPROVING ENGAGEMENT AND RETENTION

IN CARE OUTCOMES FOR INDIVIDUALS THAT PARTICIPATE IN THE SMILE PROGRAM.

OUR NEWEST COMMUNITY RESEARCH PROTOCOL, HIV PREVENTION TRIALS NETWORK

(HPTN) 083, IMPLORES A COMMUNITY BASED PARTICIPATORY RESEARCH (CBPR)

APPROACH TO HELP REACH ELIGIBLE AT-RISK YOUTH AND YOUNG ADULTS. WE

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
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- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

RECEIVED BUY-IN AND SUPPORT FROM VARIOUS STAKEHOLDERS BY HOSTING

COMMUNITY BASED HIV TESTING EVENTS THAT OFFER LINKAGE INTO CARE FOR

NEWLY DIAGNOSED HIV+ YOUTH AND LINK TO PRE-EXPOSURE PROPHYLAXIS (PREP)

FOR THOSE WHO PRESENT HIV NEGATIVE. THIS PAST YEAR, THE HIV PREVENTION

TEAM, SUCCESSFULLY LED 21 STAKEHOLDER/GATEKEEPER MEETINGS THAT FOCUSED

ON PLANNING AND COORDINATING SPECIFIC OUTREACH AND EDUCATIONAL

STRATEGIES. THIS YIELDED FOUR (2 SMALL AND 2 LARGE SCALE EVENTS (E.G.,

INFORMAL DINNERS AT STAKEHOLDER FAMILY HOMES, REGIONAL FRATERNITY

EVENTS, AND DANCE COMPETITIONS) THAT REACHED OVER 732 YOUTH AND YOUNG

ADULTS. AS A RESULT THERE HAVE BEEN APPROXIMATELY 89 INDIVIDUALS

APPROACHED AS ELIGIBLE STUDY PARTICIPANTS AND APPROXIMATELY 40

ENROLLED.

1. AMERICAN CANCER SOCIETY. CANCER FACTS & FIGURES 2017. ATLANTA:

AMERICAN CANCER SOCIETY; 2017.

2. FOR THE PERIOD FROM JULY 1, 2016 TO JUNE 30, 2017

3. AMERICAN CANCER SOCIETY. CANCER FACTS & FIGURES 2017. ATLANTA:

AMERICAN CANCER SOCIETY; 2017.

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART VI, LINE 4 (CONTINUATION FROM 109/124):

ST. JUDE WORKS WITH ITS PARTNERS TO DEVELOP EVIDENCED-BASED TREATMENT

PROTOCOLS TAILORED TO REGIONAL NEEDS AND RESOURCES. ADDITIONALLY, ST.

JUDE PHYSICIANS AND NURSES SERVE AS MENTORS TO CLINICAL PERSONNEL AT

PARTNER SITES, PROVIDE LOCAL AND ONLINE TRAINING FOR ONCOLOGY CARE,

DIAGNOSIS, AND SUPPORTIVE CARE, AND PARTICIPATE IN ONLINE MEETINGS TO

DISCUSS CLINICAL CARE BEST PRACTICES. THE MAJORITY OF ONLINE MEETINGS

AND TRAINING ARE PROVIDED VIA ST. JUDE'S WEB-BASED PLATFORM, ST. JUDE

CURE4KIDSTM (C4K), A FREE RESOURCE FOR PEDIATRIC ONCOLOGY

PROFESSIONALS, SCIENTISTS AND RESEARCHERS, REGARDLESS OF THEIR

AFFILIATION WITH ST. JUDE OR ITS PARTNERS. IN ADDITION TO CONTENT THAT

INCLUDES MORE THAN 1,500 ONLINE SEMINARS, 37 SELF-PACED COURSES, AND 37

INSTRUCTOR-LED COURSES, C4K PROVIDES ONLINE MEETING AND CONFERENCE

SPACE. IN FY17, C4K HAD 63,650 CONTENT VIEWS WITH 4,980 UNIQUE

REGISTERED USERS, AND HOSTED 1,956 MEETINGS WITH 8,000 UNIQUE

PARTICIPANTS FROM 145 DIFFERENT COUNTRIES; THERE ARE 64 NCI CENTERS

THAT PARTICIPATE IN C4K. FINALLY, ST. JUDE PARTNERS WITH LOCAL

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
INC.**

Employer identification number
62-0646012

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE 50 NORTH DUNLAP MEMPHIS, TN 38105	62-6001636	GOVERNMENT ENTITY	3,239,885.	0.			COLLABORATION AND SUPPORT AGREEMENT
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE. PEORIA, IL 61637	37-0662569	501(C)(3)	490,909.	0.			OPERATION OF ST. JUDE CLINIC
CHURCH HEALTH CENTER OF MEMPHIS 1350 CONCOURSE AVE., SUITE 142 MEMPHIS, TN 38104	58-1716113	501(C)(3)	100,000.	0.			FINANCIAL SUPPORT
MID-SOUTH MINORITY BUSINESS COUNCIL - 165 MADISON AVE. - MEMPHIS, TN 38103	62-1198163	501(C)(6)	8,500.	0.			SPONSOR CONFERENCE
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS - 600 13TH STREET NW, SUITE 500 - WASHINGTON, DC 20005	58-2176067	501(C)(6)	6,500.	0.			CONTRIBUTION
THE UNIVERSITY OF MEMPHIS FOUNDATION - 635 NORMAL ST. ALUMNI CENTER 108 - MEMPHIS, TN 38152	62-6048540	501(C)(3)	6,000.	0.			SUPPORT SCHOOL OF PUBLIC HEALTH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 8.
3 Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER - 777 HENNESY BLVD. - BATON ROUGE, LA 70808	72-0423651	501(C)(3)	1,000,000.	0.			FINANCIAL SUPPORT
ASSOCIATION OF PEDIATRIC HEMATOLOGY ONCOLOGY NURSES - 8735 W HIGGINS RD., STE 300 - CHICAGO, IL 60631	23-7446224	501(C)(3)	10,000.	0.			SPONSOR CONFERENCE
CHILD LIFE COUNCIL 1820 N FORT MEYER DR., SUITE 520 ARLINGTON, VA 22209	52-1799846	501(C)(3)	7,500.	0.			SPONSOR CONFERENCE
FASEB SCIENCE RESEARCH 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-0700497	501(C)(3)	20,000.	0.			SPONSOR CONFERENCE
C3 SUMMIT LLC PO BOX 985 AMAGANSETT, NY 11930	45-5047215		50,000.	0.			SPONSOR CONFERENCE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS ACTIVELY INVOLVED WITH THE DONEE.

THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE

THE SUPPORT IS USED APPROPRIATELY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.**

Employer identification number
62-0646012

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

Yes No

	Yes	No
1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	<input type="checkbox"/>	<input type="checkbox"/>

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD SHADYAC, JR. EX-OFFICIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	769,962.	0.	2,322.	79,563.	16,796.	868,643.	0.
(2) JAMES R. DOWNING PRESIDENT & CEO, EX-OFFICIO DIRECTOR	(i)	910,468.	50,000.	79,487.	29,150.	18,039.	1,087,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PAT KEEL SVP/CFO	(i)	485,793.	90,000.	23,128.	11,458.	18,689.	629,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES I. MORGAN EVP/SCIENTIFIC DIRECTOR	(i)	475,136.	110,200.	8,931.	29,150.	20,480.	643,897.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY ANNA QUINN EVP/CHIEF ADMIN OFFICER	(i)	381,557.	0.	284,193.	29,150.	41,969.	736,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	(i)	711,738.	0.	39,108.	129,291.	14,078.	894,215.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	(i)	598,935.	150.	158,226.	27,615.	8,481.	793,407.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DAVID ELLISON CHAIR	(i)	649,903.	15,350.	204,373.	51,461.	17,762.	938,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) THOMAS E. MERCHANT CHAIR	(i)	708,034.	15,350.	466,686.	29,150.	30,408.	1,249,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHING-HON PUI CHAIR	(i)	595,842.	28,791.	298,375.	29,150.	50,072.	1,002,230.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LESLIE L. ROBISON CHAIR	(i)	559,243.	25,350.	294,961.	29,150.	17,980.	926,684.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) ELAINE I. TUOMANEN CHAIR	(i)	457,452.	18,591.	274,229.	29,150.	15,034.	794,456.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) MICHAEL C. CANARIOS FORMER SVP/CHIEF FINANCIAL OFFICER	(i)	342,205.	100,118.	23,877.	0.	17,363.	483,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) WILLIAM E. EVANS FACULTY/FORMER PRES. & CEO	(i)	654,700.	15,150.	8,790.	29,150.	8,672.	716,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) LARRY KUN FORMER EVP/CLINICAL DIRECTOR	(i)	443,211.	75,000.	6,005.	29,150.	10,005.	563,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

TRAVEL FOR COMPANIONS: FAMILY MEMBER OF ONE FORMER OFFICER, TRAVELS ON

HOSPITAL BUSINESS AS REQUIRED BY THE POSITION. TRAVEL EXPENSES ARE

REIMBURSED UNDER AN ACCOUNTABLE PLAN AND NOT RECORDED AS COMPENSATION.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: A PAYMENT WAS ISSUED FOR

DEPENDENT TUITION FOR ONE OFFICER. THE APPLICABLE EXPENSE WAS GROSSED-UP

AND INCLUDED IN THE EMPLOYEE'S W-2 AS ADDITIONAL TAXABLE COMPENSATION.

PART I, LINE 4A:

SEVERANCE PAY IN THE AMOUNT OF \$344,860 WAS OFFERED TO THE FORMER CHIEF

FINANCIAL OFFICER UNDER A SEPARATION AGREEMENT VOLUNTARILY ENTERED INTO

BY THE PARTIES. THE TERMS OF THAT AGREEMENT ARE CONFIDENTIAL. ALL

SEVERANCE AGREEMENTS CONTAIN, WHEN LEGALLY PERMITTED, A RELEASE OF

CLAIMS.

PART I, LINE 4B:

THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN

PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN

Part III Supplemental Information

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

AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE

ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

PAYMENTS WERE MADE TO THE FOLLOWING LISTED PERSONS IN PART VII UNDER

THE NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE YEAR:

MICHAEL C. CANARIOS - \$23,877

CHING-HON PUI - \$289,585

MARY ANNA QUINN - \$275,360

LESLIE L. ROBISON - \$286,030

ELAINE I. TUOMANEN - \$265,433

SCHEDULE J, PART II:

RICHARD C. SHADYAC, JR. SERVES AS AN EX-OFFICIO VOTING DIRECTOR OF THE

BOARD OF ST. JUDE. MR. SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A

RELATED ORGANIZATION TO ST. JUDE. THE COMPENSATION SHOWN IN COLUMNS

(B), (C), (D) AND (E) WAS PAID TO MR. SHADYAC BY ALSAC FOR HIS DUTIES

AS CEO OF ALSAC.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARY RELING	SEE PART V	508,689.	EMPLOYMENT		X
SUSANNA DOWNING	SEE PART V	63,360.	EMPLOYMENT		X
DIANE ROBERTS	SEE PART V	200,935.	EMPLOYMENT		X

Part V Supplemental Information

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

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: MARY RELING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF FORMER OFFICER (PRESIDENT AND CEO), WILLIAM E. EVANS.

(C) AMOUNT OF TRANSACTION: \$508,689

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON: SUSANNA DOWNING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PRESIDENT AND CEO, JAMES R. DOWNING.

(C) AMOUNT OF TRANSACTION: \$63,360

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON: DIANE ROBERTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, CHARLES M. ROBERTS.

(C) AMOUNT OF TRANSACTION: \$200,935

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
INC.

Employer identification number
62-0646012

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND

TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO

CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY

TO PAY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RELIGION OR A FAMILY'S ABILITY TO PAY.

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J.

AYOUB, ESQ.; FREDERICK R. HARRIS AND FREDERICK R. HARRIS, JR., MD; GEORGE

A. SIMON, II AND PAUL J. SIMON; ROBERT A. BREIT, MD AND JOSEPH G. SHAKER;

JOSEPH C. SHAKER AND JOSEPH G. SHAKER; PAUL J. SIMON AND MICHAEL SIMON.

FORM 990, PART VI, SECTION A, LINE 4:

EFFECTIVE JUNE 24, 2017, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

AMENDED ITS BYLAWS. THE SIGNIFICANT CHANGES ARE AS FOLLOWS:

- BOARD MEMBERS ARE PERMITTED TO BE ELECTED AT ANY REGULARLY SCHEDULED

BOARD MEETING; AND

- THE AMENDMENT EXTENDS A NEW BOARD MEMBER'S INITIAL TERM TO TWO YEARS,

FOLLOWED BY THREE-YEAR TERMS UNLESS THE MEMBERSHIP COMMITTEE RECOMMENDS A

DIFFERENT TERM.

FORM 990, PART VI, SECTION B, LINE 11B:

IN FEBRUARY OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
INC.

Employer identification number
62-0646012

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:

NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD OF GOVERNOR'S CONFLICT OF

INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. THERE

IS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD THAT REVIEWS THE ANNUAL

CONFLICT OF INTEREST DISCLOSURE STATEMENTS THAT ARE COMPLETED BY EACH BOARD

MEMBER AND DISCUSSES AND RESOLVES CONFLICTS OF INTEREST, WITH OPPORTUNITY

FOR APPEAL TO THE FULL BOARD. IN ADDITION, THE ORGANIZATION HAS A CHIEF

COMPLIANCE OFFICER AND COMPLIANCE DEPARTMENT, WHICH ADMINISTER THE CONFLICT

OF INTEREST DISCLOSURE PROCESS FOR ALL EMPLOYEES IN CLINICAL, RESEARCH, AND

SELECT ADMINISTRATIVE DEPARTMENTS, AS WELL AS EMPLOYEES IDENTIFIED AS

SUPERVISORS OR WHO HAVE PURCHASING AUTHORITY. ALL SUCH EMPLOYEES COMPLETE

CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE

ANNUALLY. THE COMPLIANCE OFFICER ENSURES EMPLOYEES MEET THESE REQUIREMENTS

AND REVIEWS SUBMITTED DISCLOSURES. DISCLOSURES IDENTIFIED AS AN ACTUAL OR

POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH

INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS

APPROPRIATE. DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY BE

MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
INC.

Employer identification number
62-0646012

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD'S COMPENSATION COMMITTEE COMMISSIONS ANNUAL THIRD PARTY SALARY

SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS: CHIEF

EXECUTIVE OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CHIEF

ADMINISTRATIVE OFFICER, CHIEF FINANCIAL OFFICER, CLINICAL DIRECTOR, CHIEF

GOVERNANCE OFFICER/CORPORATE SECRETARY, AND CHIEF LEGAL OFFICER. IN

ADDITION, FIVE EMPLOYEES ARE CONSIDERED "DISQUALIFIED" BECAUSE THEY ARE

FORMER EXECUTIVES OR RELATIVES OF CURRENT OR FORMER EXECUTIVES, AND THEIR

COMPENSATION THEREFORE FALLS WITHIN THE COMPENSATION COMMITTEE'S PURVIEW.

ALL CHANGES TO OFFICERS' SALARIES ARE APPROVED BY THE COMPENSATION

COMMITTEE AND REPORTED TO THE BOARD. THE LAST REVIEW WAS COMPLETED IN

NOVEMBER 2017.

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, GOVERNING DOCUMENTS AND

THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ONLY AS REQUIRED BY

APPLICABLE STATE LAW.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF ALSAC 557,070,266.

CHANGE IN INTEREST IN NET ASSETS OF ALSAC 101,014,399.

TOTAL TO FORM 990, PART XI, LINE 9 658,084,665.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.** Employer identification number **62-0646012**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILDREN'S GMP, LLC - 47-4475625 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	VACCINE MANUFACTURER	TENNESSEE	-3,739,217.	1,127,837.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
THANKS & GIVING, LLC - 20-1310435 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	ROYALTY INCOME FROM RECORD SALES	TENNESSEE	0.	10,632.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
THE RIGHT WORDS, LLC - 95-4878579 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	ROYALTY INCOME FROM BOOK SALES	NEW YORK	0.	0.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678	HIGHER EDUCATION	TENNESSEE	0.	0.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. - 35-1044585, 501 ST. JUDE PLACE, MEMPHIS, TN 38105	SOLICIT SUPPORT FOR THE OPERATION OF ST. JUDE	ILLINOIS	501(C)(3)	7	N/A		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF

BIOMEDICAL SCIENCES

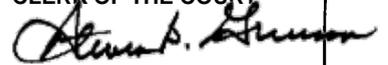
EIN: 81-3240987

262 DANNY THOMAS PLACE

MEMPHIS, TN 38105-3678

PRIMARY ACTIVITY: HIGHER EDUCATION

DIRECT CONTROLLING ENTITY: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.



1 **NOTM**
2 CARY COLT PAYNE, ESQ.
3 Nevada Bar No. 4357
4 CARY COLT PAYNE, CHTD.
5 700 South Eighth Street
6 Las Vegas, Nevada 89101
7 (702) 383-9010
8 carycoltpaynechtd@yahoo.com
9 *Attorney for Defendant,*
10 *Theodore E. Scheide III*

11 **EIGHTH JUDICIAL DISTRICT COURT,**
12 **CLARK COUNTY, NEVADA**

13 In the Matter of the Estate of) Case No.: P-14-082619-E
14) Dept No.: 26
15 THEODORE E. SCHEIDE JR. a/k/a)
16 THEODORE ERNEST SCHEIDE JR.,) **ORAL ARGUMENT REQUESTED**
17)
18 Deceased) **NOTICE OF MOTION AND**
19) **ERRATA TO [EXHIBITS A – D] TO**
20) **MOTION TO STRIKE THE**
21) **FRAUDULENTLY SUBMITTED**
22) **PETITION NAMING ST. JUDE’S**
23) **RESEARCH HOSPITAL AS**
24) **PETITIONER AND RELATED**
25) **RELIEF.**
26)
27) Date of Hearing: May 7, 2021
28) Time of Hearing: 9:30 a.m.

21 COMES NOW, Theodore E. Scheide III, son of the decedent, by and
22 through his attorney, CARY COLT PAYNE, ESQ., of the law firm of CARY
23 COLT PAYNE, CHTD., and hereby submits this Notice of Motion and Errata
24 to [Exhibits A – D] to Motion to Strike Petition and/or Other Further Relief
25 pursuant to St. Jude Research Hospital’s failure to comply with NRS 82.5234,
26 82.5234(2).
27
28

CARY COLT PAYNE, CHTD.
700 South Eighth Street
Las Vegas, Nevada 89101
Tel: 702.383.9010 • Fax 702.383.9049



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Dated: March 16, 2021.



CARY COLT PAYNE, ESQ.
Nevada Bar No. 4357
CARY COLT PAYNE, CHTD.
700 South Eighth Street
Las Vegas, Nevada 89101
Attorney for Theodore E. Scheide III

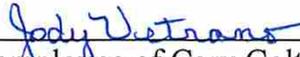
1 **CERTIFICATE OF SERVICE**

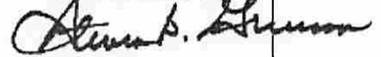
2
3 The undersigned hereby certifies that on March 16, 2021, a true and
4 correct copy of the foregoing was served to the following at the their last
5 known address(es), facsimile numbers and/or e-mail/other electronic means,
6 pursuant to:

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

9 X **BY E-MAIL AND/OR ELECTRONIC MEANS:** Pursuant to Eighth
10 Judicial District Court Administrative Order 14-2, Effective June 1,
11 2014, as identified in Rule 9 of the N.E.F.C.R. as having consented to
12 electronic service, I served via e-mail or other electronic means (Wiznet)
13 to the e-mail address(es) of the addressee(s).

14 Russel J. Geist, Esq.
15 *Email: rgeist@hutchlegal.com*
16 HUTCHINSON & STEFFEN
17 Peccole Professional Park
18 10080 W. Alta Drive, Suite 200
19 Las Vegas, NB 89145

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An employee of Cary Colt Payne, Chtd.



DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of:
Theodore Scheide Jr., Deceased

Case No.: P-14-082619-E

Department 26

NOTICE OF HEARING

Please be advised that the Notice of Motion and Motion to Strike the Fraudently Submitted Petition Naming St. Jude's Research Hospital as Petitioner and Related Relief in the above-entitled matter is set for hearing as follows:

Date: May 07, 2021 ✓
Time: Chambers
Location: Chambers
Regional Justice Center
200 Lewis Ave.
Las Vegas, NV 89101

NOTE: Under NEFCR 9(d), if a party is not receiving electronic service through the Eighth Judicial District Court Electronic Filing System, the movant requesting a hearing must serve this notice on the party by traditional means.

STEVEN D. GRIERSON, CEO/Clerk of the Court

By: /s/ Marie Kramer
Deputy Clerk of the Court

CERTIFICATE OF SERVICE

I hereby certify that pursuant to Rule 9(b) of the Nevada Electronic Filing and Conversion Rules a copy of this Notice of Hearing was electronically served to all registered users on this case in the Eighth Judicial District Court Electronic Filing System.

By: /s/ Marie Kramer
Deputy Clerk of the Court



CARY COLT PAYNE, CHTD.

Attorney at Law

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

**ERRATA TO
EXHIBITS [A – D]
TO MOTION FILED
3/16/21 AT 10:40 A.M.**



CARY COLT PAYNE, CHTD.

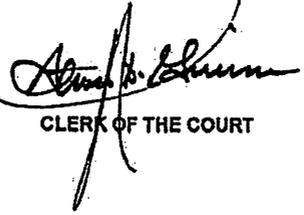
Attorney at Law

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

EXHIBIT PAGE INTENTIONALLY LEFT BLANK

EXHIBIT "A"

Electronically Filed
09/13/2016 10:27:10 AM


CLERK OF THE COURT

1 PET
2 Todd L. Moody (5430)
3 Russel J. Geist (9030)
4 HUTCHISON & STEFFEN, LLC
5 Peccole Professional Park
6 10080 West Alta Drive, Suite 200
7 Las Vegas, Nevada 89145
8 (702) 385-2500
9 (702) 385-2086
10 rgeist@hutchlegal.com

11 *Attorneys for St. Jude Children's*
12 *Research Hospital*

13 DISTRICT COURT
14 CLARK COUNTY, NEVADA

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

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

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

27 **BACKGROUND FACTS**

28 Procedural History

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

HUTCHISON & STEFFEN

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

DC 134 - 00000

HUTCHISON & STEFFEN

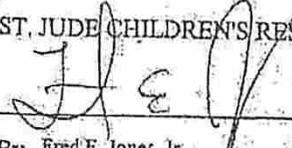
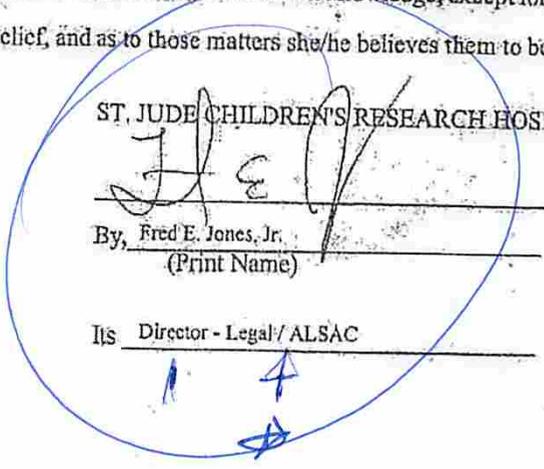
A PROFESSIONAL LLC
RECORDER PROFESSIONAL FWA
10085 WEST ALTA DRIVE, SUITE 200
LAS VEGAS, NV 89148

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VERIFICATION

STATE OF TENNESSEE }
COUNTY OF SHELBY }ss.

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

By, Fred E. Jones, Jr.
(Print Name)
Its Director - Legal/ ALSAC


Electronically Filed
09/13/2016 10:27:10 AM


CLERK OF THE COURT

1 PET
2 Todd L. Moody (5430)
3 Russel J. Geist (9030)
4 HUTCHISON & STEFFEN, LLC
5 Peccole Professional Park
6 10080 West Alta Drive, Suite 200
7 Las Vegas, Nevada 89145
8 (702) 385-2500
9 (702) 385-2086
10 rgeist@hutchlegal.com

11 *Attorneys for St. Jude Children's
12 Research Hospital*

DISTRICT COURT
CLARK COUNTY, NEVADA

13 In the Matter of the Estate of
14 THEODORE E. SCHEIDE JR. aka
15 THEODORE ERNEST SCHEIDE JR.,
16 Deceased.

17 Case No.: P-14-082619-E
18 Dept No.: PCI

19 **PETITION FOR PROBATE OF LOST WILL (NRS 136.240); REVOCATION OF**
20 **LETTERS OF ADMINISTRATION (NRS 141.050);-ISSUANCE OF LETTERS**
21 **TESTAMENTARY (NRS 136.090)**

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

27 **BACKGROUND FACTS**

28 **Procedural History**

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

HUTCHISON & STEFFEN

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

no att. email

ROA001037

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

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

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

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

- 15 a) The safe deposit box was empty;
16 b) The drafting attorney gave the original October 2012 Will to the Decedent;
17 c) SUSAN M. HOY did not receive or find any original estate planning
18 documents during the guardianship; and
19 d) "[SUSAN M. HOY] believes the Decedent destroyed any original estate
20 planning documents he may have executed prior to his death."²

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

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

25
26 ¹ See Ex Parte Petition for Appointment of Special Administrator, filed on October 12,
2014, page 1 at ¶ 3.

27 ² See Petition for Instructions, filed on May 6, 2015, page 2 at ¶ 6.
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ORDERED that in the event the estate assets are liquidated, they be placed in the Durham Jones & Pinegar Trust Account.

ORDERED that no bond be required.

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

Discovery of New Information About Decedent's Will

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

7. KRISTIN TYLER then contacted ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. and informed ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. that she recalled speaking with SUSAN M. HOY or her counsel after the Decedent's death about the original October 2012 Will. KRISTIN TYLER recalled informing SUSAN M. HOY or her counsel that the Decedent took the original with him, but that she had the original of the Decedent's prior Last Will and Testament dated June 8, 2012 ("June 2012 Will"), the original of which has been filed with the clerk of the court on May 20, 2016 pursuant to NRS 136.050.³ A copy of the filed June 2012 Will is attached as **Exhibit 3**. The Decedent's June 2012 Will was the same as the October 2012 Will, except the Decedent had nominated Karen Hoagland as his Executor in the June 2012 Will, whereas he nominated Patricia Bowlin as his Executor in the October 2012 Will.

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

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

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

19 **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.

22 11. Petitioner is explicitly permitted under NRS 136.070(1) to file this Petition to have
23 the Decedent's Will proved. ("A personal representative or devisee named in a will, or any other
24 interested person, may, at any time after the death of the testator, petition the court having
25 jurisdiction to have the will proved, whether the will is in the possession of that person or not, or
26 is lost or destroyed, or is beyond the jurisdiction of the State.") NRS 141.050 also indicates that
27 the Court may consider and allow the Decedent's Will to be proved, even after "after granting
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1 letters of administration on the ground of intestacy." In such case, "the letters of administration
2 must be revoked and the power of the administrator ceases." *Id.*

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

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

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

16 1. A written will may only be revoked by:

17 (a) Burning, tearing, cancelling or obliterating the will, with the
18 intention of revoking it, by the testator, or by some person in the
presence and at the direction of the testator; or

19 (b) Another will or codicil in writing, executed as prescribed in this
20 chapter.

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

27 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
2 best of their knowledge, “the Decedent did not intentionally destroy or revoke the Last Will, dated
3 October 2, 2012.”⁴ KRISTIN TYLER, further declared that she “remained in contact with the
4 Decedent after he executed his Last Will dated October 2, 2012, as his health and mental condition
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.”⁵ 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.”⁶

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

- 20 1) that the Decedent actually destroyed his October 2012 Will or instructed
21 someone to do destroy it on his behalf;
- 22 2) that the Decedent intended to revoke his October 2012 Will by any alleged
23 destruction;

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

26 ⁵ Exhibit 2, page 2 at lines 17-20.

27 ⁶ *Id.* at page 2 at lines 17-20.
28

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

3 4) that at the time of any alleged destruction of the October 2012 Will, the Decedent
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
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,
12 trust, insurance policy, bank account or any other type of asset of the ward which includes the
13 designation of a beneficiary.") In order to authorize the guardian to make such change, the court
14 must find by clear and convincing evidence that:

15 (A) A reasonably prudent person or the ward, if competent, would take the
16 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:

17 (1) Is designated as a beneficiary in or otherwise stands to gain from an
18 instrument which was executed by or on behalf of the ward; or

19 (2) Will benefit from the lack of such an instrument; or

20 (b) The proposed action is otherwise in the best interests of the ward for any other
21 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.

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

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

12 22. Petitioner is the surviving beneficiary of the October 2012 Will and the June 2012
13 Will. Both the October 2012 Will and the June 2012 Will specifically disinherit the Decedent's
14 son, THEODORE E. SCHEIDE, III, and his descendants. Additionally, both the October 2012 Will
15 and the June 2012 instruct the executor to treat THEODORE E. SCHEIDE, III, and his descendants
16 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 SUSAN M. 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.

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

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

1 Velma G. Shay

Deceased/Friend

2 St. Jude Children's Research Hospital
3 501 St. Jude Place
4 Memphis, TN 38105

N/A / Beneficiary

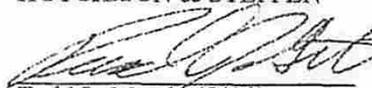
5 25. Petitioner requests that letters testamentary be issued to SUSAN M. HOY and
6 that she serve without bond pursuant to Section 6.01 of Article Six of the Decedent's Last Will
7 and Testament.

8 WHEREFORE, petitioner prays:

- 9 A. That the Court admit a copy of the Decedent's Will dated October 2, 2012, to
- 10 probate pursuant to NRS 136.230, or alternately that the Court admit the Decedent's
- 11 original Will dated June 8, 2012 to probate pursuant to NRS 136.090;
- 12 B. That the Decedent's Estate be opened for General Administration pursuant to NRS
- 13 136 *et seq.*;
- 14 C. That Letters of Administration issued to SUSAN M. HOY be revoked and that
- 15 Letters Testamentary be issued to SUSAN M. HOY, to serve without bond or other
- 16 security being required of her; and
- 17 D. For such other and further relief as the Court deems just and proper.

18 Dated September 13, 2016.

19 HUTCHISON & STEFFEN

20 

21 Todd L. Moody (5430)
22 Russel J. Geist (9030)
23 10080 W. Alta Dr., Ste 200
24 Las Vegas, NV 89145
25 (702) 385-2500
26 (702) 385-2086 Fax
27 tmood@hutchlegal.com
28 rgeist@hutchlegal.com
Attorneys for St. Jude Children's
Research Hospital

VERIFICATION

STATE OF TENNESSEE

COUNTY OF SHELBY

} ss:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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

is Director - Legal / ALSAC

HUTCHISON STEFFEN

A PROFESSIONAL L.L.C.
PERSONAL PROFESSIONAL SERVICE
1000 WEST ALLEN AVENUE, SUITE 200
MEMPHIS, TN 38103

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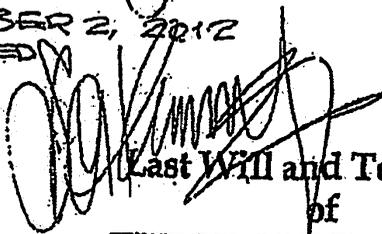
EXHIBIT 1

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

ROA001047

OCTOBER 2, 2012
UP-DATED



**Last Will and Testament
of
THEODORE E. SCHEIDE**

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

**Article One
Family Information**

I am unmarried.

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

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

**Article Two
Specific and General Gifts**

Section 2.01 Disposition of Tangible Personal Property

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

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



Last Will and Testament of THEODORE E. SCHEIDE
Page 1

EXHIBIT "2"

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

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

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

Section 2.02 Contingent Distribution of Tangible Personal Property

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

Section 2.03 Definition of Tangible Personal Property

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

Section 2.04 Ademption

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

Section 2.05 Incidental Expenses and Encumbrances

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

Last Will and Testament of THEODORE E. SCHEIDE

Page 2

ROA001049

**Article Three
My Residuary Estate**

Section 3.01. Definition of My Residuary Estate

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

Section 3.02. Disposition of My Residuary Estate

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

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

**Article Four
Remote Contingent Distribution**

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

**Article Five
Designation of Executor**

Section 5.01. Executor

I name PATRICIA BOWLIN as my Executor. If PATRICIA BOWLIN falls 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.

**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

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

Section 6.06 Delegation of Authority; Power of Attorney

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

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

Section 6.07 Merger of Corporate Fiduciary

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

**Article Seven
Powers of My Fiduciaries**

Section 7.01 Fiduciaries' Powers Act

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



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.



Last Will and Testament of THEODORE E. SCHEIDE
Page 7

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

**Article Nine
Definitions and General Provisions**

Section 9.01 Cremation Instructions

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

Section 9.02 Definitions

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


Last Will and Testament of THEODORE E. SCHEIDE
Page 9

(a) **Adopted and Afterborn Persons**

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

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

(b) **Descendants**

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

(c) **Fiduciary**

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

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

(d) **Good Faith**

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

(e) **Incapacity**

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

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(1) The Opinion of Two Licensed Physicians

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

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

(2) Court Determination

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

(3) Detention, Disappearance or Absence

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

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

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



(f) Internal Revenue Code

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

(g) Legal Representative

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

(h) Per Stirpes

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

(i) Primary Beneficiary

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

(j) Shall and May

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

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

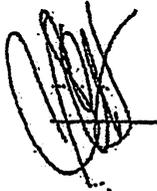
If any beneficiary is living at my death, but dies within 90 days thereafter, then the beneficiary will be deemed to have predeceased me for all purposes of my Will.

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.

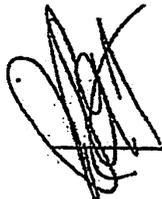
(d) Notices

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

(e) Severability

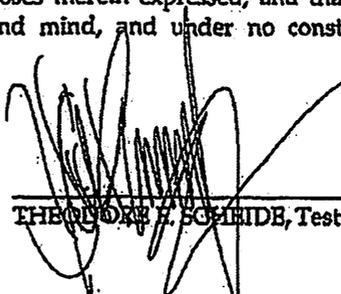
The invalidity or unenforceability of any provision of my Will does not affect the validity or enforceability of any other provision of my Will. If a court of competent jurisdiction determines that any provision is invalid, the remaining provisions of my Will are to be interpreted and construed as if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

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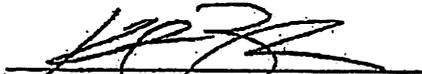
I, THEODORE E. SCHEIDE, sign my name to this instrument consisting of sixteen (16) pages on October 2, 2012, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament; that I sign it willingly, that I execute it as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



THEODORE E. SCHEIDE, Testator

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

Dated this 2 day of October, 2012.


Declarant 1 - Kristin M. Tyler
Declarant 2 - Diane L. DeWalt

Residing at:

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

Residing at:

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



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EXHIBIT 2

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

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1 **AFF**
2 Todd L. Moody (5430)
3 Russel J. Geist (9030)
4 HUTCHISON & STEFFEN, LLC
5 Peccole Professional Park
6 10080 West Alta Drive, Suite 200
7 Las Vegas, Nevada 89145
8 (702) 385-2500
9 (702) 385-2086
10 regist@hutchlegal.com
11
12 *Attorneys for St. Jude Children's*
13 *Research Hospital*

8 **DISTRICT COURT**
9 **CLARK COUNTY, NEVADA**

10 In the Matter of the Estate of

Case No.: P-14-082619-E

11 **THEODORE E. SCHEIDE JR. aka**
12 **THEODORE ERNEST SCHEIDE JR.,**

Dept No.: PCI

13 Deceased.

14 **AFFIDAVIT OF PROOF OF LOST WILL**

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

23 I further attest that the Decedent signed and executed the Last Will dated October 2, 2012
24 in the presence of myself and THEODORE E. SCHEIDE, and we both subscribed the Attestation
25 to the Last Will in the presence of the Decedent.
26
27
28

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

PROFESSOR PROFESSIONAL PWR
10000 WEST ALTA DRIVE, SUITE 200
LAS VEGAS, NV 89145

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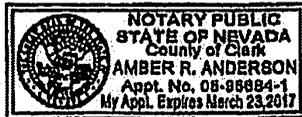
I further attest that, to my knowledge, the Decedent did not intentionally destroy or revoke the Last Will, dated October 2, 2012, and that to the best of my knowledge this was the Decedent's Last Will and Testament.

DATED this July 26, 2016.

Diane L DeWalt
DIANE L. DeWALT

STATE OF NEVADA
COUNTY OF CLARK } ss.

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



Amber R. Anderson
Notary Public

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EXHIBIT 3

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

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

Steven D. Grlerson
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:

A handwritten signature in black ink, appearing to read "Garman Turner Gordon", written over a horizontal line.

Valentina Ortega, Deputy Clerk of the Court

ROA001068

W-16-010344

Electronically Filed
05/20/2016

Heather B. Stinson
CLERK OF THE COURT

**Last Will and Testament
of
THEODORE E. SCHEIDE**

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

**Article One
Family Information**

I am unmarried.

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

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

**Article Two
Specific and General Gifts**

Section 2.01 Disposition of Tangible Personal Property

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

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



Last Will and Testament of THEODORE E. SCHEIDE
Page 1

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

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

Section 2.02 Contingent Distribution of Tangible Personal Property

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

Section 2.03 Definition of Tangible Personal Property

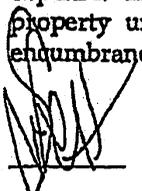
For purposes of this Article, the term "tangible personal property" includes but is not limited to my household furnishings, appliances and fixtures, works of art, motor vehicles, pictures, collectibles, personal wearing apparel and jewelry, books, sporting goods, and hobby paraphernalia. The term does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

Section 2.04 Ademption

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

Section 2.05 Incidental Expenses and Encumbrances

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


Last Will and Testament of THEODORE E. SCHEIDE

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**Article Three
My Residuary Estate**

Section 3.01 Definition of My Residuary Estate

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

Section 3.02 Disposition of My Residuary Estate

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

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

**Article Four
Remote Contingent Distribution**

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

**Article Five
Designation of Executor**

Section 5.01 Executor

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



Last Will and Testament of THEODORE E. SCHEIDE
Page 3

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



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

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

Section 6.03 Maximum Term for Trusts

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

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

Section 6.04 Representative of a Beneficiary

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

Section 6.05 Ancillary Administration

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

 Last Will and Testament of THEODORE E. SCHEIDE

Page 5

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

Section 6.06 Delegation of Authority; Power of Attorney

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

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

Section 6.07 Merger of Corporate Fiduciary

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

**Article Seven
Powers of My Fiduciaries**

Section 7.01 Fiduciaries' Powers Act

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



Last Will and Testament of THEODORE B. SCHEIDE
Page 6

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;

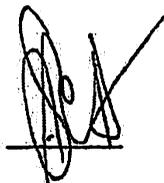
To the beneficiary's guardian, conservator, agent under a durable power of attorney or caregiver for the benefit of the beneficiary; or

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.



Last Will and Testament of THEODORE E. SCHEIDE
Page 7

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



Last Will and Testament of THEODORE E. SCHEIDE
Page 8

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

Section 8.07 Tax Elections

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

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

**Article Nine
Definitions and General Provisions**

Section 9.01 Cremation Instructions

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

Section 9.02 Definitions

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



Last Will and Testament of THEODORE E. SCHEIDE
Page 9

(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.

(g) Legal Representative

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

(h) Per Stirpes

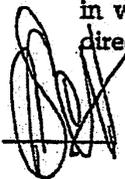
Whenever a distribution is to be made to a person's descendants *per stirpes*, the distribution will be divided into as many equal shares as there are then-living children of that person and deceased children of that person who left then-living descendants. Each then-living child will receive one share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

(i) Primary Beneficiary

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

(j) Shall and May

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

 Last Will and Testament of THEODORE E. SCHEIDE

Page 12

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

(k) Trust

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

(l) Trustee

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

(m) Other Definitions

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

Section 9.03 Contest Provision

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

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

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



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

(b) Headings of Articles, Sections, and Subsections

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

(c) Governing State Law

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

(d) Notices

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

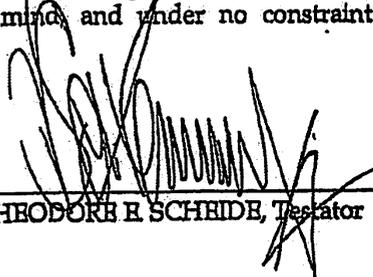
(e) Severability

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

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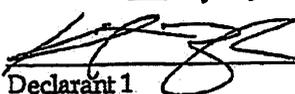
I, THEODORE E. SCHEIDE, sign my name to this instrument consisting of sixteen (16) pages on June 8, 2012, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament, that I sign it willingly, that I execute it as my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



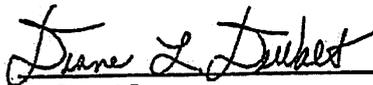
THEODORE E. SCHEIDE, Testator

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

Dated this 8 day of June, 2012.



Declarant 1



Declarant 2

Residing at:

541 Sierra Morena St
Las Vegas, NV 89144

Residing at:

8209 Jo Marcy Drive
Las Vegas, NV 89131



MAY 20 2016

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE DOCUMENT ON FILE



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EXHIBIT PAGE ONLY

EXHIBIT 4

HUTCHISON & STEFFEN

A PROFESSIONAL LLC

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

*Attorneys for St. Jude Children's
Research Hospital*

DISTRICT COURT
CLARK COUNTY, NEVADA

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

AFFIDAVIT OF PROOF OF LOST WILL

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

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

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

1
2 discuss changes in his wishes expressed in his previous Last Will and Testament dated June
3 8, 2012, which I had drafted as the attorney for the Decedent and was the Decedent's regular
4 course of action when he wanted to change the wishes expressed in his prior estate planning
5 documents. Specifically, the Decedent wanted to remove the nomination of KAREN
6 HOAGLAND as the Executor under Article Five of the Last Will and Testament dated June
7 8, 2012, and instead appoint PATRICIA BOWLIN as the Executor.

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

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

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

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

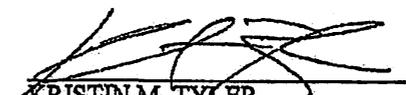
22 I further attest that, to my knowledge, the Decedent did not intentionally destroy or
23 revoke the Last Will dated October 2, 2012, and that to the best of my knowledge this was
24 the Decedent's Last Will and Testament. I can further attest that, to the best of my
25 knowledge, the Last Will dated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

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

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

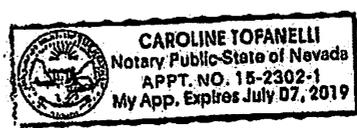
DATED this September 7, 2016.


KRISTIN M. TYLER

STATE OF NEVADA }
COUNTY OF CLARK } ss.

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


Notary Public





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 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 Charities, 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, Las Vegas, NV 89134; (702) 341-2900; further referencing "fundraising opportunities in Nevada."
 - (d) Mailing with win a house (Henderson) return address of "St. Jude Dream Home Giveaway, P.O. Box 530838, Henderson, NV 89053."

- (e) Insert in same mailing, buy a \$100 ticket and mail your money to Henderson Post Office Box and (St. Jude Dream Home Giveaway) referenced in paragraph (d) above states: "Charitable Lottery Authorized by Nevada Gaming Control Board."
- (f) Prepaid postage envelope which is part of mailing referenced in paragraph (d) above has return address of "St. Jude Dream Home Giveaway, St. Jude Children's Research Hospital, P.O. Box 530838, Henderson, NV 89053-9908."
- (g) Additional insert to mailing referenced in paragraph (d) above is for a "Dream Home Giveaway" for a Woodside Home located in Henderson, Nevada and further states "Register for free at the Open House to win a \$10,000 shopping spree at Ashley HomeStore."
- (h) Additional insert to mailing referenced in paragraph (d) above states "Tickets on Sale Prize – exclusive opportunity for four with the Vegas Golden Knights Production Team for a behind the scenes experience before and during a 2019-2020 season home game..." with "Other Great Prizes" of an Artesso Articulating Kitchen Faucet and a \$1,000 gift card at Shaw Floors.
- (i) Pursuant to the mailing referenced in paragraph (d) above, local sponsors include Chanel 3, The CW Las Vegas, Woodside Homes, 95.5 The Bull, Univision Radio, and Ashley HomeStore.

6. That your affiant has also reviewed the following:

- (a) Form 990 (calendar year 2016) U.S. tax return for St. Jude Children's Research Hospital, Inc.
- (b) Form 990 (calendar year 2018) U.S. tax return for St. Jude Children's Research Hospital, Inc.
- (c) Form 990 (calendar year 2018) for the American Lebanese Syrian Associated Charities, Inc.
- (d) The St. Jude Children's Research Hospital, Inc. and its subsidiaries – Consolidated Financial Statement as of and for the year ending June 30, 2017 and 2016 and Independent Audit Report (pages 1 – 20).

7. That according to form 990 (2018) St Jude tax filing (schedule F) identifies

of the \$15 million (plus) spent "outside of the US" that \$3,975,072 was spent on "program services" in the Middle East and North Africa. That the middle east in

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

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

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

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

9. That attached hereto are (**Exhibit "E"**)²⁷ postings, e.g., Pat Treuichel's social media fundraising effort for St. Jude Research Hospital, etc.

Date: 3/15/21


Cary C. Payne, Esq.



Tennessee Secretary of State
Tre Hargett

- [Business Services](#)
- [Charitable](#)
- [Civics](#)
- [Elections](#)
- [Publications](#)
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- [Safe At Home](#)
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Business Services Online > Find and Update a Business Record > Business Entity Detail

Business Entity Detail

Available	File Annual Report
Entity	Certificate of Existence
Actions	More

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

[Return to the Business Information Search.](#)

000083284: Nonprofit Corporation - Domestic

[Printer Friendly Ver](#)

Name: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
Old Name: ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TENNESSEE

Status: Active	Initial Filing Date: 07/18/1959
Formed in: TENNESSEE	Delayed Effective Date:
Fiscal Year Close: June	AR Due Date: 10/01/2019
Term of Duration: Perpetual	Inactive Date:

Principal Office: ROBYN DIAZ
262 DANNY THOMAS PL STOP 280
MEMPHIS, TN 38105-3678 USA

Mailing Address: ROBYN DIAZ
262 DANNY THOMAS PL STOP 280
MEMPHIS, TN 38105-2678 USA

AR Exempt: No
Public Benefit Corporation: Yes
Obligated Member Entity: No

Assumed Names	History	Registered Agent
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Name	Status	Expires
No Assumed Names Found...		

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

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

NEVADA BUSINESS SEARCH

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

I WOULD LIKE TO SEARCH BY:

Starts With Contains Exact Match All Words

Name:

St. Jude Children's Research Hospital

BUSINESS ENTITY SEARCH CRITERIA

Entity Number:

NV Business ID Number:

Officer Name:

Registered Agent Name:

MARKS SEARCH CRITERIA

Mark Number:

Classification:

-- Select --



Goods and Services:

Applicant Name:

Alert

No records found with your search criteria.

OK

ADVANCED SEARCH OPTIONS

All Show Only Business Entity Information Show Only Mark Information

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-- Select --



Status:

-- Select --



Search

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NEVADA BUSINESS SEARCH

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

I WOULD LIKE TO SEARCH BY:

Starts With Contains Exact Match All Words

Name:

St. Judes Research Hospital

BUSINESS ENTITY SEARCH CRITERIA

Entity Number:

NV Business ID Number:

Officer Name:

Registered Agent Name:

MARKS SEARCH CRITERIA

Mark Number:

Classification:

-- Select --

Goods and Services:

Applicant Name:

Alert

No records found with your search criteria.

OK

ADVANCED SEARCH OPTIONS

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Type:

-- Select --



Status:

-- Select --



Search Clear

BUSINESS ENTITY AND MARK SEARCH RESULT

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

Name	State	Filed Date	Type	NV Business ID	Entity Number	Mark Number	Man Actions
ST. JUDES, INC.	Permanently	02/1997	Domestic Nonprofit Corporation (82)	NV19971141238	7075-1997		

Page 1 of 1, records 1 to 7 of 7

[Return To Search](#)

NEVADA BUSINESS SEARCH

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

I WOULD LIKE TO SEARCH BY:

Starts With Contains Exact Match All Words

Name:

St Jude's Research Hospital

BUSINESS ENTITY SEARCH CRITERIA

Entity Number:

NV Business ID Number:

Officer Name:

Registered Agent Name:

MARKS SEARCH CRITERIA

Mark Number:

Classification:

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Goods and Services:

Applicant Name:

Alert

No records found with your search criteria.

OK

ADVANCED SEARCH OPTIONS

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Status:

-- Select -- ▼

Search Clear

NEVADA SECRETARY OF STATE

Barbara K. Cegavske

Search nvsos.gov... GO

SOS INFORMATION | ELECTIONS | BUSINESSES | LICENSING | INVESTOR INFORMATION | ONLINE SERVICES

My Data Reports Commercial Recordings Licensing

Nevada Business Search

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

Search by Entity Name:

Sort by descending ascending order

Include phonetic matches ?

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

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CARY COLT PAYNE, CHTD.

Attorney at Law

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

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EXHIBIT "B" 1

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St. Jude Children's Research Hospital-Nevada

1635 Village Center Cir, Ste 270, Las Vegas (NV), 89134, United States
(702) 341-2900
www.stjude.org



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About

Stay connected with St. Jude by learning about fundraising opportunities in Nevada. Please do not share personal health information on this page.



Mission

Finding cures. Saving children.

Description

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

By sharing our knowledge freely and exchanging

Promote this Place

FREE OF CHARGE



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

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St. Jude Children's Research Hospital-Nevada

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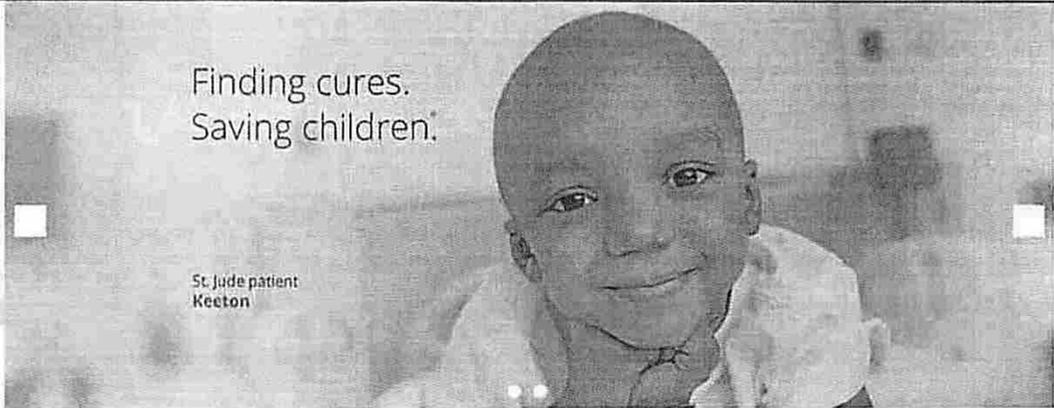
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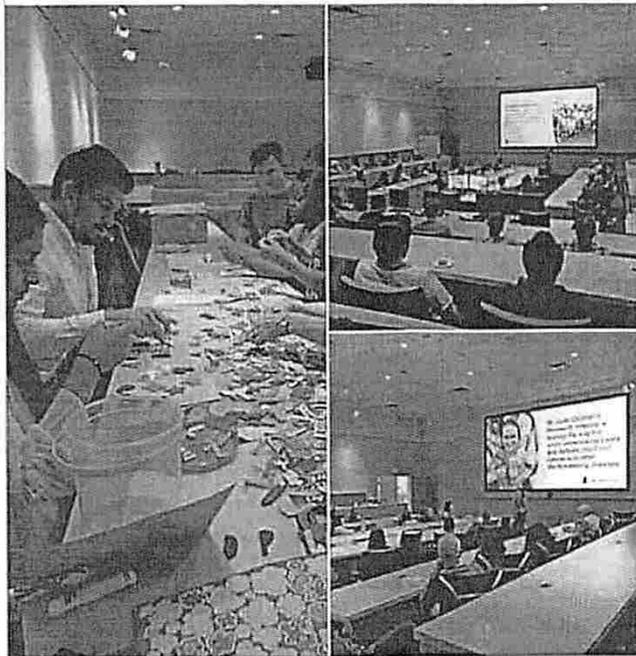
St. Jude patient Keeton

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

5

ALWAYS OPEN ST. JUDE CHILDREN'S RESEARCH HOSPITAL, NEVADA

Our Story

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

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2,160 people like this

2,226 people follow this

69 check-ins

About

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1635 Village Center Cir, Ste 270 (8.69 mi)
Las Vegas, Nevada 89134

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(702) 341-2900

www.stjude.org

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St. Jude Children's Research Hospital-Nevada

July 18 at 10:49 AM ·

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



14

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Woodside Homes Nevada So exciting!

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Attorney at Law

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EXHIBIT "B" 2



**St. Jude Children's
Research Hospital**

Finding cures. Saving children.
ALZAC - DANNY THOMAS, FOUNDER

Please do not peel apart
Detach form at perforations.



Sarah
spinal cancer

TO ST. JUDE CHILDREN'S RESEARCH HOSPITAL

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

I enclose my gift of:

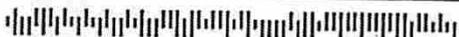
\$10 \$20 \$35 \$ _____

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



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

880007-1



ANDQ18121825400186918693

Dear Mr. & Mrs. Payne,

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

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

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

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

For the children,

Marlo Thomas
Marlo Thomas

P.S. Thank you for your support!

ROA001108



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

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 donors@stjude.org. To ensure the privacy of our friends and supporters, St. Jude does not sell, lease, rent or loan any personally identifiable information to anyone not acting on our behalf. However, we do share this data with service providers that have agreed to adhere to our privacy policy. We are enrolled in a credit card account updater service. To learn more, visit stjude.org/legal.

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

For U.S. Residents: Contributions may be eligible for a tax deduction as allowed by law.

For questions about financial information or about ALSAC's purpose, programs and activities, call Donor Services at 1-800-822-6344, visit www.stjude.org, or write to ALSAC, or for residents of the following states, as stated below.

California: ALSAC's audited financial statement is available upon request to ALSAC. **Florida:** A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION

MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE, 1-800-435-7352, OR AT WWW.FLORIDAConsumerHELP.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. ALSAC'S REGISTRATION NUMBER IS CH-431. **Georgia:** Upon request, ALSAC will provide a full and fair description of this and its other programs, and a financial statement or summary. **Maryland:** A copy of the current financial statement for American Lebanese Syrian Associated Charities, Inc. is available by sending the request to 501 St. Jude Place, Memphis, TN 38105 or calling 1-800-822-6344. Documents and information submitted under the Maryland Solicitations Act are also available, for the cost of postage and copies, from the Maryland Secretary of State, State House, Annapolis MD 21401, (410) 974-5534. **Michigan:** MICS No. 3799. **Mississippi:** The official registration and financial information of American Lebanese Syrian Associated Charities, Inc. may be obtained from the Mississippi Secretary of State's office by calling 1-888-236-6167. Registration by the Secretary of State does not imply endorsement by the Secretary of State. **New Jersey:**

INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING 1-973-504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://www.state.nj.us/lps/ca/charfrm.htm>. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. **New York:** A copy of ALSAC's last financial report filed with the Attorney General is available by sending the request to ALSAC at 501 St. Jude Place, Memphis, TN 38105 or the Attorney General Charities Bureau, Department of State, 120 Broadway, 3rd Floor,

New York, NY 10271. North Carolina: Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989 or 919-807-2214. The license is not an endorsement by the state. **Pennsylvania:** The official registration and financial information of American Lebanese Syrian Associated Charities, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement. **Virginia:** Upon request, a financial statement is available from State Office of Consumer Affairs in the Department of Agriculture and Consumer Services, 102 Governor Street, Richmond, VA 23219. **Washington:** The registration required by the Charitable Solicitation Act is on file with the Secretary of State's office. You may obtain financial disclosure information by contacting the Secretary of State at 1-800-332-4463 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.

NO NEVADA!

 **St. Jude Children's
Research Hospital**
Finding cures. Saving children.
ALBAC • DANNY THOMAS, FOUNDER
501 St. Jude Place • Memphis, TN 38105



A special **gift** inside
from the kids of St. Jude ...

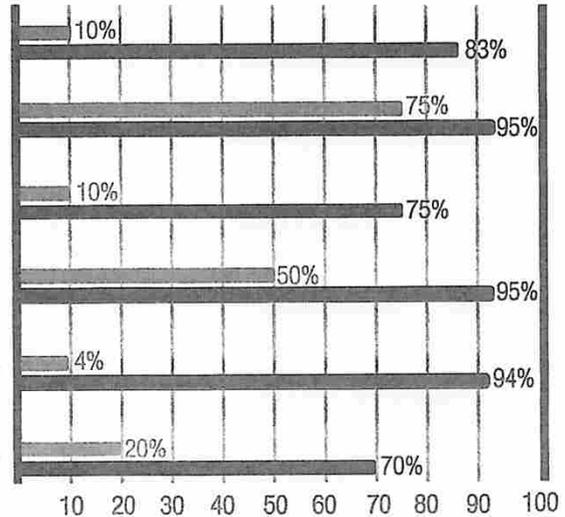
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card.  Mr. & Mrs. Cory Colt Payne
312 Loma Vista Ave.
Las Vegas, NV 89120





10%	83%	MEDULLOBLASTOMA**
75%	95%	RETINOBLASTOMA
10%	75%	NEUROBLASTOMA
50%	95%	HODGKIN LYMPHOMA
4%	94%	ACUTE LYMPHOBLASTIC LEUKEMIA***
20%	70%	OSTEOSARCOMA



*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.

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

We honor our donors' right to change their communication preferences at any time. If you would like to make any changes, please write to us, call us at 1-800-499-6993, or e-mail us at DonorChoice@stjude.org. To ensure the privacy of our friends and supporters, St. Jude does not sell, lease, rent or loan any personally identifiable information to anyone not acting on our behalf. Furthermore, we share this data with service providers that have agreed to adhere to our privacy policy.

Since this mailing may reach both U.S. and Canadian 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.

For questions about financial information or about ALSAC's purpose, programs and activities, call Donor Services at 1-800-822-6344, visit www.stjude.org, or write to ALSAC, or for residents of the following states, as stated below. **California:** ALSAC's audited financial statement is available upon request to ALSAC. **Florida:** A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE, 1-800-435-7352, OR AT WWW.SOSHELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. ALSAC'S REGISTRATION NUMBER IS CH-431. **Georgia:** Upon request, ALSAC will provide a full and fair description of this and its other programs, and a financial statement or summary. **Illinois:** A copy of the current financial statement for American Lebanese Syrian Associated Charities, Inc. is available by sending the request to 501 St. Jude Place, Memphis, TN 38105 or calling 1-800-822-6344. For the cost of copies and postage, documents and other information submitted under the Maryland Solicitations Act are available from the Maryland Secretary of State, Michigan: MICS No. 3799. **Mississippi:** INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE

OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING 1-973-504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://www.state.nj.us/lps/ca/charfrm.htm>. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. **New York:** A copy of ALSAC's last financial report filed with the Attorney General is available by sending the request to ALSAC at 501 St. Jude Place, Memphis, TN 38105 or the Attorney General Charities Bureau, Attn: FOIL Officer, Department of State, 120 Broadway, 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. The license is not an endorsement by the state. **Pennsylvania:** The official registration and financial information of American Lebanese Syrian Associated Charities, Inc. may be obtained from the Pennsylvania Department of State by calling toll-free within Pennsylvania, 1-800-726-0999. Registration does not imply endorsement. **Tennessee:** Upon request, a financial statement is available from the Department of Agriculture and Consumer Services, 102 Governor Street, Richmond, VA 23219. **Washington:** The registration required by the Charitable Solicitation Act is on file with the Secretary of State's office. You may obtain financial disclosure information by contacting the Secretary of State at 1-800-332-4483 or www.sos.wa.gov. **West Virginia:** West Virginia residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. Registration does not imply endorsement. **Wisconsin:** A financial statement of the charitable organization disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year will be provided to any person upon request. REGISTRATION IN A STATE DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION OF ALSAC BY THE STATE.

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ABDC-JANA

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ROA001112



CARY COLT PAYNE, CHTD.

Attorney at Law

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

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EXHIBIT "B" 3



**ST. JUDE
DREAM HOME®
Giveaway**

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Henderson, NV 89053

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Research Hospital

Cary Payne
Las Vegas, NV 89

Win a House



ROA001114

ST. JUDE DREAM HOME Giveaway

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

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

Name

Address

City

State ZIP Phone - -

Email

Check Check Number

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

Credit Card

CC# Exp Date

Signature _____

Return form and your check or credit card number to:

ST. JUDE DREAM HOME[®] Giveaway

PO Box 530838
Henderson, NV 89053



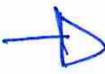
You should receive confirmation of your entry within three weeks. Tickets must still be available, and this form must be received by the respective deadlines, to be eligible for each drawing. All mail-in forms must be received by September 23, 2019, and tickets must still be available, to be eligible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

Giveaway date: September 25, 2019

800-378-5386 | dreamhome.org



Proceeds benefit St. Jude Children's Research Hospital[®] in Memphis, TN. ©2019 ALSAC/St. Jude Children's Research Hospital (41973). Charitable lottery authorized by Nevada Gaming Control Board.



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



ST. JUDE DREAM HOME Giveaway



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

Win this House

800-378-5386 | dreamhome.org



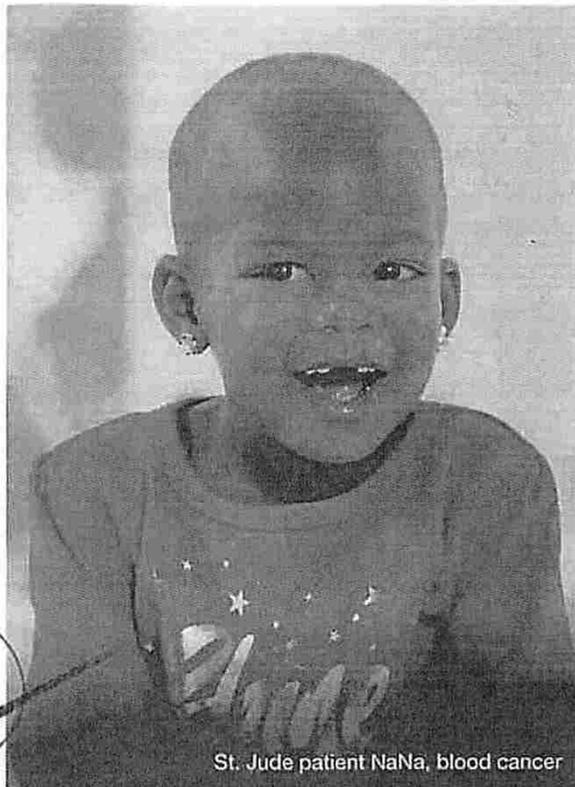
Help kids like Felicity and NaNa

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

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

Get your ticket

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



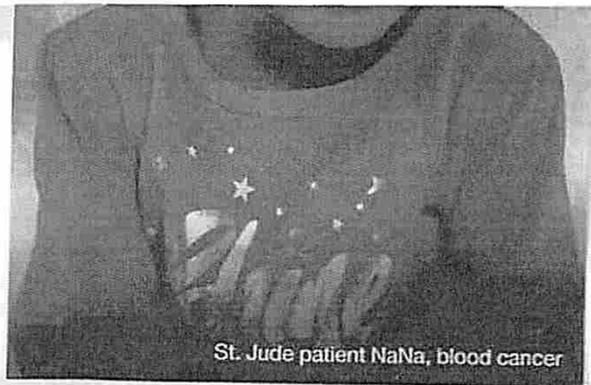
St. Jude patient NaNa, blood cancer

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

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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

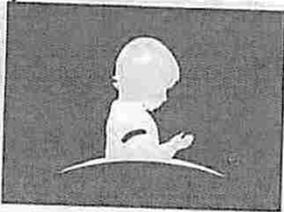
Free tours available

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

National Sponsors

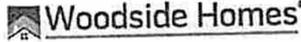
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- \$1,000 gift card at Shaw Floors

National Sponsors

BRIZO   **TRANE**  **BOSCH**

Local Sponsors

Giveaway is created by and benefits ALSAC/Dr. Judd Children's Research Hospital. 111873. Void where prohibited by law. Charitable lottery authorized by Nevada Gaming Control Board.



ST. JUDE DREAM HOME® Giveaway

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Henderson, NV 89053

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Research Hospital

[Redacted]
[Redacted] **Las Vegas Ave**

Las Vegas, NV 89120-3008



Win a House

**ST. JUDE DRE
Giveaway**

Yes! I want to help further
Please reserve
\$100 each.

I do not wish to

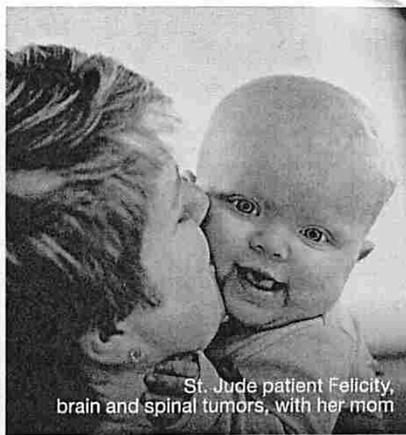
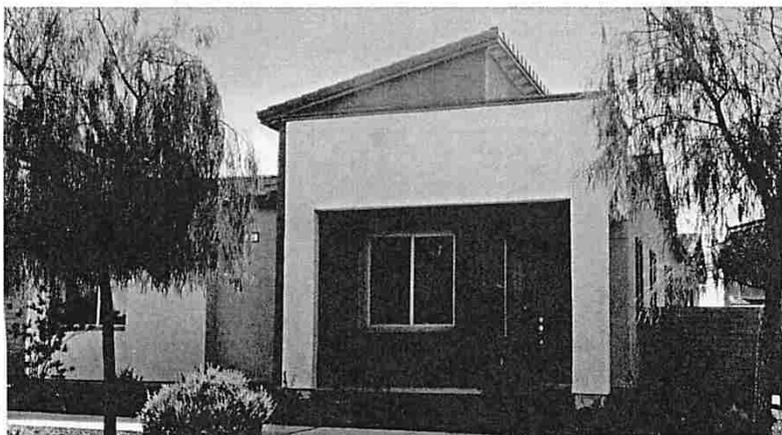
Name

Address

City

St.

ST. JUDE DREAM HOME® Giveaway



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

Win this House

800-378-5386 | dreamhome.org



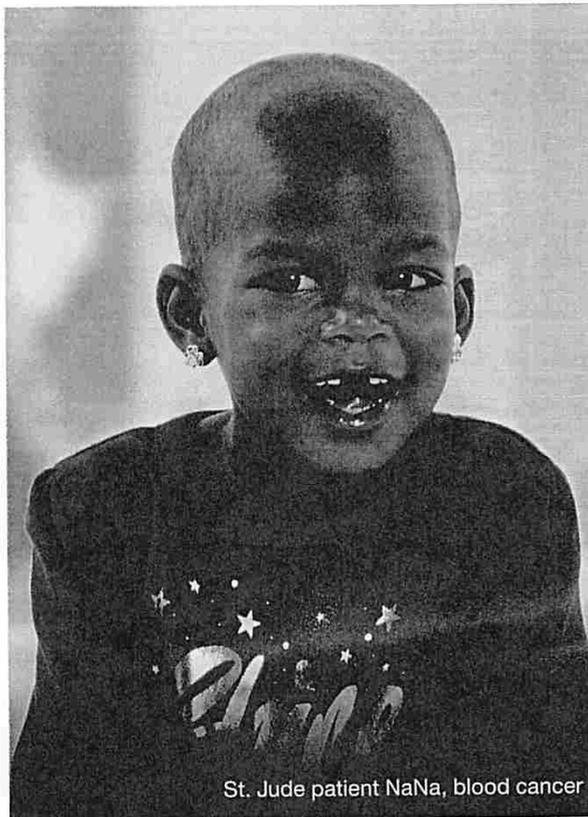
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St. Jude patient NaNa, blood cancer

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You will help end childhood cancer.**

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OTHER GREAT PRIZES

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- \$1,000 gift card at Shaw Floors®

National Sponsors

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800-378-5386 | dreamhome.org

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

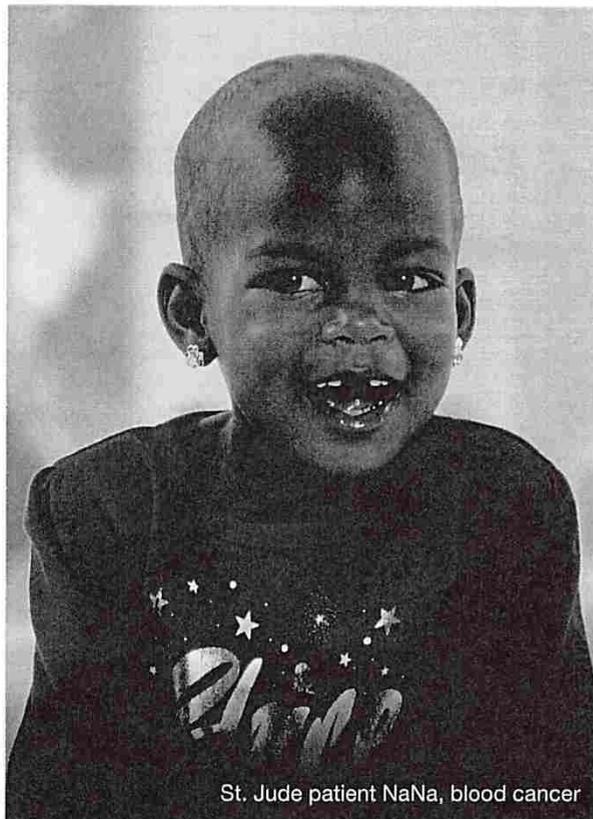
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- 2 bedrooms, 2 baths and an estimated 1,800 square feet
- master suite with spa-like walk-in shower
- custom gray cabinets with white quartz countertops and large kitchen island
- private covered courtyard with 12' sliding glass door

Free tours available

September 7 - 22

Saturdays: 9 a.m. - 5 p.m.

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ROA001125



CARY COLT PAYNE, CHTD.

Attorney at Law

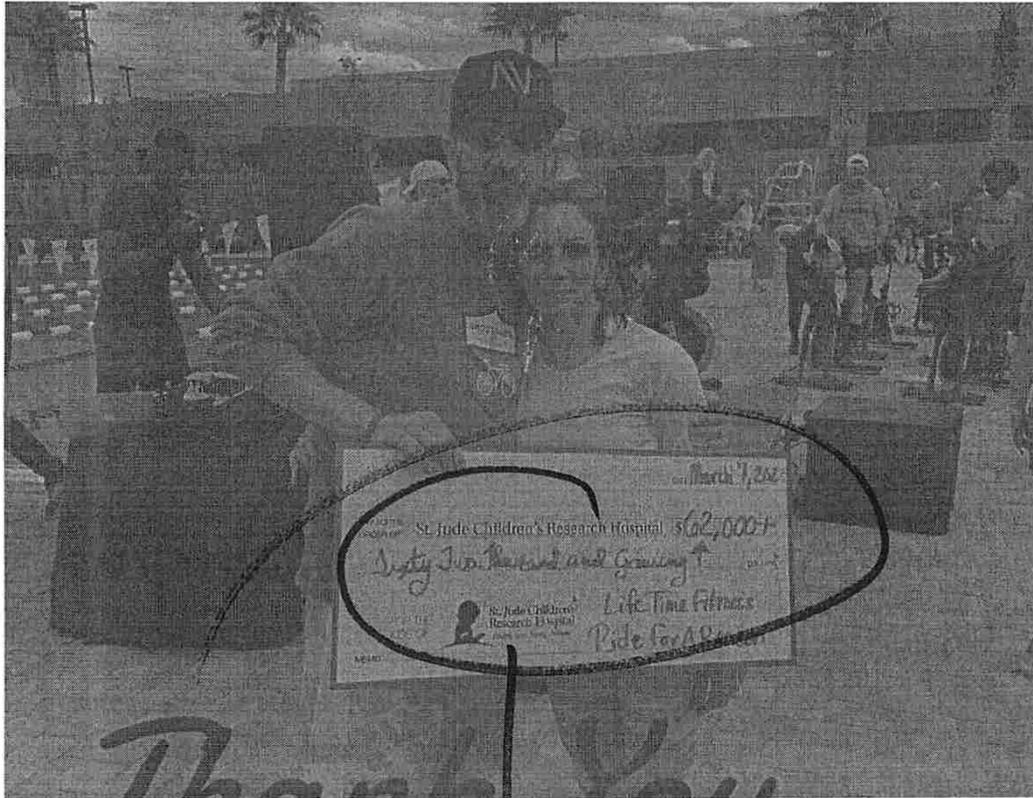
700 S. Eighth Street • Las Vegas, Nevada 89101
(702) 383-9010 • Fax (702) 383-9049

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EXHIBIT "B" 4

Photos from Pat Treichel's post

In Mobile Uploads



Like Comment Share

Tag Photo Options Send in Messenger

Pat Treichel
March 9 ·

Kerry Treichel and everyone who gave make this possible. It is truly amazing we come together. Great news... If you're reading this follow the link below. We've talked St. Ji site open just a little Doerfler, Brook Fr

91

Like

Pat Treichel
<https://fundr.px=4508031>



Like · Reply

Pat Treichel dedication, Alfredo Brar

Like · Reply

Alfredo Brar you and you event

Like · Reply

Kiana McFa

Write a com

St. Jude Heroes



- [find a participant](#)
- [Log in](#)

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



Support Pat

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[Join Pat's Team](#)

[View My Team](#)

Share

0

[https://fundraising.stjude](https://fundraising.stjude.org)

FUNDS RAISED FOR ST. JUDE

\$3,711

82%
of Goal

Make a gift!

Raised **\$3,711**
Raised

MY EVENT

[Ride for a Reason-Life Time Summerlin](#)

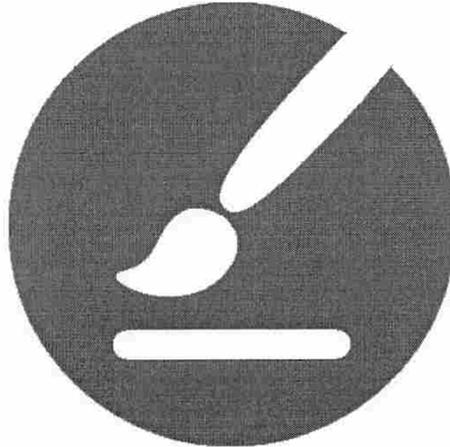
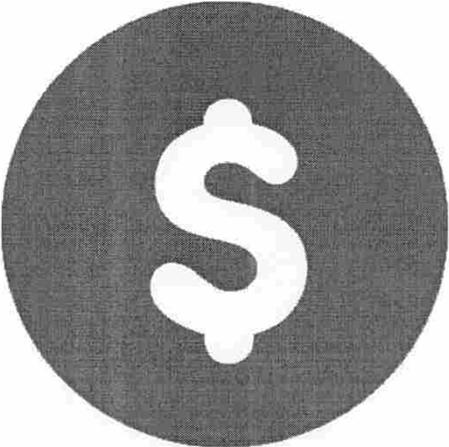
TOP DONORS

FUNDRAISING ACHIEVEMENTS

Pat Treichel

My Donors

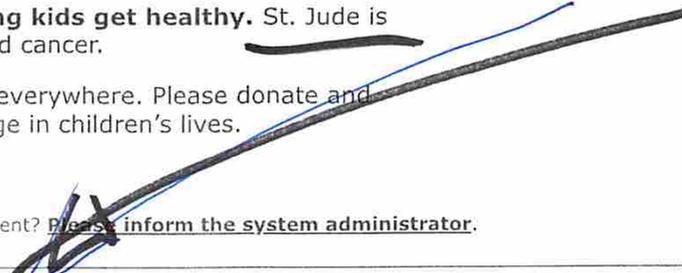
MARC WINARD



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 and together we will create real change in children's lives. 

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

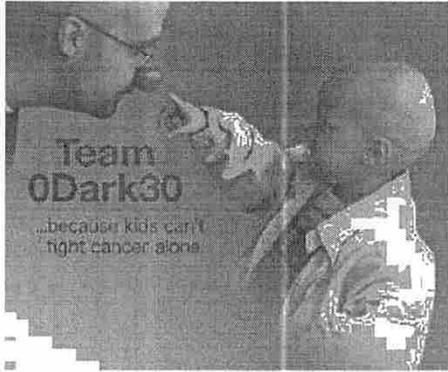
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0Dark30

[Join Team](#)

Ride for a Reason-Life Time Summerlin

Share

0

<https://fundraising.stjude.org>

FUNDS RAISED FOR ST. JUDE

\$32,732

OUR TEAM'S PROGRESS

93%

of Goal

Raised **\$32,732**
Raised

OUR EVENT

Ride for a Reason-Life Time Summerlin

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

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

[Team Roster view all](#)

- ★ [Pat Treichel](#)
- ★ [Kerry Treichel](#)

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

Handwritten notes: "LV LOCALS" with a blue scribble and arrows pointing towards the team list.

Our Progress

Our Donors

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

Handwritten mark: a blue scribble with an arrow pointing to the donor table.

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St. Jude Heroes

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Ride for a Reason-Life Time Summerlin

Ride for a Reason-Life Time Summerlin

Las Vegas, NV • March 7, 2020

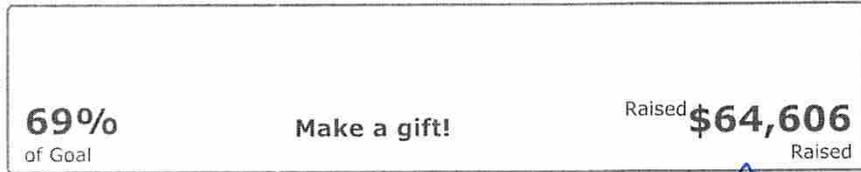
[Register](#)
[Donate to this event](#)

Share

FUNDS RAISED FOR St. Jude

\$64,606

OUR PROGRESS



LOCATION

Las Vegas
 10721 W Charleston Blvd
 Las Vegas, NV
 89135

Event schedule

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

Contact The Event Team

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

Donate:

[Donate directly](#)

Find a Participant or Team:

Participant Team

Participate:

[Form a team](#)

[Join an existing team](#)

[Register as an individual](#)

[Company List Page](#)

Ride for a Reason-Life Time Summerlin

Top Teams

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

How it works:

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

How your support helps:

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

Sign up!

Top fundraisers

- Glenn Pollack**
- Shannon Friel**
- Brook Frank**

Top teams

- 0Dark30**
- Peanut Butter**
- Kiana's AMP Army**

Lightning Swift T

Top Fundraisers

- Glenn Pollack**
- Shannon Friel**
- Brook Frank**
- Pat Treichel**
- Victor Dubois**

[Home](#) [Find a fundraiser](#) [Log in](#) [Contact](#)

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Attorney at Law

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EXHIBIT "B" 5



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IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
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POSTAGE WILL BE PAID BY ADDRESSEE



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



J

V

ROA001135

ST. JUDE DREAM HOME®

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

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

Name

Address

City

State ZIP Phone - -

Email

Check Check Number

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

Credit Card

CC# Exp Date

Signature _____

Return form and your check or credit card number to:

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

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

Giveaway date: September 25, 2019

800-378-5386 | dreamhome.org

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



**NEV
GAMING
CONTROL
BOARD**



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

THE EARLIER YOU GET TICKETS THE MORE PRIZES YOU CAN WIN

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



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

OTHER GREAT PRIZES

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

National Sponsors

ROA001137



CARY COLT PAYNE, CHTD.

Attorney at Law

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

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EXHIBIT "C"

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Open to Public Inspection

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.

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

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.		D Employer identification number 35-1044585	
	Doing business as		E Telephone number (901) 578-2000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 ST. JUDE PLACE		G Gross receipts \$ 2,427,792,884.	
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: RICHARD C. SHADYAC, JR. SAME AS C ABOVE		H(b) Are all subordinates included? Yes No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.STJUDE.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶			L Year of formation: 1957	M State of legal domicile: IL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE CHILDREN'S RESEARCH	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	44
	4 Number of independent voting members of the governing body (Part VI, line 1b)	41
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2105
	6 Total number of volunteers (estimate if necessary)	1000000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	-4,226,968.
7b Net unrelated business taxable income from Form 990-T, line 38	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,446,493,050. Current Year: 1,667,190,856.
	9 Program service revenue (Part VIII, line 2g)	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	168,588,999. 212,808,116.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,903,186. 39,767,318.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,651,985,235. 1,919,766,290.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	757,401,881. 865,122,365.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	153,380,025. 173,868,497.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,869,627. 9,307,214.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 252,021,933.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	319,098,782. 351,430,671.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,239,750,265. 1,399,728,747.
	19 Revenue less expenses. Subtract line 18 from line 12	412,234,970. 520,037,543.
	20 Total assets (Part X, line 16)	Beginning of Current Year: 4,780,599,912. End of Year: 5,461,105,812.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	84,741,849. 95,035,227.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,695,858,063. 5,366,070,585.

Gaming

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	ABED ABDO, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	FRANCIS J. BEDARD	<i>Francis J. Bedard</i>	4/14/2020	<input type="checkbox"/>	P00752421
Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772		
Firm's address ▶ 1033 DEMONBREUN STREET, SUITE 400 NASHVILLE, TN 37203			Phone no. (615) 259-1800		

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

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

(CONTINUED ON SCHEDULE O)

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

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

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
25b		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations?		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2105		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	44		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	41		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 Did the organization have members or stockholders?			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?		X	
b Each committee with authority to act on behalf of the governing body?		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			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ABED ABDO - (901) 578-2150**
501 ST. JUDE PLACE, MEMPHIS, TN 38105

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

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

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

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

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

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

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

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

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

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

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES, INC.

Form 990

35-1044585

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	865,122,365.	865,122,365.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,886,690.	371,995.	575,563.	939,132.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	137,436,587.	27,251,625.	41,923,193.	68,261,769.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,891,909.	1,747,773.	2,668,304.	4,475,832.
9 Other employee benefits	16,257,431.	3,173,176.	4,893,240.	8,191,015.
10 Payroll taxes	9,395,880.	1,862,013.	2,741,349.	4,792,518.
11 Fees for services (non-employees):				
a Management				
b Legal	2,510,261.	394,992.	631,768.	1,483,501.
c Accounting	309,528.		309,528.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,307,214.			9,307,214.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	18,318,185.	4,523,227.	6,243,809.	7,551,149.
12 Advertising and promotion				
13 Office expenses	746,782.	120,126.	384,802.	241,854.
14 Information technology	24,537,117.	3,837,946.	19,308,078.	1,391,093.
15 Royalties				
16 Occupancy	9,171,991.	1,575,467.	3,503,990.	4,092,534.
17 Travel	10,409,491.	2,087,193.	1,790,324.	6,531,974.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,132,272.	956,768.	778,035.	3,397,469.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,264,341.	3,902,751.	16,787,098.	2,574,492.
23 Insurance	2,988,275.	538,613.	1,127,566.	1,322,096.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN EXPENSES	110,830,192.	49,397,268.	7,878,063.	53,554,861.
b MAILING & SHIPPING	101,898,385.	31,541,415.	15,801,608.	54,555,362.
c PRINTING & PUBLICATIONS	6,561,715.	1,132,888.	976,705.	4,452,122.
d UBI TAXES	538,917.		538,917.	
e All other expenses	34,213,219.	7,980,657.	11,326,616.	14,905,946.
25 Total functional expenses. Add lines 1 through 24e	1,399,728,747.	1,007,518,258.	140,188,556.	252,021,933.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	134,878,941.	70,080,401.	15,121,792.	49,676,748.

AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES, INC.

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	143,460,238.	2 142,979,801.
	3	Pledges and grants receivable, net	28,836,741.	3 35,598,691.
	4	Accounts receivable, net	914,913.	4 795,268.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use	1,756,710.	8 2,481,853.
	9	Prepaid expenses and deferred charges	2,815,734.	9 10,640,584.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 322,283,988.	
	b	Less: accumulated depreciation	10b 101,776,319.	10c 220,507,669.
	11	Investments - publicly traded securities		11
	12	Investments - other securities. See Part IV, line 11	4,396,846,359.	12 5,048,101,946.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,780,599,912.	16 5,461,105,812.	
Liabilities	17	Accounts payable and accrued expenses	48,095,482.	17 52,961,089.
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,646,367.	25 42,074,138.
	26	Total liabilities. Add lines 17 through 25	84,741,849.	26 95,035,227.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	3,594,615,589.	27 4,278,902,412.
	28	Temporarily restricted net assets	76,544,144.	28 0.
	29	Permanently restricted net assets	1,024,698,330.	29 1,087,168,173.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	4,695,858,063.	33 5,366,070,585.	
34	Total liabilities and net assets/fund balances	4,780,599,912.	34 5,461,105,812.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,919,766,290.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,399,728,747.
3	Revenue less expenses. Subtract line 2 from line 1	3	520,037,543.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,695,858,063.
5	Net unrealized gains (losses) on investments	5	150,174,979.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,366,070,585.

Part XII Financial Statements and Reporting

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

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1028565644.	1129523176.	1314189700.	1446493050.	1667190856.	6585962426.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	25,637,216.	22,528,839.	23,051,442.	26,152,721.	35,719,999.	133,090,217.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,154,757.	434,311.	719,985.	754,615.	0.	3,063,668.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	40,875,736.	38,532,271.	44,211,185.	51,485,671.	55,697,649.	230,802,512.
11 Total support. Add lines 7 through 10						6952918823.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	94.72 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	94.49 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

PART II, LINE 10:

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

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

B. GROSS GAMING RECEIPTS: 27,203,417

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

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

B. GROSS GAMING RECEIPTS: 23,118,095

COLUMN (C): 2016 - TOTAL OF 44,211,185 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 17,139,341

B. GROSS GAMING RECEIPTS: 27,071,844

COLUMN (D): 2017 - TOTAL OF 51,485,671 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 19,414,166

B. GROSS GAMING RECEIPTS: 32,071,505

COLUMN (E): 2018 - TOTAL OF 55,697,649 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 18,639,338

B. GROSS GAMING RECEIPTS: 37,058,311

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES, INC.

Employer identification number

35-1044585

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 50,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

2018 Open to Public Inspection

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

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

Employer identification number 35-1044585

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

832051 10-29-18

ROA001163

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,024,698,330.	965,253,422.	873,056,599.	873,885,134.	915,104,075.
b Contributions	4,864,242.	21,281,957.	12,552,432.	2,341,719.	2,970,640.
c Net investment earnings, gains, and losses	64,664,085.	92,690,065.	103,475,245.	-72,118.	8,222,632.
d Grants or scholarships					
e Other expenditures for facilities and programs	38,875,713.	54,527,114.	23,830,854.	3,098,136.	52,412,213.
f Administrative expenses					
g End of year balance	1,055,350,944.	1,024,698,330.	965,253,422.	873,056,599.	873,885,134.

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment _____ %

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,597,320.		44,597,320.
b Buildings		132,586,503.	25,145,529.	107,440,974.
c Leasehold improvements		4,590,965.	1,225,696.	3,365,269.
d Equipment		53,112,792.	28,314,790.	24,798,002.
e Other		87,396,408.	47,090,304.	40,306,104.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				220,507,669.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GLOBAL EQUITY	1,972,411,797.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	1,357,388,781.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	366,625,874.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	777,719,090.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME	446,999,466.	END-OF-YEAR MARKET VALUE
(F) CASH EQUIVALENTS	126,956,938.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5,048,101,946.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	42,074,138.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	42,074,138.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,081,125,107.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	150,174,979.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	150,174,979.	
3	Subtract line 2e from line 1	3	1,930,950,128.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	-11,183,838.	
c	Add lines 4a and 4b	4c	-11,183,838.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,919,766,290.	

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

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

1	Total expenses and losses per audited financial statements		1	1,410,912,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	11,183,838.	
e	Add lines 2a through 2d	2e	11,183,838.	
3	Subtract line 2e from line 1	3	1,399,728,747.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,399,728,747.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO SUPPORT THE

CURRENT AND FUTURE NEEDS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

LIKE ANY RESPONSIBLE ORGANIZATION, WE HAVE A RESERVE FUND, BECAUSE IT NOW

COSTS MORE THAN \$1 BILLION PER YEAR TO OPERATE ST. JUDE.

OUR PIONEERING RESEARCH CAN TAKE FIVE TO 10 YEARS OR MORE PER PROJECT TO

COMPLETE AND CAN COST MILLIONS. FOR INSTANCE, THE ST. JUDE PEDIATRIC

CANCER GENOME PROJECT, WHICH IS REVOLUTIONIZING HOW CANCER IS TREATED

WORLDWIDE, HAS BEEN UNDERWAY SINCE 2010 AND HAS COST MORE THAN \$100

MILLION.

Part XIII Supplemental Information (continued)

WE ARE IN THE MIDST OF A MULTI-BILLION DOLLAR EXPANSION PLAN THAT WAS
 ANNOUNCED IN 2015. THIS PLAN INCLUDES NEW RESEARCH AND CLINICAL CARE
 FACILITIES, HOUSING FOR MORE PATIENTS AND AN AMBITIOUS GLOBAL PLAN.
 THROUGH OUR EXPANDED GLOBAL EFFORTS, WE AIM TO IMPACT 30 PERCENT OF THE
 GLOBAL PEDIATRIC CANCER BURDEN.

PEDIATRIC CANCER IS A MULTI-BILLION DOLLAR, MULTI-YEAR PROBLEM, AND WE
 MUST CONTINUE OUR WORK NO MATTER WHAT HAPPENS WITH THE ECONOMY OR IN THE
 EVENT OF A DISASTER. THE PUBLIC AND OUR AMAZING PARTNERS MAKE IT POSSIBLE
 FOR US TO SAVE CHILDREN TOGETHER.

PART X, LINE 2:

AS OF JUNE 30, 2019, ALSAC HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS
 UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL
 STATEMENTS. IN THE EVENT ALSAC WERE TO RECOGNIZE INTEREST AND PENALTIES
 RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE
 FINANCIAL STATEMENTS AS A GENERAL EXPENSE. GENERALLY, TAX YEARS ENDING
 2016 THROUGH 2019 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING
 AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY
 IN PROCESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES	-11,183,838.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES	11,183,838.
------------------------	-------------

DIRECT GAMING EXPENSES IDENTIFIED ABOVE REFER TO THE ST.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Employer identification number
35-1044585

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1,861,925,340.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		93,634,252.
EAST ASIA AND THE PACIFIC			INVESTMENTS		18,565,168.
NORTH AMERICA			INVESTMENTS		16,689,654.
SOUTH ASIA			INVESTMENTS		5,094,137.
SOUTH AMERICA			INVESTMENTS		0.
3 a Subtotal	0	0			1,995,908,551.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,995,908,551.

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

Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes 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 No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes 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 No

Part II: Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GALA (event type)	GALA (event type)	155 (total number)		
Revenue	1	Gross receipts	1,439,361.	1,073,206.	27,440,571.	29,953,138.
	2	Less: Contributions	340,670.	584,280.	10,388,850.	11,313,800.
	3	Gross income (line 1 minus line 2)	1,098,691.	488,926.	17,051,721.	18,639,338.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	12,180.	3,515.	47,856.	63,551.
	6	Rent/facility costs	6,942.	21,200.	991,840.	1,019,982.
	7	Food and beverages	39,207.	130,469.	2,639,146.	2,808,822.
	8	Entertainment	15,720.	56,184.	1,219,444.	1,291,348.
	9	Other direct expenses	26,063.	31,600.	1,730,230.	1,787,893.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				6,971,596.
11	Net income summary. Subtract line 10 from line 3, column (d)				11,667,742.	

Part III: Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		37,058,311.	37,058,311.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		5,823,880.	5,823,880.
	4	Rent/facility costs		22,472.	22,472.
	5	Other direct expenses		5,337,486.	5,337,486.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				11,183,838.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				25,874,473.

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: CA, GA, ID, IL, KS, KY, LA, MA, MN, MO, MS, NC

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

AMERICAN LEBANESE SYRIAN ASSOCIATED

Schedule G (Form 990 or 990-EZ) 2018 CHARITIES, INC.

35-1044585

Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	5.00	%
b An outside facility	13b	95.00	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ABED ABDO

Address ▶ 501 ST. JUDE PLACE - MEMPHIS, TN 38105

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ BRIAN DOYLE

Gaming manager compensation ▶ \$ 164,002.

Description of services provided ▶ MANAGES THE PLANNING AND EXECUTION OVERSIGHT OF RAFFLE ACTIVITIES

Director/officer

Employee

Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 9,210,009.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR., AKRON, OH 44333-4501

(I) NAME OF FUNDRAISER: COMMSENSE

(I) ADDRESS OF FUNDRAISER:

MONTANA INDUSTRIAL PARK, ROAD 459 KM. 0.5, LOT 52, AGUADILLA, PUERTO RICO

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: EAGLECOM, INC.

(I) ADDRESS OF FUNDRAISER:

2300 YONGE STREET, SUITE 1700, BOX 2416, TORONTO, ON, CANADA M4P 1E4

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER: 1700 N. JEFFERSON ST., ARLINGTON, VA 22205

(I) NAME OF FUNDRAISER: NNE MARKETING, LLC

(I) ADDRESS OF FUNDRAISER:

1666 MASSACHUSETTS AVE., SUITE 14, LEXINGTON, MA 02420

(I) NAME OF FUNDRAISER: ELEVENTY MARKETING GROUP

(I) ADDRESS OF FUNDRAISER: 453 S. HIGH ST., SUITE 101, AKRON, OH 44311

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

CA, GA, ID, IL, KS, KY, LA, MA, MN, MO, MS, NC, NV, NY, OH, OK, RI, TN, TX, VA

↑

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Employer identification number
35-1044585

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	865122365	0.			SUPPORT FOR OPERATIONAL AND CAPITAL BUDGET NEEDS

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

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

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

Schedule I (Form 990) (2018)

AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES, INC.

Schedule I (Form 990) (2018)

35-1044585

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE SOLE RECIPIENT OF GRANTS AND SUPPORT IS ST. JUDE CHILDREN'S RESEARCH
HOSPITAL, INC. ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION FOR ST.
JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC EXISTS SOLELY TO RAISE FUNDS
AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE. IT COSTS MORE THAN
\$1 BILLION TO OPERATE ST. JUDE, AND MORE THAN 75 PERCENT OF ST. JUDE'S
OPERATING BUDGET IS COVERED BY GENEROUS DONORS WHO SUPPORT THE LIFE-SAVING
MISSION OF ST. JUDE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

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

▶ Attach to Form 990.

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
35-1044585

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES R. DOWNING EX-OFFICIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	
	(ii)	1,054,860.	150.	79,487.	120,250.	23,803.	1,278,550.	0.
(2) RICHARD C. SHADYAC, JR. CEO & EX-OFFICIO DIRECTOR	(i)	790,449.	0.	49,746.	99,580.	19,111.	958,886.	46,182.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY S. GREER CHIEF ADMIN. OFFICER	(i)	482,366.	0.	36,234.	70,792.	19,111.	608,503.	31,412.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JEFFREY T. PEARSON CHIEF FINANCIAL OFFICER	(i)	440,766.	0.	33,919.	68,136.	23,013.	565,834.	31,597.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EMILY CALLAHAN CHIEF MARKETING & EXPERIENCE OFFICER	(i)	470,359.	0.	23,798.	60,581.	26,120.	580,858.	23,258.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARA HALL CHIEF LEGAL OFFICER	(i)	432,853.	0.	21,320.	57,740.	24,426.	536,339.	20,510.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SUE HARPOLE CHIEF DEVELOPMENT OFFICER	(i)	454,762.	0.	22,329.	67,655.	10,154.	554,900.	18,765.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROBERT MACHEN CHIEF OPERATING OFFICER	(i)	452,859.	0.	23,552.	60,121.	23,433.	559,965.	22,310.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANURAG PANDIT CHIEF INVESTMENT OFFICER	(i)	457,944.	0.	12,805.	49,441.	24,127.	544,317.	10,483.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

TRAVEL FOR COMPANIONS: PAYMENT FOR COMPANION TRIPS IS AN INFREQUENT PRACTICE. IT IS LIMITED TO INSTANCES WHERE IT IS NECESSARY, APPROPRIATE AND EXPECTED FOR THE CEO'S SPOUSE TO PARTICIPATE IN HOSTING AND REPRESENTING ALSAC. THESE AMOUNTS ARE NOT TREATED AS TAXABLE INCOME BECAUSE THE TRAVEL IS BUSINESS RELATED.

HEALTH OR SOCIAL CLUB DUES: A SOCIAL CLUB MEMBERSHIP WAS MADE AVAILABLE TO THE CEO BUT LIMITED TO BUSINESS PURPOSES IN ACCORDANCE WITH A WRITTEN POLICY DIRECTIVE. THE AMOUNT OF THE MEMBERSHIP WAS NOT TREATED AS TAXABLE INCOME BECAUSE THE USE WAS BUSINESS RELATED.

PART I, LINE 4B:

THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING

Part III Supplemental Information

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

LISTED PERSONS IN PART VII:

EMILY CALLAHAN \$14,623

SUE HARPOLE \$10,065

ROBERT MACHEN \$16,845

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARTER HOPKINS	SEE PART V	58,127.	EMPLOYMENT		X
COURY SHADYAC	SEE PART V	173,953.	EMPLOYMENT		X
KARON NASH	SEE PART V	79,464.	EMPLOYMENT		X

Part V Supplemental Information.

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

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: CARTER HOPKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF VOTING DIRECTOR, BRUCE B. HOPKINS

(C) AMOUNT OF TRANSACTION: \$58,127

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: COURY SHADYAC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER (CEO & EX-OFFICIO DIRECTOR), RICHARD C. SHADYAC, JR.

(C) AMOUNT OF TRANSACTION: \$173,953

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: KARON NASH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER (CHIEF ADMIN. OFFICER), EMILY S. GREER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION: \$79,464

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

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

Employer identification number
35-1044585

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	149		
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	26		
7 Boats and planes	X	4		
8 Intellectual property				
9 Securities - Publicly traded	X	283	19,796,635.	COST OR SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	28		
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	177		
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRIZE PACKAGE)	X	766	0.	
26 Other ▶ (GIFT CARDS)	X	156	0.	
27 Other ▶ (OTHER PRIZES)	X	618	0.	
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29 2

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS IN COLUMN (B) REFER TO THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 33:

RECEIPTS FOR LINES 1, 6, 7, 15, 18, 25, 26 AND 27 ARE REPORTED ON FORM

990, PART VIII, LINE 1F, LINE 8A OR LINE 9A.