IN THE SUPREME COURT OF THE STATE OF NEVADA

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

THEODORE E. SCHEIDE, III,

Appellant,

VS.

ST. JUDGE CHILDREN'S RESEARCH HOSPITAL,

Respondent.

Electronically Filed
Mar 13 2023 04:45 PM
Elizabeth A. Brown
Supreme Court No. Clad of Supreme Court

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

APPEAL

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

APPENDIX

VOL. 6

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

CHRONOLOGICAL INDEX OF APPENDIX

| Description | Date Filed | Vol. | Page No. | Bate No. |
|-------------------------------|------------|------|----------|------------|
| Notice of Motion and Errata | 3/16/21 | 6 | 003-155 | ROA001189- |
| to [Exhibits A-D] to Motion | | | | ROA001341 |
| to Strike the Fraudulently | | | | |
| Submitted Petition Naming | | | | |
| St. Jude's Research Hospital | | | | |
| as Petitioner and Related | | | | |
| Relief (Pages 161-313 of the | | | | |
| document) | | | | |
| Opposition to Motion to | 3/26/21 | 6 | 156-172 | ROA001342- |
| Strike and Countermotion for | | | | ROA001358 |
| Attorney's Fees and Costs | | | | |
| Reply to Opposition to | 4/2/21 | 6 | 173-197 | ROA001359- |
| Motion to Strike the | | | | ROA001383 |
| Fraudulently Submitted | | | | |
| Petition Naming St. Jude | | | | |
| Research Hospital as | | | | |
| Petitioner and Related Relief | | | | |
| and Opposition to | | | | |
| Countermotion for Attorney's | | | | |
| Fees and Cost | | | | |
| Court Minutes | 4/14/21 | 6 | 198 | ROA001384 |
| Order Denying Motion to | 1/11/22 | 6 | 199-205 | ROA001385- |
| Strike and Countermotion for | | | | ROA001391 |
| Attorney's Fees and Costs | | | | |
| Notice of Entry of Order | 1/21/22 | 6 | 206-214 | ROA001392- |
| | | | | ROA001400 |
| Notice of Appeal | 2/21/22 | 6 | 215-216 | ROA001401- |
| | | | | ROA001402 |
| Case Appeal Statement | 2/21/22 | 6 | 217-221 | ROA001403- |
| | | | | ROA001407 |

SCHEDULE O

832211 10-10-18

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED Employer identification number CHARITIES, INC. 35-1044585 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HOSPITAL, INC. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISEASES THROUGH RESEARCH AND TREATMENT WHILE HONORING THE MEMORY AND HERITAGE OF OUR FOUNDER, DANNY THOMAS. FORM 990, PART III, LINE 4A: IT COSTS MORE THAN \$1 BILLION TO OPERATE ST. JUDE AND MORE THAN 75% OF ST. JUDE'S BUDGET MUST BE RAISED FROM GENEROUS DONORS WHO SUPPORT THE LIFE-SAVING MISSION OF ST. JUDE. WHEN ST. JUDE OPENED ITS DOORS IN 1962, THE SURVIVAL RATE FOR CHILDHOOD CANCER WAS 20%. SINCE THAT TIME, TREATMENTS INVENTED AT ST. JUDE HAVE HELPED PUSH THE OVERALL SURVIVAL RATE FOR CHILDHOOD CANCER TO MORE THAN 80 PERCENT TODAY, ST. JUDE WON'T STOP UNTIL NO CHILD DIES FROM CANCER. TODAY, ST. JUDE IS LEADING THE WAY THE WORLD UNDERSTANDS, TREATS AND

DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING DISEASES. ST. JUDE WAS THE FIRST CHILDREN'S HOSPITAL TO MAKE A MAJOR INVESTMENT IN PEDIATRIC CANCER GENOME SEQUENCING. THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL - WASHINGTON UNIVERSITY PEDIATRIC CANCER GENOME PROJECT RESULTED IN GROUNDBREAKING DISCOVERIES IN SEVERAL CHILDHOOD CANCERS. BEFORE THIS PROJECT, NOT EVEN ONE PEDIATRIC CANCER GENOME PROJECT HAD Schedule O (Form 990 or 990-EZ) (2018) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

| Schedule O (Form 990 or 99 | 0-EZ) (2018) | | Pag | ie 2 |
|----------------------------|--|-------------------------|---|------|
| Name of the organization | AMERICAN LEBANESE SYRIAN AS CHARITIES, INC. | SOCIATED | Employer identification number 35-1044585 | |
| BEEN SEQUENCED. | | | 120 | |
| AND ST. JUDE CONTINU | S TO UPHOLD ITS PROMISE OF | CONDUCTING PIONEERING | | |
| RESEARCH AND PROVIDIN | G EXCEPTIONAL PATIENT CARE, | ALL WHILE ENSURING | | |
| THAT NO FAMILY EVER I | ECEIVES A BILL FROM ST. JUD | DE FOR TREATMENT, | alkening transfer | |
| TRAVEL, HOUSING OR FO | OD - BECAUSE ALL A FAMILY S | HOULD WORRY ABOUT IS | | |
| HELPING THEIR CHILD I | IVE. ST. JUDE ALSO MAINTAIN | S A SCHOOL PROGRAM TO | | |
| PROVIDE OPPORTUNITIES | FOR PATIENTS TO CONTINUE T | HEIR NORMAL EDUCATIONAL | | _ |
| ACTIVITIES AND TO PRO | VIDE RE-ENTRY SERVICES TO E | ASE THE TRANSITION BACK | | |
| TO COMMUNITY SCHOOLS. |) | | | 32 |
| <u> </u> | | | | |
| ST. JUDE FREELY SHARE | S THE DISCOVERIES WE MAKE, | AND EVERY CHILD SAVED | | _ |
| AT ST. JUDE MEANS DOO | TORS AND SCIENTISTS WORLDWI | DE CAN USE THAT | | |
| KNOWLEDGE TO SAVE THO | USANDS MORE CHILDREN. | | | _ |
| | | | | |
| | AND ONLY NATIONAL CANCER I | | IMM III | _ |
| | CENTER DEVOTED SOLELY TO CH | | | _ |
| | HEALTH ORGANIZATION COLLABO | | 347.22 3.17 | _ |
| | JUDE BECAUSE ST. JUDE HAS | | | _ |
| | ME OF THE MOST AGGRESSIVE C | | | |
| | | | | |
| ST. JUDE CREATES MORE | CLINICAL TRIALS FOR CANCER | THAN ANY OTHER | | |
| CHILDREN'S HOSPITAL, | TURNING LABORATORY DISCOVER | IES INTO LIFESAVING | | _ |
| TREATMENTS THAT BENEF | IT PATIENTS EVERY DAY. | | | _ |
| ST. JUDE HAS ACHTRURE | THE HIGHEST SURVIVAL RATE | IN THE WORLD FOR ACTIVE | | _ |
| | A (ALL), THE MOST COMMON CH | | | _ |
| 832212 10-10-18 | , | | Schedule O (Form 990 or 990-EZ) (201 | 101 |

| Schedule O (Form 990 or 990-EZ) (2018) Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED | Page 2 |
|--|---|
| CHARITIES, INC. | Employer identification number 35-1044585 |
| NINETY-FOUR PERCENT OF CHILDREN WITH ALL AT ST. JUDE SURVIVE, COMPARED | |
| TO THE NATIONAL SURVIVAL RATE OF 90%. AND IT WAS ST. JUDE'S | |
| GROUNDBREAKING DEVELOPMENT IN THE TREATMENT OF ALL THAT REVOLUTIONIZED | 77.77 |
| LEUKEMIA THERAPY WORLDWIDE. | |
| | |
| IN ADDITION TO CHILDHOOD CANCER, ST. JUDE PLAYS A CRITICAL LEADERSHIP | |
| ROLE IN GROUNDBREAKING STUDIES ON SICKLE CELL DISEASE, INFECTIOUS | |
| DISEASES AND GENETIC DISORDERS. THESE EFFORTS ARE INSTRUMENTAL TO | |
| IMPROVING CARE FOR CHILDREN AROUND THE WORLD. | |
| (-1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | |
| A ST, JUDE PATIENT WAS THE FIRST IN THE WORLD TO BE CURED OF SICKLE | |
| CELL DISEASE WITH A BONE MARROW TRANSPLANT, AND ST. JUDE HAS ONE OF THE | |
| LARGEST PEDIATRIC SICKLE CELL PROGRAMS IN THE COUNTRY. | |
| S STANDARD S | |
| IN ADDITION, THE BRAIN TUMOR SCIENCE AND TECHNOLOGY AT ST. JUDE ARE AT | |
| THE CUTTING EDGE WORLDWIDE, AND ST. JUDE HAS THE LARGEST RESEARCH-BASED | |
| PEDIATRIC BRAIN TUMOR RESEARCH PROGRAM IN THE COUNTRY, ST, JUDE IS THE | |
| COORDINATING CENTER OF THE NATIONAL PEDIATRIC BRAIN TUMOR CONSORTIUM, | - 0.00 |
| WHICH RECEIVES FUNDING FROM THE NATIONAL CANCER INSTITUTE. | |
| | |
| AND ST. JUDE'S EFFORTS TO SAVE THE LIVES OF CANCER PATIENTS DON'T END | |
| WHEN TREATMENT STOPS. THE ST. JUDE AFTER COMPLETION OF THERAPY (ACT) | |
| PROGRAM IS THE LARGEST LONG-TERM, FOLLOW-UP CLINIC FOR PEDIATRIC CANCER | |
| PATIENTS IN THE UNITED STATES AND ST. JUDE DOES THIS AT NO COST TO THE | |
| PATIENTS, THE CLINIC HELPS PATIENTS STAY HEALTHY AFTER ACTIVE TREATMENT | |
| ENDS AND HAS BEEN A PROTOTYPE FOR OTHER LONGER TERM FOLLOW-UP PROGRAMS. | S-1-10 |
| FORMER ST. JUDE PATIENTS ALSO ARE PARTICIPATING IN THE ST. JUDE LIFE | |
| STUDY, DESIGNED TO HELP ADULT SURVIVORS OF CHILDHOOD CANCER LEARN ABOUT | Schadula O (Form 990 or 990 E7) (9949) |
| 832212 10-10-18 | Schedule O (Form 990 or 990-EZ) (2018) |

| Schedule O (Form 990 or 990-EZ) (2018) Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED | Page 2 |
|--|--|
| CHARITIES, INC. | Employer identification number 35-1044585 |
| ISSUES THAT AFFECT THEIR HEALTH AS WELL AS WAYS TO STAY HEALTHY. AND | |
| ST. JUDE IS HOME TO THE CHILDHOOD CANCER SURVIVOR STUDY, A | |
| COLLABORATIVE STUDY AMONG 30 U.S. AND CANADIAN INSTITUTIONS THAT | |
| INCLUDES MORE THAN 20,000 CHILDHOOD CANCER SURVIVORS. | |
| | |
| FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES: | |
| AUSTRALIA, BERMUDA, BRITISH VIRGIN IS, CANADA, | 10 - April - A |
| CAYMAN ISLANDS, CHINA, DENMARK, FRANCE, | |
| GERMANY, GUERNSEY, HONG KONG, INDIA, | |
| IRELAND, JAPAN, MEXICO, NETHERLANDS, | 30 0 55 HBA |
| SPAIN, SWEDEN, SWITZERLAND, TAIWAN, | |
| UNITED KINGDOM | |
| | |
| FORM 990, PART V, LINE 4B (CONTINUED): | |
| THE FINANCIAL ACCOUNTS IN THE FOREIGN COUNTRIES LISTED ON FORM 990, | |
| PART V, LINE 4B (AND SCHEDULE O) ARE RELATED TO INVESTMENTS. NO | |
| FINANCIAL ACCOUNTS FOR OPERATIONAL PURPOSES WERE MAINTAINED IN FOREIGN | |
| COUNTRIES. | |
| | |
| |).H.C |
| FORM 990, PART VI, SECTION A, LINE 2: | · · · · · · · · · · · · · · · · · · · |
| FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J. | |
| AYOUB, ESQ.; GEORGE A. SIMON, II AND PAUL J. SIMON; ROBERT A. BREIT, MD AND | |
| JOSEPH G. SHAKER; JOSEPH C. SHAKER AND JOSEPH G. SHAKER; PAUL J. SIMON AND | |
| MICHAEL SIMON. | |
| | |
| FORM 990, PART VI, SECTION B, LINE 11B: | Schedule O (Form 990 or 990-EZ) (2018) |

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

| Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED | Employer identification number |
|--|--|
| CHARITIES, INC. | 35-1044585 |
| FORM 990, PART VI, SECTION B, LINE 15: | |
| TO ATTRACT THE BEST PROFESSIONALS AND EMPLOYEES OF ALL TYPES, COMPENSATION | |
| FOR OUR SENIOR EXECUTIVES IS DETERMINED BY A COMPENSATION COMMITTEE OF OUR | |
| BOARD MADE UP OF INDEPENDENT DIRECTORS ONLY WHO ARE ADVISED BY AN OUTSIDE, | |
| INDEPENDENT COMPENSATION EXPERT. OUR SALARIES FALL WITHIN THE 50-75 | |
| PERCENTILE OF THE MARKET RANGE FOR ORGANIZATIONS OF SIMILAR SIZE AND SHAPE. | · · · · · · · · · · · · · · · · · · · |
| FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: | |
| AL, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN | |
| UT,WA,WI,WV | |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS | |
| ARE AVAILABLE TO THE PUBLIC UPON REQUEST. | |
| FORM 990, PART IX, LINE 26: | |
| WE CONDUCT A NUMBER OF ACTIVITIES, WHICH JOINTLY BENEFIT OUR EDUCATION, | |
| TRAINING, AND COMMUNITY SERVICE PROGRAM OBJECTIVES, AS WELL AS | g-222 |
| FUNDRAISING AND GENERAL AND ADMINISTRATIVE ACTIVITIES. THE EDUCATIONAL | |
| INFORMATION SHARED WITHIN THESE ACTIVITIES SUPPORT OUR MISSION TO LEAD | - 145 |
| THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND | |
| OTHER LIFE-THREATING DISEASES AND INCLUDE OUR TELEVISION AND RADIO | |
| PROGRAMS AND COMMERCIALS, DIRECT MAIL PROGRAM, AND CERTAIN OTHER | |
| FUNDRAISING AND PUBLIC AWARENESS EVENTS. IN ACCORDANCE WITH THE | |
| FINANCIAL ACCOUNTING STANDARDS BOARD GUIDELINES, WE ALLOCATED A PORTION | |
| OF OUR FUNDRAISING EXPENSES TO PROGRAM SERVICE AND GENERAL AND | |
| ADMINISTRATIVE EXPENSES IN OUR COMBINED STATEMENTS OF FUNCTIONAL | |
| EXPENSES. | |
| 332212 10-10-18 | Sahadula O (Farm 000 at 000 FT) (0040) |

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

AMERICAN LEBANESE SYRIAN ASSOCIATED Name of the organization Employer identification number CHARITIES, INC. 35-1044585 Part 1 dentification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity foreign country) entity 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. (d) (e) (g) Section 512(b)(13) Name, address, and EIN Primary activity Legal domicile (state or **Exempt Code** Public charity Direct controlling controlled of related organization section status (if section foreign country) entity entity? 501(c)(3)) Yes No ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 62-0646012, 262 DANNY THOMAS PLACE SECTION MEMPHIS, TN 38105 HOSPITAL PENNESSEE 501(C)(3) N/A x

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

Schedule R (Form 990) 2018

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (| h) | (i) | 1 (| (k) | 0 | | |
|---|------------------|---|---------------------------|--|--|----------|-------------------------|----|---|----------|---|------------------------|--------|--|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Predominant income Share of total Share of | | are of Disproportionate | | of total Share of Disgraphy Code V-LIBI | | Code V-UBI amount in box 20 of Schedule | Gener mana partn | Percen | |
| • | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes | No | | | |
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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 | 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 | en | |
|--|-------------------------|--|-------------------------------|---|---------------------------------|--|--------------------------------|-----|---|
| | | | | | | | | Yes | N |
| | | 1 | | | | | | | F |
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832162 10-02-18

Schedule R (Form 990) 2018

| Not | : Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | 100000 | Yes | No |
|--------|--|----------------------------------|---|-------------------------------------|--------------------|----------|--------|
| 1 | During the tax year, did the organization engage in any of the following transactions | s with one or more re | elated organizations listed in Pa | arts II-IV? | 55-15-5 53-15-5 | 192.6 | 1000 |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | у | | | 1a | | х |
| b | Girt, grant, or capital contribution to related organization(s) | | | | 1b | х | |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 10 | \vdash | х |
| d | Loans or loan guarantees to or for related organization(s) | | | | 14 | | х |
| е | Loans or loan guarantees by related organization(s) | | | | . 1e | | х |
| f | Dividends from related organization(s) | | | | 1f | - | x |
| g | Sale of assets to related organization(s) | | | | 1g | | x |
| h | Purchase of assets from related organization(s) | | *************************************** | | 1h | - | x |
| i | Exchange of assets with related organization(s) | | | | 1i | | х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 11 | х | - |
| k | | | | | 0.7.707 | 114 | E.MP |
| 'n | Lease of facilities, equipment, or other assets from related organization(s) | | | ••••• | . 1k | x | Х |
| , m | Performance of services or membership or fundraising solicitations for related organization(s) | | | | | | - |
| n | m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | Х |
| | Sharing of paid employees with related organization(s) | on(s) | | | <u>1n</u> | х | - |
| • | orienting of paid employees with related organization(s) | ••••••• | | | . 10 | Session | Х |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1126 | x | 2343 |
| q | Reimbursement paid by related organization(s) for expenses | | | | . <u>1p</u> | x | _ |
| 13 | , | | | | . 14 | J-16-15 | ed #21 |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | 15.1.2 | X |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | x |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on w | ho must complete th | is line, including covered relation | onships and transaction thresholds. | . 1 18 | _ | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount | involved | | |
| (1) | | | | | | | |
| (2) | | | | | 2.5 | 10% | |
| (3) | | | | | | | |
| | | | | | | _ | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | 45-25-U O : | | | | | |
| 832163 | 10-02-18 | | | Schedu | le R (Forn | n 990) | 2018 |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners set 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? | (k) Percentage ownership |
|--|-------------------------|-----|---|---|------------------------------------|--|--|---|------------------------------------|--------------------------------|
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Schedule R (Form 990) 2018

AMERICAN LEBANESE SYRIAN ASSOCIATED

| Scriedie A (Form 990) 2018 CHARITES, INC. | 35-1044585 | Page 5 |
|--|----------------------|-------------|
| Part VII Supplemental Information. | | |
| Provide additional information for responses to questions on Schedule R. See instructions. | | |
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| 2165 10-02-18 | Schedule R (Form | 990) 2018 |



CARY COLT PAYNE, CHTD.

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

EXHIBIT PAGE INTENTIONALLY LEFT BLANK

EXHIBIT "D"

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

Department of the Treasury Internal Revenue Service

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

| _ | 1011 | and en | iding Ju | JN 30, 201 | 7 | | |
|-------------------------|----------------------|--|-------------------|------------------|--------------|-------------------------------|--|
| В | Check | if C Name of organization | | | | fication number | |
| | cha | nge INC. | - 1 | | | | |
| | Nan | Doing business as | 62-06 | 46012 | | | |
| | Initi | | om/suite | E Telephor | e numb | er | |
| | Fina retu tern | m/ 202 DANNI THOMAS PLACE | | (901) 595-3903 | | | |
| | ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receip | ots\$ | 902,595,854. | |
| | retu | mEMPHIS, TN 38105-3678 | | H(a) Is this | group | | |
| | tion | F Name and address of principal officer: JAMES R. DOWNING | | | ordinate | | |
| _ | | SAME AS C ABOVE | | H(b) Are all su | | | |
| _ | | xempt status: X 501(c)(3) 501(c)() | 527 | If "No," | attach | a list. (see instructions) | |
| _ | | site: WWW.STJUDE.ORG | | | | on number > | |
| | | of organization: X Corporation Trust Association Other | L Year o | f formation; 1 | 959 | M State of legal domicile; TN | |
| P | $\overline{}$ | Summary | | | | | |
| 9 | 1 | Briefly describe the organization's mission or most significant activities: THE MISSI | ION OF S | ST. JUDE | | | |
| Activities & Governance | ١. | CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF | | | | | |
| Veri | 2 | Check this box if the organization discontinued its operations or disposed | of more | than 25% of | its net a | ssets. | |
| ô | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 3 | 43 | |
| 9 | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 4 | | |
| ties | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | | 5 | 4929 | |
| ķ | 6 | Total number of volunteers (estimate if necessary) | | | 6 | 3506 | |
| Ac | 78 | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 7a | 0, | |
| _ | E | Net unrelated business taxable income from Form 990-T, line 34 | | | 7b | 0. | |
| | | | | Prior Yea | | Current Year | |
| en | 8 | and the second of the second o | | 895,523,71 | | 753,145,680. | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 114,471,276. | | | |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 1,340. | -1,169,284. | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 18,45 | 4,213. | 24,726,224. | |
| _ | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,027,51 | 7,864. | 900,801,934. | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 3,80 | 4,019. | 4,956,619. | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | lumn (A), line 4) | | | | |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 426,31 | 8,943. | 462,005,025. | |
| ens | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0. | 0. | |
| χż | b | Total fundraising expenses (Part IX, column (D), line 25) | | white the | - 1 de | (中华达)。1000年100日 | |
| - | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 367,09 | 6,278. | 390,060,200. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 797,21 | 9,240. | 857,021,844. | |
| - 0 | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 230,29 | 8,624. | 43,780,090. | |
| Assets or Balances | 655 | | Begi | nning of Curre | nt Year | End of Year | |
| ssel | 20 | Total assets (Part X, line 16) | | 4,292,34 | 7,585. | 4,787,635,534. | |
| 달 | 21 | Total liabilities (Part X, line 26) | | 334,43 | 0,658. | 127,718,358. | |
| 20 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 3,957,91 | 6,927. | 4,659,917,176. | |
| | | Signature Block | | | | | |
| Unae | er pena | alties of perjury, I declare that I have examined this return, including accompanying schedules and | d statemen | ts, and to the b | est of m | y knowledge and belief, it is | |
| uue, | corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of which p | preparer ha | as any knowled | ige. | | |
| C: | | Signature of officer | | Data | | | |
| Sign | | | | Date | | | |
| Here | • | PAT KEEL, SVP AND CFO Type or print name and title | | | | | |
| _ | | | Inet | | | | |
| Paid | | Print/Type preparer's name FRAN BEDARD Preparer's signature Sunus Medard | Dat | rani | Check | PTIN | |
| Prep | | Firm's name DELOITTE TAX LLP | 4 | | self-employe | | |
| Use (| | | | Firm's | EIN | 86-1065772 | |
| 000 (| uny | Firm's address 1033 DEMONBREUN, SUITE 400. | | | | | |
| May | the !! | NASHVILLE, TN 37203 | | Phone | no.(61 | 5) 259-1800 | |
| | | RS discuss this return with the preparer shown above? (see instructions) | | | | X Yes No | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2016)

Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

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

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

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/lefile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts

| Autom | atic 6-Month Extension of Time. | Only submit origin | nal (no copies needed). | | . 7 | | | | |
|---|--|--|--|--------------|---------------------------|-------------------------------|----------|--|--|
| | rations required to file an income tax return | | | ps, REMIC | Cs, and tru | ısts | | | |
| | Form 7004 to request an extension of time | | | | | | | | |
| | | | | Enter fil | er's identi | ifying numb | or | | |
| Type or | Name of exempt organization or other file | er, see instructions. | | | | tion number | | | |
| print | ST. JUDE CHILDREN'S RESEARCH HO | 1.172 (17. 17. 17. 17. 17. 17. 17. 17. 17. 17. | 1 | Limploye | ii idei itiiiloa | dion number | (LIN) OI | | |
| | INC. | , | | | 62-064 | 6012 | | | |
| File by the due date for | | P.O. box. see instruc | ations | Social se | | nber (SSN) | | | |
| filing your return, See | 262 DANNY THOMAS PLACE | | | Occiui o | odiny nai | iber (cort) | | | |
| Instructions. | City, town or post office, state, and ZIP c MEMPHIS, TN 38105-3678 | ode. For a foreign add | dress, see instructions. | | | | | | |
| Enter the | Return Code for the return that this application | tion is for (file a separa | ate application for each return) | | | | 0 1 | | |
| Applicati | on | Return | Application | | | 1 | Return | | |
| Is For | | Code | Is For | n-va-a | | | Code | | |
| Form 990 or Form 990-EZ 01 Form 990-T (corporation) | | | | | | | | | |
| Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A | | | | | | | | | |
| Form 4720 (individual) 03 Form 4720 (other than individual) | | | | | | | | | |
| Form 990-PF 04 Form 5227 | | | | | | | | | |
| Form 990-PF 04 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 | | | | | | | | | |
| Form 990 | -T (trust other than above) | 06 | Form 8870 | | | | 12 | | |
| Teleph If the co | one No. (901) 595-3903 organization does not have an office or place is for a Group Return, enter the organization. If it is for part of the group, check this quest an automatic 6-month extension of time | of business in the Ur 's four digit Group Exe box and atta | Fax No. ► (901) 595-2296 nited States, check this box | f this is fo | r the whole ers the ex | e group, che tension is fo | r | | |
| for t | the organization named above. The extension calendar year or x tax year beginning JUL 1, 2016 at tax year entered in line 1 is for less than 1. | on is for the organization | on's return for: d ending JUN 30, 2017 | Final retur | | | | | |
| 3a If th | Change in accounting period is application is for Forms 990-BL, 990-PF, 9 | 200 T 4700 ex 6060 | enter the testative territory and | | | | | | |
| non | refundable credits. See instructions. | | | 3a | \$ | - | 0. | | |
| b If th | is application is for Forms 990-PF, 990-T, 47 | 20, or 6069, enter any | y refundable credits and | | | | | | |
| esti | mated tax payments made. Include any prio | r year overpayment a | llowed as a credit. | 3b | \$ | | 0. | | |
| c Bala | ance due. Subtract line 3b from line 3a. Incl | ude your payment wit | h this form, if required, | | | | | | |
| | using EFTPS (Electronic Federal Tax Paymer | | | Зс | \$ | | 0. | | |
| Caution: nstruction | If you are going to make an electronic funds | withdrawal (direct de | bit) with this Form 8868, see Form 8 | 453-EO a | nd Form 8 | 879-EO for p | ayment | | |
| LHA F | or Privacy Act and Paperwork Reduction | Act Notice, see instru | uctions. | | Form | 8868 (Rev. | 1-2017) | | |

623841 01-11-17

| | m 990 (2016) INC. | 62- | 0646012 | | Page 3 |
|-----|--|---|-------------|-------|-----------|
| Pa | art IV Checklist of Required Schedules | | | | ago - |
| | | | | Yes | No |
| 1 | | 1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | | 1 | x | |
| 2 | is the organization required to complete Schedule B, Sched | ule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political can | paign activities on behalf of or in opposition to candidat | es for | | |
| | public office? If "Yes," complete Schedule C, Part I | | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage | ge in lobbying activities, or have a section 501(h) election | in effect | | |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | | 4 | х | _ |
| 5 | 10 110 119 11 11 11 11 11 11 11 11 11 11 11 11 | organization that receives membership dues, assessme | nts, or | | |
| 6 | similar amounts as defined in Revenue Procedure 98-19? If | Yes, complete Schedule C, Part III | 5 | - | Х |
| ٥ | Did the organization maintain any donor advised funds or an | y similar funds or accounts for which donors have the rig | tht to | | |
| 7 | provide advice on the distribution or investment of amounts Did the organization receive or hold a conservation easemer | | D, Part I 6 | + | X |
| | the environment, historic land areas, or historic structures? | f "Ves " complete Schedule D. Bort II | 1 - | | l |
| 8 | | orical treasures, or other similar apacts? If "Vos." comple | | - | Х |
| • | Schedule D. Part III | orical treasures, or other similar assets? If Tes, Comple | 8 | | x |
| 9 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for e | scrow or custodial account liability, sense as a custodian | for | + | A |
| | amounts not listed in Part X; or provide credit counseling, de | | | 1 | |
| | | or management, create repair, or dept negotiation service | | | x |
| 10 | Did the organization, directly or through a related organization | n, hold assets in temporarily restricted endowments, per | manent | 1 | |
| | endowments, or quasi-endowments? If "Yes," complete Sch | edule D, Part V | 10 | x | |
| 11 | | is "Yes," then complete Schedule D, Parts VI, VII, VIII, I) | or X | 100 | iin d |
| | as applicable. | | 5.77 A | | |
| а | Did the organization report an amount for land, buildings, and | d equipment in Part X, line 10? If "Yes," complete Schede | ule D, | | N MAJ JAM |
| | Part VI | | 11a | х | |
| b | Did the organization report an amount for investments - other | r securities in Part X, line 12 that is 5% or more of its total | d l | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedu | le D, Part VII | 11b | | x |
| С | Did the organization report an amount for investments - prog | ram related in Part X, line 13 that is 5% or more of its total | al | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedu | le D, Part VIII | 11c | _ | Х |
| d | Did the organization report an amount for other assets in Par | | | | |
| _ | Part X, line 16? If "Yes," complete Schedule D, Part IX | | 11d | _ | |
| | Did the organization report an amount for other liabilities in P | art X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | and the second s | ements for the tax year include a footnote that addresse | S | | |
| 122 | the organization's liability for uncertain tax positions under Fl Did the organization obtain separate, independent audited fir | N 48 (ASC 740) 7 If "Yes," complete Schedule D, Part X | 11f | х | |
| | | | 100 | x | |
| b | Was the organization included in consolidated, independent | audited financial statements for the tay year? | 12a | * | _ |
| | If "Yes," and if the organization answered "No" to line 12a, the | en completing Schedule D. Parts XI and XII is optional | 12b | x | |
| 13 | Is the organization a school described in section 170(b)(1)(A) | ii)? If "Yes," complete Schedule E | 13 | | x |
| 14a | Did the organization maintain an office, employees, or agents | outside of the United States? | 14a | | х |
| b | Did the organization have aggregate revenues or expenses o | f more than \$10,000 from grantmaking, fundraising, busi | ness, | | |
| | investment, and program service activities outside the United | States, or aggregate foreign investments valued at \$10 | 0,000 | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | | 14b | x | |
| 15 | Did the organization report on Part IX, column (A), line 3, more | than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II a | nd IV | 15 | | x |
| 16 | Did the organization report on Part IX, column (A), line 3, more | than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Part | s III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of ex | penses for professional fundralsing services on Part IX. | | | |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, F | Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundra | ising event gross income and contributions on Part VIII, I | ines | | |
| 19 | 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross incom | or from gaming activities on Dest VIII II - 0-0 II IV- | 18 | | x |
| 777 | complete Schedule G, Part III | is non-gaming activities on Part VIII, line 9a7 if "Yes," | 19 | | x |
| | | | 19 | 990 (| |
| | 1 | | | | |

| Forn | m 990 (2016) INC. | , | 2-0646012 | Р | age 4 |
|--------|---|--|------------|----------|----------|
| Pa | art IV Checklist of Required Schedules (co | continued) | | | ugo |
| 7/1-17 | | | | Yes | No |
| 20a | Did the organization operate one or more hospital fac | acilities? If "Yes," complete Schedule H | 20a | x | 110 |
| b | If "Yes" to line 20a, did the organization attach a cop | py of its audited financial statements to this return? | | x | \vdash |
| 21 | Did the organization report more than \$5,000 of gran | nts or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? | If "Yes," complete Schedule I, Parts I and II | 21 | x | |
| 22 | Did the organization report more than \$5,000 of gran | nts or other assistance to or for domestic individuals on | | | _ |
| | Part IX, column (A), line 2? If "Yes," complete Sched | dule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section | on A, line 3, 4, or 5 about compensation of the organization's co | urrent | | |
| | and former officers, directors, trustees, key employee | ees, and highest compensated employees? If "Yes," complete | anone | | l |
| | Schedule J | | 23 | x | 1 |
| 24a | Did the organization have a tax-exempt bond issue w | with an outstanding principal amount of more than \$100,000 as | of the | - | |
| | | r 31, 2002? If "Yes," answer lines 24b through 24d and comple | | | |
| | | 51, 2002 100, and and 2011, pro- | | | х |
| b | | npt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account oth | her than a refunding escrow at any time during the year to defe | 240 | \vdash | _ |
| | any tax-exempt honds? | to that a relationing escrew at any time during the year to dele | ase | | |
| d | Did the organization act as an "on behalf of" issuer to | or bonds outstanding at any time during the year? | 24c | \vdash | _ |
| 25a | Section 501(c)(3) 501(c)(4) and 501(c)(20) organia | izations. Did the organization engage in an excess benefit | 24d | - | _ |
| 200 | transaction with a disqualified person during the year | ar? If "Yes," complete Schedule L, Part I | | | u. |
| h | le the organization aware that it ongood in an average | handit transaction with a discustified | 25a | - | Х |
| b | | ss benefit transaction with a disqualified person in a prior year, | | | |
| | Schodulo I Port I | f the organization's prior Forms 990 or 990-EZ? If "Yes," comple | 20040 | | |
| ne | Schedule L, Part I | 50 001 | 25b | | X |
| 26 | former officers directors trustees because the | e 5, 6, or 22 for receivables from or payables to any current or | | | |
| | complete Schodule I. Bert II. | nighest compensated employees, or disqualified persons? If "Y | es," | | |
| | complete Schedule L, Part II | | 26 | | X |
| 27 | | nce to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection cor | ommittee member, or to a 35% controlled entity or family member. | per | . 1 | |
| •• | of any of these persons? If "Yes," complete Schedule | e L, Part III | 27 | | Х |
| 28 | | on with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions | | | | 4 |
| а | A current or former officer, director, trustee, or key en | mployee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director | or, trustee, or key employee? If "Yes," complete Schedule L, P. | art IV 28b | Х | |
| C | An entity of which a current or former officer, director, | r, trustee, or key employee (or a family member thereof) was ar | officer, | | |
| | director, trustee, or direct or indirect owner? If "Yes," | | 28c | | х |
| 29 | | on-cash contributions? If "Yes," complete Schedule M | | | x |
| 30 | Did the organization receive contributions of art, histo | orical treasures, or other similar assets, or qualified conservation | on I | | |
| | | | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve a | and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or train | anster more than 25% of its net assets? If "Yes," complete | | | |
| 5.0 | Schedule N, Part II | | 32 | | X |
| 33 | Did the organization own 100% of an entity disregard | ded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," comple | lete Schedule R, Part I | 33 | х | |
| 34 | | xable entity? If "Yes," complete Schedule R, Part II, III, or IV, an | | | |
| | Part V, line 1 | | 34 | x | |
| 35a | Did the organization have a controlled entity within the | ne meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any page 1 | payment from or engage in any transaction with a controlled en | tity | | |
| 7275 | within the meaning of section 512(b)(13)? If "Yes," con | mplete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization | n make any transfers to an exempt non-charitable related orga | nization? | | |
| | If "Yes," complete Schedule R, Part V, line 2 | | 36 | 1 | x |
| 37 | Did the organization conduct more than 5% of its activ | tivities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income | e tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide | de explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| _ | Note. All Form 990 filers are required to complete Sch | hedule O | 38 | х | |

Form 990 (2016) 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

| | Short in deficient of contains a response of note to any line in this part v | | | | ····· | 1 |
|----|--|----------|-----------------------|--------|-----------------------|-------------|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 114 | 4 | Yes | No |
| b | | 1b | *** | | | |
| c | | | hle gaming | | | |
| | (gambling) winnings to prize winners? | | | 1c | X | 112.00 |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | Ϊ | i | 10 | N. Sec. | 55/65 |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 492 | | 1 34 54 5 1 34 544 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | | | 2b | X | · Sand Bear |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction | s) | | 20 | 96.55 | Aces |
| За | Did the examination have considered by since in the control of the | | | 3a | a strain | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule | 0 | | 3b | \vdash | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | autho | ritv over. a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | | | 4a | | x |
| b | If "Yes," enter the name of the foreign country: ▶ | | | V-47-5 | 12364 | in the same |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | Accour | nts (FBAR). | 15.03 | | 0.52,7 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | 2.002.22 | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction | action? |) | 5b | \vdash | x |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | \top | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | he orga | anization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | tions o | r gifts | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | Web. | i wile | 1 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set | rvices p | rovided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w | | | | | |
| | to file Form 8282? | | | 7c | | х |
| | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | 7.7 | 221 | 311 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | contrac | t? | 7e | | х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | ract? | | 7f | | Х |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Formation of the organization of the org | orm 88 | 99 as required? | 7g | _ | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation fi | le a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | | | | EH. | AMA 22 |
| 9 | sponsoring organization have excess business holdings at any time during the year? | | | 8 | 2010030 | |
| | Sponsoring organizations maintaining donor advised funds. | | | eto: | Marie . | ifful |
| | | | •••••••• | 9a | | _ |
| 10 | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: | | | 9b | least 4.4 | 01-5109 |
| | | 10a | | | 4.14 | |
| 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: | 100 | | | | |
| а | Green income from month on an about the state of | 11a | | | Service Control | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 Ia | | | 300 | |
| | amounts due or received from them.) | 11b | | | 12.70 | |
| 2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | | | 12a | 2500 | wasterd. |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | (mm. | Tanan Trabal | 6000 |
| 3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | - | | | ***** | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O. | | | Maria. | V. 12 | 254 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | 216 | | | | |
| | organization is licensed to issue qualified health plans | 13b | | | | |
| C | Enter the amount of reserves on hand | 13c | | AVE IS | | 100 |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | х |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule | 0 | | 14b | | |
| | El Company | | | Form | 990 | 2016) |

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.

| Sec | Check if Schedule O contains a response or note to any line in this Part VI | | | х |
|---------|--|--|--------|-----------------|
| | All All Gotorning Body and management | | Tv | LN |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | EZZZ | Yes | No |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | 2 200 | |
| | 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 | Control of the Contro | | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 11111 | | |
| | officer director backs are a large of the control o | 2 | X | 19.50 |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | - | - | \vdash |
| 3,3 = 3 | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | x |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | x | - |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | 1 | х |
| 6 | Did the organization have members or stockholders? | 6 | 1 | х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | |
| | more members of the governing body? | 7a | | x |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | 1 | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | WAY. | 2360 | |
| а | The governing body? | 8a | X | Alexandra. |
| b | Each committee with authority to act on behalf of the governing body? | 8b | х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | х | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | x | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | Judie Judiel |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | x | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | in Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 7335 | 100 | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | AL DES | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Х | |
| ь | Other officers or key employees of the organization | 15b | x | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | y | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | -11- |
| | taxable entity during the year? | 16a | | X |
| | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | EAS | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | - | .u.satu |
| Sact | exempt status with respect to such arrangements? | 16b | | _ |
| | | | | |
| | List the states with which a copy of this Form 990 is required to be filed TN | | | |
| 10 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Other (oxplain in deriedule o) | | 200 | |
| | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. | tinan | cial | |
| | State the name, address, and telephone number of the person who possesses the organization's books and records: | | | |
| | SHARON HENDRIX - (901) 595-3903 | _ | | |
| | 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678 | | | |
| 32006 | 11-11-16 | F | gan | 0010 |

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 organizatio (A) Name and Title | Averag hours p week | e er | (do | not c | Pos heck | c) itior more | | one | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|---------------------|--------------------------------|-----------------------|-------------|---------------------|------------------------------|--------|--|--|--|
| | (list an hours for related organizati below line) | y or I ons | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JOYCE ABOUSSIE | | 00 | | | | | | | | | |
| VOTING DIRECTOR | 4. | 00 | X | | | | | | 0. | 0. | 0 |
| (2) SUSAN MACK AGUILLARD, MD | 4. | 00 | | | | | | | | | |
| VOTING DIRECTOR | 4. | 00 | X | | | | | | 0. | 0. | 0 |
| (3) MAHIR AWDEH, MD | 4. | 00 | Ü | | | | | | | | |
| VOTING DIRECTOR | 4. | 00 | X | ,, | | | | | 0. | 0. | 0 |
| (4) JOSEPH S. AYOUB, JR., ESQ. | 4. | 00 | | | | | | | | 7.50 | |
| VOTING DIRECTOR | 4. | 00 | x | | | | | | 0. | 0. | 0 |
| (5) PAUL J. AYOUB, ESQ. | 4. | 00 | | П | | | | П | | | |
| VOTING DIRECTOR | 8. | 00 | x | | | 8 | | | 0. | 0. | 0 |
| (6) FREDERICK M. AZAR, MD | 4. | 00 | \neg | | | 77 | | | | | |
| VOTING DIRECTOR | 4. | 00 | x | | | | | | 0. | 0. | 0 |
| (7) JAMES B. BARKATE | 4. | 00 | | | | | | | | 22" I M. 200 | |
| VOTING DIRECTOR | 8. | 00 | x | | | | | | 0. | 0. | 0 |
| (8) MARTHA PERINE BEARD | 8. | 00 | \neg | \exists | \neg | | | | | | |
| VOTING DIRECTOR | 4. | 00 | х | | - 1 | | | | 0. | 0. | 0 |
| (9) SHERYL BOURISK | 4. | 00 | ヿ | \neg | \neg | | | | | | |
| VOTING DIRECTOR | 4. | 00 | x | | - 1 | | | | 0. | 0. | 0 |
| (10) ROBERT A. BREIT, MD | 4. | 00 | | | | | | | | | |
| VOTING DIRECTOR | 4. | 00 | х | | - 1 | | | | 0. | 0. | 0 |
| (11) TERRY BURMAN | 4. | 00 | 7 | \neg | \neg | 7 | | | | | 1,13 12 11401 |
| VOTING DIRECTOR | 4. | 00 | x | - 1 | - 1 | | | . ! | 0. | 0. | 0 |
| (12) ANN M. DANNER | 4. | 00 | | 7 | \neg | | | | | | |
| VOTING DIRECTOR | 4. | 00 | x l | | - 1 | | | | 0. | 0. | 0 |
| (13) JOSEPH M. DEVIVO | 4. | _ | 7 | \dashv | \dashv | | \neg | | | | |
| VOTING DIRECTOR | 4. | 00 | x l | - 1 | | | | | 0. | 0. | 0. |
| (14) FRED P. GATTAS, III, PHARMD | 4. | _ | 7 | \neg | \neg | | \dashv | | | | |
| VOTING DIRECTOR | 4. | 00 | x l | | | | | | 0. | 0. | 0. |
| (15) RUTH GAVIRIA | 4. | _ | \dashv | + | \dashv | | - | | | | |
| VOTING DIRECTOR | 4. | 00 | x | | | | | | 0. | 0. | 0. |
| (16) CHRISTOPHER GEORGE, MD | 4. | 00 | 1 | \neg | | | 7 | | | | |
| VOTING DIRECTOR | 4. | 00 | x | | | | | | 0. | 0. | 0. |
| (17) JUDY HABIB | 4. | _ | 7 | \dashv | \dashv | \dashv | 1 | | | | ٠. |
| VOTING DIRECTOR | 4.0 | _ | x | | | | | | 0. | 0. | 0. |
| 332007 11-11-16 | | | _ | _ | _ | _ | | _ | | | Form 990 (2016 |

Form 990 (2016)

62-0646012

Page 8

| Part VII Section A. Officers, Directors, Trus (A) | (B) | proy | yees | | C) | igne | St | The state of the s | 1000 | _ | | |
|---|------------------------|------------|-----------------------|---------|--------------|------------------------------|--------|--|-------------------------|---------|-----------------|------|
| Name and title | Average | | | Pos | | 1 | | (D) | (E) | Ι. | (F) | |
| rearis and title | hours per | | not c | heck | more | than | | | Reportable compensation | | stimat mount | |
| | week | offi | icer ar | nd a d | ilrecto | or/trus | itee) | from | from related | 1 6 | other | |
| | (tist any | director | | | | | | the | organizations | cor | mpens | |
| | hours for | or dire | | | l | bel | | organization | (W-2/1099-MISC) | 1 | from th | ne e |
| | related | trustee or | ruste | | ١ | bensa | | (W-2/1099-MISC) | | 1 15727 | ganiza | |
| | organizations below | nal fu | onal | | ployee | E COM | | | | 1 | nd rela | |
| | line) | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | org | ganizat | ions |
| (18) GABRIEL (GABY) HADDAD, MD | 4.00 | = | = | - | 2 | Ta | æ | | | + | | _ |
| VOTING DIRECTOR | 4.00 | x | | | | | L | 0. | 0 | | | 0. |
| (19) PAUL K. HAJAR | 4.00 | | | | Т | | Г | | | | | |
| VOTING DIRECTOR | 4.00 | х | | | | | | 0. | 0 | | | 0. |
| (20) CHUCK HAJJAR | 4.00 | | | | | | Г | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0 | | | 0. |
| (21) FOUAD HAJJAR, MD | 4.00 | | | | | | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0 | | | 0. |
| (22) FREDERICK R. HARRIS | 4.00 | | | | | | | | | | | |
| VOTING DIRECTOR | 4.00 | Х | | | | Ш | L | 0. | 0 | 0. | | |
| (23) FREDERICK R. HARRIS, JR., MD | 4.00 | _ | | | | | | | | | | |
| VOTING DIRECTOR (24) BRUCE B. HOPKINS | 4.00 | X | | _ | - | - | - | 0. | 0 | 0. | | 0. |
| VOTING DIRECTOR | 4.00 | x | | | | | | | | 0. | | - |
| (25) J. DAVID KARAM II | 4.00 | ^ | Н | - | - | Н | _ | 0. | | - 0. | | 0. |
| VOTING DIRECTOR | 4.00 | v | | | | | | 0. | , | 0. | | |
| (26) MICHAEL D. MCCOY | 4.00 | | - | | - | | _ | 0. | • | | | 0. |
| VOTING DIRECTOR | 4.00 | x | | | | | ì | 0. | 0 | | | 0. |
| 1b Sub-total | | | | _ | | Н | _ | 0. | 0 | - | | 0. |
| c Total from continuation sheets to Part VII | Section A | | | | | í | | 10,688,636. | 772,284 | - | 867 | 566. |
| d Total (add lines 1b and 1c) | | | | | | | | 10,688,636. | 772,284 | | | 566. |
| 2 Total number of individuals (including but no | t limited to th | ose | liste | d at | oove |) wh | o r | | .000 of reportable | | | |
| compensation from the organization | | | | | | • | | | | | | 766 |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director, or tru | stee | , ke | y em | nplo | yee, | or | highest compensated er | mployee on | 4014 | Lyde | |
| tine 1a? If "Yes," complete Schedule J for su | ch individual | | | | | | | | | 3 | Х | |
| 4 For any individual listed on line 1a, is the sur | n of reportabl | e co | mpe | ensa | tion | and | ot | her compensation from t | the organization | | 22 | 200 |
| and related organizations greater than \$150 | | | | | | | | | | 4 | X | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | | A.E. | in sam | |
| rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors | | | | | | | | 5 | | X | | |
| Complete this table for your five highest con | apanested ind | lono | ndo | -+ | | | | that was also also as a share of | \$400.000 · f | | | |
| the organization. Report compensation for the | ne calendar ve | epe | nde | IL CC | ith c | acto | rs t | the ergenization's tax | \$100,000 of compens | sation | trom | |
| (A) | le caleridar ye | ai c | iluii | ig w | iui c | JI WI | T | (B) | rear. | - 11 | C) | |
| Name and business a | ddress | | | | | | - | Description of se | ervices (| | رد nsatio | n |
| FLINTCO LLC | | | | | | | 7 | 100 | | | | _ |
| 2179 HILLSHIRE CIRCLE, MEMPHIS, TN 38 | | | | | | | k | CONSTRUCTION CONTRA | ACTOR | 37 | ,621, | 274. |
| BELZ CONSTRUCTION SERVICES, 100 PEABOR | Ϋ́ | | | | | | 1 | 3 | | | - | _ |
| PLACE, SUITE 1400, MEMPHIS, TN 38103 | | | | | | | k | CONSTRUCTION CONTRA | ACTOR | 8 | ,869, | 892. |
| UNIVERSITY OF TENNESSEE, 62 SOUTH DUNI | AP, | | | | | | T | 3-37 | | A. V | | |

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2016)

8,402,521.

6,751,458.

SUITE 300, MEMPHIS, TN 38163

METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE., MEMPHIS, TN 38104

MS2214, ANDOVER, MA 01810

PHILIPS HEALTHCARE, 3000 MINUTEMAN RD.

215

2 Total number of independent contractors (including but not limited to those listed above) who received more than

MEDICAL SERVICES

MEDICAL SERVICES

MAINTENANCE SERVICES

Form 990

62-0646012

| Part VII Section A. Officers, Directors, Tr | (B) | T | - | ((| C) | 3. | | (D) | (E) | (F) |
|---|-----------------------|------------|-----------------------|---------|--------------|------------------------------|--------|---|-----------------|---------------|
| Name and title | Average | | | | ition | 1 | | Reportable | Reportable | Estimated |
| | hours | (| hecl | | | | oly) | compensation | compensation | amount of |
| | per | r | Τ | П | Г | T . | Ť | from | from related | other |
| | week | 1. | | | | oyee | | the | organizations | compensation |
| | (list any | director | | | | empl | | organization | (W-2/1099-MISC) | from the |
| | hours for | ordi | 23 | | | ated | | (W-2/1099-MISC) | | organization |
| | related organizations | ustee | Est | | 92 | ubens | | ľ | | and related |
| | below | dual | tiona | | nploy | stcou | | | , | organizations |
| | line) | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ROBERT T. MOLINET, ESQ. | 4.00 | - | - | _ | - | - | _ | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | |
| (28) JAMES NAIFEH, JR. | 4.00 | | | | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | |
| (29) RAMZI NUWAYHID | 4.00 | | | | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | |
| (30) THOMAS PENN, III | 4.00 | | | | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | |
| (31) CAMILLE F. SARROUF, JR., ESQ. | 8.00 | | | | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | 0.550 | | 0. | 0. | |
| (32) JOSEPH C. SHAKER | 4.00 | | | | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | |
| (33) JOSEPH G. SHAKER | 4.00 | | | | | - 5. | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | - 50 |
| (34) GEORGE A. SIMON II | 4.00 | | | \neg | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | |
| (35) MICHAEL SIMON | 4.00 | | | \neg | | | | | | |
| VOTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | |
| (36) PAUL J. SIMON | 4.00 | | П | | | | | 1 | | |
| VOTING DIRECTOR | 4.00 | x | Ш | - 1 | | | | 0. | 0. | |
| (37) TONY THOMAS | 4.00 | | П | \neg | | | | | | |
| VOTING DIRECTOR | 4.00 | х | | | | | | 0. | 0. | |
| (38) RICHARD M. UNES | 4.00 | | | | | | | | | |
| OTING DIRECTOR | 4.00 | х | | | | | | 0. | 0. | (|
| (39) PAUL H. WEIN, ESQ. | 4.00 | | | | П | | \neg | | | |
| OTING DIRECTOR | 4.00 | х | | | | | | 0. | 0. | (|
| (40) THOMAS WERTZ | 4.00 | | П | \neg | \neg | | | | 3941 | |
| OTING DIRECTOR | 4.00 | x | | | | | | 0. | 0. | (|
| (41) TAMA ZAYDON | 4.00 | | | | П | | \neg | | | |
| OTING DIRECTOR | 4.00 | х | | | | | | 0. | 0. | C |
| 42) RICHARD SHADYAC, JR. | 1.00 | | | T | | | | | | |
| EX-OFFICIO DIRECTOR | 55.00 | х | | | | | | 0. | 772,284. | 96,359 |
| 43) JAMES R. DOWNING | 55.00 | | | T | | | T | | | |
| RESIDENT & CEO, EX-OFFICIO DIRECTOR | 1,00 | х | | x | | | | 1,039,955. | 0. | 47,189 |
| 44) PAT KEEL | 55.00 | | | | | | T | | | |
| VP/CFO | 0.00 | | | x | | | | 598,921. | 0. | 30,147 |
| 45) JAMES I. MORGAN | 55,00 | | | T | T | T | | | | |
| VP/SCIENTIFIC DIRECTOR | 0.00 | | | х | | | | 594,267. | 0. | 49,630 |
| 46) ELLIS NEUPELD | 55.00 | | | | | T | T | | | |
| VP/CLINICAL DIR (BEGAN 2/7/17) | 0.00 | | | х | | \perp | | 0. | 0. | |
| | | | | | | | - 1 | | | 7.5 |

Form 990

INC.

62-0646012

| Part VII Section A. Officers, Directors, Ti | rustees, Key I | Emp | love | es, a | and | Hial | nest | Compensated Employ | vees (continued) | |
|---|----------------|-------------------------------|-----------------------|----------|--------------|------------------------------|----------|---|---|-----------------------------|
| (A) | | | | | | | | (F) | | |
| Name and title | Average | | | | | 1 | | Reportable | Reportable | Estimated |
| | hours | (6 | chec | | | | oly) | compensation | compensation | amount of |
| | per | | 1 | Г | Τ | | Т | from | from related | other |
| | week | = | | ı | 1 | loyee | | the | organizations | compensation |
| | (list any | irectr | | l | | emp | | organization | (W-2/1099-MISC) | from the |
| | related | 6 07 0 | ee | | | sated | 1 | (W-2/1099-MISC) | | organization and related |
| | organization | ndividual trustee or director | Institutional trustee | | see | Highest compensated employee | | l. | | organizations |
| | below | idual | ution | 1 2 | Key employee | est co | 22 | | | organizations |
| | line) | Indiv | Instit | Officer | Key | Hgh | Former | 1 | | |
| (47) MARY ANNA QUINN | 55.00 | | Т | | | \vdash | \vdash | | *************************************** | |
| EVP/CHIEF ADMIN OFFICER | 0.00 | | | x | | | | 665,750. | 0. | 71,119 |
| (48) CHARLES M. ROBERTS | 55.00 | | | | | | | | | |
| EVP/DIRECTOR CANCER CENTER | 0.00 | 7 | | x | | | | 750,846. | 0. | 143,369 |
| (49) CARLOS RODRIGUEZ-GALINDO | 55.00 | | | | | | Г | | | |
| EVP/CHAIR | 0.00 | | | x | | | | 757,311. | 0. | 36,096 |
| (50) DAVID ELLISON | 55,00 | _ | Г | | | | Г | | | |
| CHAIR | 0.00 | _ | | | | х | | 869,626. | 0. | 69,223 |
| (51) THOMAS E. MERCHANT | 55.00 | | Г | | | | | | | |
| CHAIR | 0.00 | _ | L | | | Х | | 1,190,070. | 0. | 59,558 |
| (52) CHING-HON PUI | 55.00 | | | | | | | | | 1.0 |
| CHAIR | 0.00 | | | | | х | | 923,008. | 0. | 79,222 |
| (53) LESLIE L. ROBISON | 55.00 | | | | | | | 375 | | |
| CHAIR | 0.00 | - | | | | X | | 879,554. | 0. | 47,130 |
| (54) ELAINE I. TUOMANEN | 55.00 | -1 | | | | | | | | |
| CHAIR | 0.00 | - | _ | | | Х | | 750,272. | 0. | 44,184 |
| (55) MICHAEL C. CANARIOS | 0.00 | -1 | | | | | | 0.0000000000000000000000000000000000000 | | |
| FORMER SVP/CHIEF FINANCIAL OFFICER | 0,00 | - | _ | | | | Х | 466,200. | 0. | 17,363 |
| (56) WILLIAM E. EVANS | 55.00 | | | | | | | es-es-contrata | | |
| FACULTY/FORMER PRES. & CEO | 0.00 | - | \vdash | _ | | | х | 678,640. | 0. | 37,822 |
| (57) LARRY KUN | 55.00 | - | | | | | | | | |
| FORMER EVP/CLINICAL DIRECTOR | 0,00 | - | _ | | \dashv | | Х | 524,216. | 0. | 39,155 |
| | | - | | | | | | | | |
| | | - | Н | | | _ | _ | | | |
| | H | - | | | | | | | | |
| | - | ╀ | \vdash | - | | _ | - | | | |
| | - | - | | | | | | | | |
| | - | \vdash | Н | \dashv | \dashv | - | | | | |
| | - | 1 | | | | | | | 1 | |
| | | - | \vdash | - | \dashv | \dashv | - | | | |
| | | 1 | | | | | | | 1 | |
| | | - | Н | - | \dashv | \dashv | | | | |
| | | 1 | | - 1 | | - 1 | | | 1 | |
| | Ti- | | Н | - | \dashv | \dashv | \dashv | | | - |
| | | 1 | | | | | | | | |
| | | | Н | \dashv | \dashv | 7 | \neg | · · · · · · · · · · · · · · · · · · · | | |
| | | 1 | | | | | | | | |
| | | \vdash | \vdash | \neg | \dashv | \dashv | | | | |
| | T | 1 | | | | | | | | |
| | | _ | _ | _ | | _ | \neg | | | |
| Total to Part VII, Section A, line 1c | | | 00000 | | | 10000 | | 10,688,636. | 772,284. | 867,566 |
| | | | | | | | | | | |

Form 990 (2016) INC. 62-0646012 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Total revenue Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 1b c Fundraising events tc d Related organizations 663,714,692. 1d 79,430,395. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 10,000,593 g Noncash contributions included in lines 1a-1f: \$ 753,145,680 h Total. Add lines 1a-1f **Business Code** 2 a PATIENT CARE Program Service Revenue 621110 124,099,314 124,099,314 f All other program service revenue 124,099,314 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 53,778 53,778. Income from investment of tax-exempt bond proceeds Royalties 4,587,763. 5 4,587,763. (ii) Personal (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) .. 7 a Gross amount from sales of (i) Securities (ii) Other 532,943. 37,915. assets other than inventory b Less: cost or other basis and sales expenses 455,214. 1,338,706. 77,729, -1,300,791, c Gain or (loss) -1,223,062 -1,300,791 77,729. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a BOND DEFEASANCE GAIN 900099 8,152,422 8,152,422. b CAFETERIA/VENDING 722514 4,086,280 4,086,280. c CHGME/CHCA 900099 2,058,124. 2,058,124. 900099 5,841,635 5,841,635

632009 11-11-16

e Total. Add lines 11a-11d

Total revenue. See instructions.

20,138,461,

900,801,934.

130,698,282

Form 990 (2016) INC. 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).

| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | se or note to any line in t (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|----|---|--|------------------------------------|--|--|
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 4,956,619. | 4,956,619. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | | -,,, | 1000 | |
| 3 | Grants and other assistance to foreign | | | 746 | Mary a grade victory com- |
| 3 | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | and the second |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | 5 045 005 | | | |
| _ | trustees, and key employees | 5,847,287. | 2,862,030. | 2,985,257. | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 1,007,480. | 788,139. | 219,341. | |
| 7 | Other salaries and wages | 355,728,362. | 329,928,888. | 25,799,474. | |
| 8 | Pension plan accruals and contributions (include | CANCEL CONTRACT CONTRACT | Care avenue curves | Se streament harries | |
| | section 401(k) and 403(b) employer contributions) | 22,068,722. | 20,468,171. | 1,600,551. | |
| 9 | Other employee benefits | 52,835,044. | 49,003,142. | 3,831,902. | |
| 10 | Payroll taxes | 24,518,130. | 22,739,934. | 1,778,196. | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | 22,053,885. | 20,952,761. | 1,101,124. | |
| b | Legal | 2,306,008. | 2,190,872. | 115,136. | |
| | Accounting | 249,522. | 237,064. | 12,458. | |
| d | Lobbying | 44,215. | | 44,215. | |
| е | Lobbying Professional fundraising services. See Part IV, line 17 | | TE LEGISLO | | |
| f | Investment management fees | | | CONTRACTOR AND | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch Q.) | 78,481,617. | 69,646,578. | 8,835,039. | |
| 2 | Advertising and promotion | 806,218. | 765,965. | 40,253. | |
| 3 | Office expenses | 2,535,016. | 2,492,051. | 42,965. | |
| 14 | Information technology | 21,817,392. | 20,728,076. | 1,089,316. | |
| 15 | | 22,023,000 | 20,120,0100 | 2,000,020. | the transfer of the same of th |
| 16 | Royalties | 30,352,986. | 27,126,463. | 3,226,523. | |
| 7 | Occupancy | 11,294,999. | 10,723,676. | 571,323. | |
| 8 | Payments of travel or entertainment expenses | 22,252,555. | 10,725,070. | 371,323. | |
| 0 | | | | | |
| 9 | for any federal, state, or local public officials Conferences, conventions, and meetings | 1,876,999. | 1,456,156. | 420,843. | |
| | - Marie Language and Commercial and the commercial | 1,070,333. | 1,430,130. | 420,043. | |
| 20 | Interest | | | | 7.575.5355 |
| 11 | Payments to affiliates | 77 010 002 | 74 027 720 | 2 772 245 | |
| 2 | Depreciation, depletion, and amortization | 77,810,083. | 74,037,738. | 3,772,345. | |
| 3 | Insurance Other eveness Marries eveness not evened | 1,576,077. | 1,163,902. | 412,175. | |
| .4 | 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.) | | | | |
| а | PHARMACEUTICAL SUPPLIES | 56,705,552. | 55,744,479. | 961,073. | |
| b | LABORATORY SUPPLIES | 40,496,773. | 39,810,415. | 686,358. | |
| c | TELEPHONE | 1,399,353. | 1,213,498. | 185,855. | |
| d | ALLOCATION ADJUSTMENTS | 0. | 17,568,038. | -17,568,038. | |
| е | All other expenses | 40,253,505. | 35,451,754. | 4,801,751. | |
| 5 | Total functional expenses. Add lines 1 through 24e | 857,021,844. | 812,056,409. | 44,965,435. | 0 |
| 6 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here If following SOP 98-2 (ASC 958-720) | | | | |

| _ | | Check if Schedule O contains a response or no | te to an | y line in this Part X | | | |
|-----------------------------|-----|--|----------------------|--|--|--------|--|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 26,610 | | 21,110 |
| | 2 | Savings and temporary cash investments | | | 207,132,006 | 2 | |
| | 3 | Pledges and grants receivable, net | | | 18,181,367. | 3 | 20,889,800 |
| | 4 | Accounts receivable, net | | | 21,496,532. | 4 | 19,183,301 |
| | 5 | Loans and other receivables from current and for | ormer o | fficers, directors, | | 1 | d wallet in the co |
| | | trustees, key employees, and highest compens Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqual | fied per | sons (as defined under | a har awayayayay | 75-04 | Sale without on so |
| | | section 4958(f)(1)), persons described in section | 4958(| c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of sec | tion 501 | (c)(9) voluntary | | 341/54 | |
| ts | | employees' beneficiary organizations (see instr). | | | A. A | 6 | Andrewski stabilist nad part of the stability of |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ď | 8 | Inventories for sale or use | | | 7,178,927. | 8 | 7,505,346 |
| | 9 | Prepaid expenses and deferred charges | ••••• | | 10,966,158. | 9 | 16,177,850 |
| | 10a | Land, buildings, and equipment: cost or other | 1 1 | | O BOS HELD THE WORKS | Wh. | PRANCES AND ESTATE |
| 8 | | basis. Complete Part VI of Schedule D | 10a | 1,448,743,860. | | | Marie Comment |
| | ь | Less: accumulated depreciation | | 809,864,922. | 599,678,476. | 10c | 638,878,938 |
| | 11 | Investments - publicly traded securities | | | 1,822,937. | 11 | 2,045,240 |
| | 12 | Investments - other securities. See Part IV, line 1 | I 1 | | | 12 | -,, |
| 2 | 13 | Investments - program-related. See Part IV, line | 11 | | | 13 | 100000000000000000000000000000000000000 |
| | 14 | Intangible assets | | | | 14 | - |
| | 15 | Other assets. See Part IV, line 11 | | | 3,425,864,572. | 15 | 4,082,933,949 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | al line 3 | 4) | 4,292,347,585. | 16 | 4,787,635,534. |
| | 17 | Accounts payable and accrued expenses | | ., | 109,714,635. | 17 | 113,161,164 |
| 4 | 18 | Grants payable | | | | 18 | ,, |
| | 19 | Deferred revenue | | | 10,792,331. | 19 | 11,299,828. |
| | 20 | Tax-exempt bond liabilities | | | 211,247,710. | 20 | 22,200,020, |
| | 21 | Escrow or custodial account liability. Complete F | Part IV | of Schedule D | ,, | 21 | |
| , | | Loans and other payables to current and former | | | State Win College Heldelde | 1675AC | AND SEED OF SEED OF SEED OF SEED OF |
| Liabilities | 225 | key employees, highest compensated employee | | | | | |
| | | Complete Part II of Schedule L | o _i and t | aisquaimed persons. | | 22 | |
| ا دّ | 23 | Secured mortgages and notes payable to unrela | tod thir | d nartice | | 23 | |
| | | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | | Other liabilities (including federal income tax, pay | | | | 24 | |
| - 1 | | parties, and other liabilities not included on lines | | | | | |
| | | Cabadala D | | | 2,675,982. | OE. | 3,257,366. |
| | | Total liabilities. Add lines 17 through 25 | | | 334,430,658. | | 127,718,358. |
| \neg | | Organizations that follow SFAS 117 (ASC 958) | | | e vicetate númica eticom | 20 | E-Cramario George and the |
| , | | complete lines 27 through 29, and lines 33 and | | here X and | | | |
| 2 | | Unrestricted net assets | | | 3,019,955,372. | 27 | 3,620,941,222. |
| ala | 28 | Temporarily restricted net assets | | | 64,904,956. | 28 | 73,722,532. |
| | | D | | - | 873,056,599. | 29 | 965,253,422. |
| 5 | | Organizations that do not follow SFAS 117 (AS | | | referenciation. | 25 | Bally Der Redelmon (Die neu- |
| 5 | | and complete lines 30 through 34. | 000, | , oneok nere | | | |
| wer Assets of Fund balances | | Capital stock or trust principal, or current funds | | "MSX42" | 30 | | |
| 200 | 31 | Paid-in or capital surplus, or land, building, or equ | uipment | fund | | 31 | |
| : | 32 | Retained earnings, endowment, accumulated inc | come o | r other funds | | 32 | - 12 - 2 |
| | | g , | 311.0, 0 | | | _ | |
| : | 33 | Total net assets or fund balances | | CA CO DISCONDE DA PORTO DE COMPRESA DE COM | 3,957,916,927. | 33 | 4,659,917,176. |

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ST JUDE CHILDREN'S RESEARCH HOSPITAN

| | | | DE CHIDDRE | M 5 1 | RESEARCH HOSPITAL, | | | | Employe | identification number |
|-----|-------|---|----------------------------|---------|--|---------------------------------|---------------|---|---------------|--|
| Ba | -4.1 | INC. | Ob!t Ob | | | | | | 6 | 2-0646012 |
| - | rt I | Reason for Public | | | | | | | s. | |
| | organ | ization is not a private found | | | | | | | | |
| 1 | | A church, convention of ch | | | | | 35 55 | 1)(A)(i). | | |
| 2 | 227 | A school described in sect | | | | | | | | |
| 3 | x | A hospital or a cooperative | | | | | | | | |
| 4 | | A medical research organiz | ration operated | d in co | onjunction with a hospita | l describe | d in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| _ | | city, and state: | or the benefit | | allogo or university over | d == ===== | And but a m | | | - 41- |
| 5 | | An organization operated for section 170(b)(1)(A)(iv). (0 | | | ollege or university owner | a or opera | ted by a g | overnmentar | unit descrit | ped in |
| 6 | | A federal, state, or local go | | - · | mental unit described in | section 1 | 70/h\/1\/A\ | (v) | | |
| 7 | | An organization that norma | | | | | | | he general | nublic described in |
| • | | section 170(b)(1)(A)(vi). (C | S 1 | | andar part of its support | ioni a gov | chinenta | unit or none | ne general | public described in |
| 8 | | A community trust describe | ed in section | 170(b) | (1)(A)(vi). (Complete Par | t II.) | | | | 97 |
| 9 | | An agricultural research org | | | | | ed in conju | inction with a | land-grant | college |
| | | or university or a non-land- | | | | | | | _ | |
| | | university: | | | | | | *************************************** | | |
| 10 | | An organization that norma | Illy receives: (1 |) more | e than 33 1/3% of its sup | port from | contributi | ons, members | ship fees, a | and gross receipts from |
| | | activities related to its exer | npt functions | subje | ect to certain exceptions, | and (2) no | more tha | n 33 1/3% of | its suppor | t from gross investment |
| | | income and unrelated busin | | | (less section 511 tax) from | om busine | sses acqu | ired by the or | ganization | after June 30, 1975. |
| | | See section 509(a)(2). (Co | | | | | | | | |
| 11 | | An organization organized | | | | are and librarious | | | | |
| 12 | | An organization organized | competition that consumate | | BURNESS OF A CONTROL OF THE PROPERTY OF THE PR | - And the state of the state of | | | | |
| | | more publicly supported or | | | | | | | | check the box in |
| - 2 | | lines 12a through 12d that | | | | | | | | |
| а | | Type I. A supporting orga | | | | | | | | |
| | | the supported organization | 5.51 15 14 | | 876 - 1.50 - 3.5 | majority | or the dire | ctors or truste | es of the s | supporting |
| b | | organization. You must on Type II. A supporting org | | | | tion with it | e cunnort | ad arganizatio | n/e) by be | wing |
| ь | | control or management of | | | | | | | | - |
| | | organization(s). You mus | | _ | | arie perse | nis triat of | muoi oi mane | ige the sup | ported |
| С | | Type III functionally inte | | | | in connec | tion with. | and functiona | lly integrate | ed with. |
| - | | its supported organizatio | | | | | | | ny magama | |
| d | | Type III non-functionally | | | | | | | rted organi | zation(s) |
| | | that is not functionally int | D | | | | | | | |
| | | requirement (see instruct | 7.0 | | | | | 5 | | |
| е | | Check this box if the orga | anization recei | ved a | written determination fro | m the IRS | that it is a | Type I, Type | II, Type III | |
| | | functionally integrated, or | r Type III non-f | unctio | onally integrated supporti | ing organia | zation. | | | |
| f | Ente | r the number of supported of | organizations | | | | | | | |
| g | | ide the following information | | pporte | ed organization(s). | fud is the eres | nimion listed | | | |
| | U |) Name of supported organization | (ii) EiN | | (iii) Type of organization (described on lines 1-10 | in your governi | ng document? | (v) Amount of support (see in | monetary | (vi) Amount of other support (see instructions) |
| | | Organization . | | 9 | above (see instructions)) | Yes | No | aupport (acc ii | istructions) | Support (see tristructions) |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | - | | · |
| | 10.00 | | | | | 10000 | | - | | |
| | | | | | | | | | | |

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

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.)

| Se | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------------------------|--|---------------------|---------------------|-----------------|
| Cal | endar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | 1-7 | (=/2010 | (0) 2010 | (i) rotai |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 581,788,213. | 611,432,510. | 674,808,276. | 895,523,715. | 753,145,680. | 3516698394. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | 1 | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 581,788,213. | 611,432,510. | 674,808,276. | 895,523,715. | 753,145,680. | 3516698394. |
| | The portion of total contributions | 12416 | e de de | See See | TATA SEE 14 | TENER TO SERVE | |
| | by each person (other than a | | | 1 - 1000 2 - 1000 | | | |
| | governmental unit or publicly | | . 10 1 12. | | 2000 | | |
| | supported organization) included | | 7 | | | | |
| | on line 1 that exceeds 2% of the | | | | 200 | 144 | |
| | amount shown on line 11, | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 5. | |
| | column (f) | | | 4 34 11 | | | |
| 6 | Public support. Subtract line 5 from line 4. | | 5 6 7 4 4 4 | | | | 3516698394. |
| Se | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 581,788,213. | 611,432,510. | 674,808,276. | 895,523,715. | 753,145,680. | 3516698394. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | |), | | | 1 | |
| | and income from similar sources | 3,291,661. | 24,413,935. | 7,579,828. | 11,681,881. | 4,641,541. | 51,608,846. |
| 9 | Net income from unrelated business | | - Ne Ne | | | | |
| | activities, whether or not the | | | 9 | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 7,012,056. | 8,697,307. | 7,390,478. | 6,775,862. | 20,138,461. | 50,014,164. |
| 11 | Total support. Add lines 7 through 10 | illegic (wash | THE STATE | And the control of th | | 1943年3世纪中国代 | 3618321404. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 545,582,792. |
| 13 | First five years. If the Form 990 is for | the organization's | | | | n 501(c)(3) | |
| | organization, check this box and stor | here | | | | | |
| | tion C. Computation of Publ | | | | | | |
| | Public support percentage for 2016 (| | | | | 14 | 97.19 % |
| 15 | Public support percentage from 2015 | Schedule A, Part | II, line 14 | | | 15 | 97.51 % |
| 16a | 33 1/3% support test - 2016. If the c | | | | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | × |
| b | 33 1/3% support test - 2015. If the c | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | ts-and-circumstan | ces" test, check th | is box and stop h | ere. Explain in Par | t VI how the organi | zation |
| | meets the "facts-and-circumstances" | test. The organiza | tion qualifies as a | publicly supported | organization | | |
| b | 10% -facts-and-circumstances tes | | | | | | 0% or |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | cumstances" test. | The organization of | jualifies as a public | cly supported orga | nization | |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 17a, or 17b | , check this box a | nd see instructions | <u> </u> |
| | | | | | Sche | dule A (Form 990 | or 990-EZ) 2016 |

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

| Se | ction A. Public Support | Jelew, piedec | oompiete Furt II.) | | | | **** |
|------|---|------------------|--------------------------|------------------------|---------------------|--|-----------|
| Cale | endar year (or fiscal year beginning in) | (a) 2012 | 2 (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | 1 3-7 | 10/2010 | (1) 10001 |
| | membership fees received. (Do not | | | | | 1 | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| | merchandise sold or services per- | I | 1 | | | 1 | i e |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | 1 | | | | |
| 3 | Gross receipts from activities that | | | | | | |
| ٠ | are not an unrelated trade or bus- | | | | | | |
| | inose under section 512 | | | 1 | ľ | | |
| | iness under section 513 | - | | | | | |
| 4 | Tax revenues levied for the organ- | | | | Ē | | |
| | ization's benefit and either paid to | | 1 | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | 1 1 | 1 | | 1 | | |
| | furnished by a governmental unit to | | | | 1 | | |
| | the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | T . | | |
| | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | antiques a turns | C 18 34 W | eggandet allebere | i nimmingakingg | contractor a society. | |
| | ction B. Total Support | | | | 300 100 300 300 | 1 10 1 10 1 10 1 | |
| | ndar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| | Amounts from line 6 | (8/2012 | (6) 2010 | 10/2014 | (4)2010 | (0)2010 | (i) rotar |
| | Gross income from interest. | | | | 1 | - | |
| 100 | dividends, payments received on | | | | | 1 | |
| | securities loans, rents, royalties | 1 | | | | | |
| | and income from similar sources | | | | · | | |
| ь | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | - | | | |
| ۰,۰ | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b. | | | 1 | | | |
| | whether or not the business is | | | | | | |
| 0220 | regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | la constant | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organiza | ation's first, second, t | hird, fourth, or fifth | tax year as a secti | on 501(c)(3) organiz | zation, |
| | check this box and stop here | <u> </u> | | | | | |
| Sec | ction C. Computation of Publ | ic Suppor | t Percentage | | | | |
| 15 | Public support percentage for 2016 (| line 8, column | n (f) divided by line 13 | 3, column (f)) | | 15 | % |
| | Public support percentage from 2015 | | | | | 16 | % |
| | tion D. Computation of Inve | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| | 33 1/3% support tests - 2016. If the | | | | | | |
| | more than 33 1/3%, check this box a | | | | | | |
| h | 33 1/3% support tests - 2015. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organization | | | | | | |
| | 3 09-21-16 | ,, ala notione | on a box off life 14, | roa, or rab, check | | redule A (Form 990 | |

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 | Organi | ization | S |
|---------|--------|------------|--------|---------|---|
|---------|--------|------------|--------|---------|---|

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

| | Yes | No |
|-----------|------------------|--|
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| | 40410 | 15-11 |
| 10a | | |

| | Supporting Organizations (continued) | | 11 | |
|--------|--|----------------|--------------------|-------------------|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 100 | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 7. 25 A | Con ! | |
| | below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in (a) above? | 11b | | |
| - 0 | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| _ | Did to the second of the secon | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | 4200 | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | 3.5 | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | 150 | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | 11.1 |
| _ | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | 1.7 | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | W | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | 1.144.3 | | |
| 500 | supervised, or controlled the supporting organization. | 2 | 0.62 | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | West and the state of the state | 100 | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | 1.5.2 | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | 14.1.25. | استعدا | لنقات |
| 500 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| Sec | don b. All Type in Supporting Organizations | | | |
| 1 | Did the organization provide to each of its supported experimetions, but he last day of the fifth month of the | To with income | Yes | No |
| | 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 | | A DES | 3.73 |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | 420 | TABLES |
| 2 | organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | 1 | 1.00 | 2000-1 |
| - | | 100 | Capital Section | 建 |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | LAK. | #34E.J. | 164 |
| 3 | By reason of the relationship described in (2), did the organization's supported organization have a | 2 | AF OF | 10.00 |
| • | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | 10 mm (C) | 1.5 | |
| | supported organizations played in this regard. | | loan years | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions). | | | |
| а | The organization satisfied the Activities Test, Complete Ilne 2 below. | | | |
| b | The organization is the parent of each of its supported organizations, Complete line 3 below. | | | |
| c | The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see inst | ructions | i. | |
| 2 | Activities Test, Answer (a) and (b) below. | ĺ | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | 10.751 | | material to |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify | | | . * 1400 19100 |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | المراجعة المستدد | silvat made 17% |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | C - 400 | 7. J. i. | 4144 |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | | | |
| | activities but for the organization's involvement. | 2b | and the | minimizer D |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | (4/40) | 特色 | (AP.10) |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | - | |
| | trustees of each of the supported organizations? Provide details in Part VI. | 3a | man m. Parish | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | on John | Jaky. | 11-12-3 |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | 7 11/4/27 11/1 | |
| 332025 | 09-21-16 Schodulo A /Form C | 00 00 | 0 57 | 0040 |

Schedule A (Form 990 or 990-EZ) 2016 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

| (A) Prior Year | (B) Current Year (optional) |
|--|--|
| | (optional) |
| | |
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| responsibility of the second | Tribligh . |
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| | Current Year |
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| PERSONAL PROPERTY. | |
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| | ng parting to |

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

Schedule A (Form 990 or 990-EZ) 2016

| Sch | edule A (Form 990 or 990 EZ) 2016 INC. Type III Non-Functionally Integrated 50 | 9(a)(3) Supporting Org | janizations (continued) | 2-0646012 Page 7 |
|------|---|---|--|--|
| Sec | tion D - Distributions | | Continued | Current Year |
| 1 | Amounts paid to supported organizations to accomplish ex | xempt purposes | | Our ent rear |
| 2 | Amounts paid to perform activity that directly furthers exer | | | |
| | organizations, in excess of income from activity | 1 | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | ses of supported organization | ns | |
| 4 | Amounts paid to acquire exempt-use assets | The state of garneau | 110 | |
| 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 | Α | |
| | (provide details in Part VI). See instructions | and organization to respond | | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| _1 | Distributable amount for 2016 from Section C, line 6 | Ma. An Mil | record Programments | |
| 2 | Underdistributions, if any, for years prior to 2016 (reason- | | | |
| | able cause required- explain in Part VI). See instructions | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | Taga alam no no | Self-contraction services |
| а | | | | Telegraphic and sections |
| b | | | . 9 . | Managaga Managaga |
| c | From 2013 | | | No. Towns (North |
| d | From 2014 | | | 76,32,937,732 |
| | From 2015 | | | 14,73 |
| | Total of lines 3a through e | | | |
| - | Applied to underdistributions of prior years | | | |
| | Applied to 2016 distributable amount | | tia that share? | |
| 1 | | 1.0 | | "Selection and the month |
| Ť | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | A MANAGEMENT OF THE PARTY OF TH |
| 4 | Distributions for 2016 from Section D. | reacing and the | | 2,000 (1,74,00.) |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | 198 | | 1882 |
| - | Applied to 2016 distributable amount | | | |
| | Remainder. Subtract lines 4a and 4b from 4 | 100000000000000000000000000000000000000 | William St. | North Charles Sai |
| 5 | Remaining underdistributions for years prior to 2016, if | AND THE WATER | | Pagararananan 1 |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions | - 251 24 | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | Faithman Albert Cathair | 7-12/2-13 |
| · 5 | and 4b from line 1. For result greater than zero, explain in | 7. 7. % | 22.2 | |
| | Part VI. See instructions | | 14.000° | |
| 7 | Excess distributions carryover to 2017. Add lines 3j | - LONGING CO. | | *************************************** |
| V. | and 4c | | 1 198) 1 1 | |
| 8 | Breakdown of line 7: | | | |
| | Process Approximate the second | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | 3 | | |
| | Excess from 2016 | | | |
| | - I Jill Ed I J | | | |

632028 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

632028 09-21-16

Schedule A (Form 990 or 990-EZ) 2016

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

| Name o | of the organization | | | | | Employer identification number |
|----------|---------------------------|--------|------------------|----------------|---|---|
| | ST. | | R CHILDI | REN'S | RESEARCH HOSPITAL, | |
| Organia | zation type (check or | | | | | 62-0646012 |
| Oi gainz | adon type (check of | iiej. | | | | |
| Filers o | f: | Sect | tion: | | | |
| | | | | | | |
| Form 99 | 00 or 990-EZ | X | 501(c)(| 3) (er | ter number) organization | |
| | | | 4947(a)(| 1) none | yempt charitable trust not treated as a private foundation | |
| | | | 4341 (a)(| i) Hone, | rempt chantable trust not treated as a private roundation | |
| | | | 527 polit | tical org | ļ anization | |
| | | | | | | |
| Form 99 | 00-PF | | 501(c)(3) | exemp | t private foundation | |
| | | | 4947(a)(| 1) none | | |
| | | | | ., | | |
| | | | 501(c)(3) | taxable | private foundation | |
| | | | | | | |
| Check if | vour organization is | COVE | red by the | Gener | al Rule or a Special Rule. | |
| | 2 E | | 7 | | on can check boxes for both the General Rule and a Special Ru | ile. See instructions. |
| | | | | 5) } | | |
| General | Rule | | | | | |
| | For an organization | filing | Form 990 | 990.F7 | ; or 990-PF that received, during the year, contributions totaling | \$5,000 or more (in money or |
| | 일보다 가지 않았다. 그래 집에 바이를 받았다 | | | | ete Parts I and II. See instructions for determining a contributor | [1] [1] - [2] - [|
| | | | | • | | |
| Special | Rules | | | | | |
| x | For an everalization | daaa | ulla a al la a a | ation F | 01/o/(2) filling Form 000 or 000 F7 that most the 22 1/20/ | toot of the regulations under |
| ^ | | | | | 01(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, | |
| | | | | | contributions of the greater of (1) \$5,000 or (2) 2% of the amour | |
| | or (ii) Form 990-EZ, | | | | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | |
| | | | | | | |
| | | | | | 01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from 00 exclusively for religious, charitable, scientific, literary, or educ | |
| | | | | | nals. Complete Parts I, II, and III. | ational purposes, or for |
| | | | | | ESTONE TERROR E # STORY CONTRACTOR STORY STORY CONTRACTOR CONTRACTOR | |
| | | | | | 01(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from | |
| | | | | | charitable, etc., purposes, but no such contributions totaled m | |
| | | | | | ns that were received during the year for an exclusively religious nless the General Rule applies to this organization because it | |
| | | | | | aling \$5,000 or more during the year | |
| | | | | | | |
| | | | | Contraction of | General Rule and/or the Special Rules doesn't file Schedule B (F | |
| | | | | | m 990; or check the box on line H of its Form 990-EZ or on its Fo Schedule B (Form 990, 990-EZ, or 990-PF). | orm 950-PF, Part I, line 2, to |
| | | | o rodanon | | Total of the control | g_70000 |
| LHA Fo | r Paperwork Redu | ction | Act Notic | e, see t | he Instructions for Form 990, 990-EZ, or 990-PF. Schedule E | 3 (Form 990, 990-EZ, or 990-PF) (2016) |

623451 10-18-16

ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. 62-0646012 Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. 1 ("ALSAC") X Person Payroll 501 ST. JUDE PLACE Noncash 663,714,962. (Complete Part II for MEMPHIS, TN 38105 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

623452 10-18-16

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047 16 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

| If th | ne organization answered "Yes," on l s) (see separate instructions), then | Form 990, Part IV, line 5 (Pro | xy Tax) (see separate | instructions) or Form 990- | EZ, Part V, line 35c (Pro | ку |
|-------|---|-----------------------------------|-------------------------|---|--|----|
| • | Section 501(c)(4), (5), or (6) organization | ons: Complete Part III | | | | |
| | | LDREN'S RESEARCH HOSPI | TAL | Empl | oyer identification numb | er |
| | INC. | | , | | 62-0646012 | ٠. |
| Б | | nization is exempt und | or section 501/o | or is a section E27 o | vanization | _ |
| 1.50 | omplete if the orga | ilization is exempt unc | er section sorte | or is a section 527 0 | rganization. | |
| 2 | Provide a description of the organizar Political campaign activity expenditure Volunteer hours for political campaign | res | | ▶ \$ | | _ |
| Pa | art I-B Complete if the orga | nization is exempt und | er section 501(c) | 1(3) | | _ |
| 1 | Enter the amount of any excise tax in | curred by the organization und | der section 4955 | <u>/(U).</u> | | _ |
| | Enter the amount of any excise tax in | curred by the organization und | ors under section 4955 | | | - |
| ~ | Enter the amount of any excise tax in | curred by organization manag | ers under section 495 | 5 | | _ |
| | If the organization incurred a section | | | | | lo |
| 48 | Was a correction made? | | | | Yes N | lo |
| t | If "Yes," describe in Part IV. | | | | 1/61 | |
| Pa | art I-C Complete if the orga | ınızatıon is exempt und | er section 501(c | , except section 501(| c)(3). | |
| 1 | Enter the amount directly expended it | by the filing organization for se | ction 527 exempt fund | ction activities > \$ | | |
| 2 | Enter the amount of the filing organization | ation's funds contributed to ot | her organizations for s | section 527 | | |
| | exempt function activities | | | ▶\$ | | |
| 3 | Total exempt function expenditures. | | | | | _ |
| | line 17b | | | | | |
| 1 | Did the filing organization file Form 1 | 120 BOL for this year? | | | Yes N | lo |
| - | Did the ming organization me Form 1 | 120-FOL for trils year? | | | res N | 0 |
| 5 | Enter the names, addresses and emp | | | | | |
| | made payments. For each organization | | | | | |
| | contributions received that were pron | 37 (37) Al S | 15 | | te segregated fund or a | |
| _ | political action committee (PAC). If ac | ditional space is needed, prov | ride information in Par | t IV. | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0 | (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization. If none, enter -0 | nd |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | _ |
| For | Paperwork Reduction Act Notice, se | ee the Instructions for Form 9 | 990 or 990-EZ. | Schedule C | (Form 990 or 990-EZ) 20 | 16 |

LHA

632041 11-10-16

| Schedule C (Form 990 o | r 990-EZ) 2016 II ete if the orga | NC. | | mpt under section | .5 | 62-064 iled Form 5768 (e | 6012 Page 2 |
|--|--|---------------------------|--|---|--|----------------------------------|-----------------------------|
| A Check ► if the exp | n 501(h)). The filing organization organization of the filing organization of the filing organization of the filing organization of the filing of the filing organization of the filing of the filin | on belong | gs to an aff | filiated group (and list i | n Part IV each affiliate | d group member's nam | |
| | Limits | on Lobi | ying Expe | | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying exp b Total lobbying exp c Total lobbying exp | enditures to influe | nce a leg | gislative bo | (grass roots lobbying) dy (direct lobbying) | | | |
| d Other exempt purp e Total exempt purp f Lobbying nontaxal | oose expenditures ose expenditures ole amount. Enter | (add line the amo | s 1c and 1 | d) e following table in bo | | | |
| Not over \$500,000 Over \$500,000 but | | | 20% of | the amount on line 1e | | | |
| Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the Over \$17,000,000 \$1,000,000. | | | | | cess over \$1,000,000. | | |
| | om line 1a, If zero o m line 1c, If zero o | or less, e or less, er | nter -0 | line 1i, did the organiz | | | |
| reporting section 4 | 911 tax for this ye | ear? | 4-Year Ave | eraging Period Under | section 501(h) | | Yes No |
| , | organizations tha | | The state of the s | [HE 12 5] [HE 12 HE | have to complete all nes 2a through 2f.) | of the five columns be | elow. |
| ,,,,,,,, | organizations tha | See | the separ | 01(h) election do not ate instructions for li nditures During 4-Yea | nes 2a through 2f.) | of the five columns be | elow. |
| Calendar ye (or fiscal year begi | ar | See | the separ | ate instructions for li | nes 2a through 2f.) | (d) 2016 | (e) Total |
| Calendar ye (or fiscal year beging the control of t | ar nning in) ole amount | See | the separa ying Exper | ate instructions for li | nes 2a through 2f.) ar Averaging Period | | |
| Calendar ye (or fiscal year begi | ar nning in) ble amount nount | See | the separa ying Exper | ate instructions for li | nes 2a through 2f.) ar Averaging Period | | |
| Calendar ye (or fiscal year beging) 2a Lobbying nontaxab b Lobbying ceiling an (150% of line 2a, compared to the compared to | ar nning in) ple amount nount plumn(e)) | See | the separa ying Exper | ate instructions for li | nes 2a through 2f.) ar Averaging Period | | |
| Calendar ye {or fiscal year beging 2a Lobbying nontaxab b Lobbying ceiling an (150% of line 2a, co | ar nning in) ple amount nount plumn(e)) enditures able amount | See | the separa ying Exper | ate instructions for li | nes 2a through 2f.) ar Averaging Period | | |
| Calendar ye (or fiscal year beging and the company of the cale of | ar nning in) ple amount nount plumn(e)) enditures able amount amount olumn (e)) | See Lobb | the separa ying Exper | ate Instructions for III | nes 2a through 2f.) ar Averaging Period (c) 2015 | (d) 2016 | |

Schedule C (Form 990 or 990-EZ) 2016 INC. | Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | each "Yes," response on lines 1a through 1i bel | ow, provide in Part IV a detailed description | (| a) | (| b) |
|-------|--|--|-------------------|---------------------|-------------------|--------------------|
| or tr | e lobbying activity. | | Yes | No | Am | ount |
| 1 | During the year, did the filing organization att | empt to influence foreign, national, state or | 10.40 | 1000 | t Afair a William | |
| | local legislation, including any attempt to influ | ience public opinion on a legislative matter | | | | |
| | or referendum, through the use of: | • | 100 | | | |
| а | Volunteers? | | X | in through the char | | |
| b | Paid staff or management (include compensa | tion in expenses reported on lines 1c through 1i)? | х | | 100 | |
| c | | | | х | | |
| d | Mailings to members, legislators, or the public | 27 | - | x | _ | |
| е | Publications, or published or broadcast state | ments? | | х | - | |
| f | Grants to other organizations for lobbying pur | rposes? | | х | 10 | - 1 |
| | Direct contact with legislators, their staffs, go | vernment officials, or a legislative body? | x | | | 19,189. |
| | | ns, speeches, lectures, or any similar means? | | х | | 25,205. |
| ï | | | x | | - | 25,026. |
| i | *************************************** | | USA/S19-151 | ACHORIGIES | | 44,215. |
| 22 | Did the activities in line 1 cause the organizat | ion to be not described in section 501(c)(3)? | recognition, time | X | refulacione da | CHARLE CH |
| | | under section 4912 | The Brahamata | N Salat Salat | Art Carlotte | A THYOU IS NOT |
| | | | | | | * |
| | | by organization managers under section 4912 | 2000 | America X-10. | 10/30 CAS | (in Section 1) |
| Par | till-A Complete if the organization | 12 tax, did it file Form 4720 for this year?n is exempt under section 501(c)(4), secti | on 501/o | (5) or so | | tario a franco ins |
| ı cı | 501(c)(6). | ir is exempt under section 30 (c)(4), secti | 011 30 1(0) | (0), 01 50 | CHOIL | |
| | 001(0)(0): | | | | Yes | No |
| | W | | | | 165 | NO |
| 1 | | eived nondeductible by members? | | | | |
| 2 | 사용하다 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | ving expenditures of \$2,000 or less? | | | | |
| 3 | | ing and political campaign activity expenditures from t | | | -41 | |
| Pai | | n is exempt under section 501(c)(4), secti | | | | 0 !- |
| | | TH Part III-A, lines 1 and 2, are answered | "No," O | K (b) Par | t III-A, III | ne 3, is |
| | answered "Yes." | | | | | |
| 1 | | members | | 1 | | |
| 2 | | olitical expenditures (do not include amounts of politi | cal | | | |
| | expenses for which the section 527(f) tax w | 200 C 1 - ■ 1 C C (0.0 € 1 C C C C C C C C C C C C C C C C C C | | 1 | | |
| | | | | | | |
| b | | | | | | |
| C | Total | | | 2c | | |
| 3 | Aggregate amount reported in section 6033(e |)(1)(A) notices of nondeductible section 162(e) dues | | | | |
| 4 | 1 | c exceeds the amount on line 3, what portion of the exc | | | | |
| | | e reasonable estimate of nondeductible lobbying and p | | 2.15 | | |
| | expenditure next year? | | | 4 | | |
| 5 | Taxable amount of lobbying and political expe | enditures (see instructions) | | 5 | | |
| _ | Supplemental Information | | | - 100 | | |
| | | Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group | list); Part II | -A, lines 1 | and 2 (see | |
| instr | ctions); and Part II-B, line 1. Also, complete thi | s part for any additional information. | | | | |
| PART | II-B, LINE 1, LOBBYING ACTIVITIES | | | | | |
| | | | | | | |
| LINE | 1A) A ST. JUDE PATIENT/FAMILY TRAV | VELED TO DC ON BEHALF OF ST. JUDE | | | | |
| | \ | | | | | |
| TO A | DVOCATE WITH CONGRESS FOR INCREASE | NIH FUNDING; LINE 1B) ST. JUDE | | | | |
| | | | | | | |
| EMPI | OYS A DIRECTOR OF GOVERNMENT AFFAIR | RS; LINE 1G) AMOUNT LISTED IS | | | | |
| | | CALLED THE CONTRACT OF THE CALLED | | 71 | | |
| PROF | ATED SALARY OF DIRECTOR OF GOVERNME | ENT AFFAIRS PLUS TRAVEL EXPENSES; | | | | |
| | | | | | | |
| LINE | 11) AMOUNT LISTED IS RELATED TO PR | ORATED RETAINER FEES FOR DIRECT | | | | |
| | | | Schedu | le C (Form | 990 or 990 | D-EZ) 2016 |
| 33204 | 11-10-16 | | | | | |

Schedule C (Form 990 or 990-EZ) 2016 632044 11-10-16 31

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

632051 08-29-16

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

Emplo

OMB No. 1545-0047 2016 Open to Public Inspection

Name of the organization

Employer identification number

| - | INC. | | | | 62-0646012 | |
|-----|--|---|---|--------------------------|------------------------|--------------|
| Pa | rt I Organizations Maintaining D | onor Advis | ed Funds or Other Similar Funds o | r Acco | unts.Complete if f | the |
| _ | organization answered "Yes" on Form | 990, Part IV, li | | | | |
| | 2000 Control (Control | | (a) Donor advised funds | (b) Fur | nds and other acco | unts |
| 1 | Total number at end of year | | | | | |
| 2 | Aggregate value of contributions to (during ye | ar) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | |
| 4 | Aggregate value at end of year | | | WAS SELECT | 7.5 | |
| 5 | Did the organization inform all donors and dor | | | | | |
| | are the organization's property, subject to the | organization's | exclusive legal control? | | Yes | No |
| 6 | Did the organization inform all grantees, dono | rs, and donor | advisors in writing that grant funds can be use | ed only | | |
| | for charitable purposes and not for the benefit | t of the donor | or donor advisor, or for any other purpose cor | ferring | | |
| | impermissible private benefit? | | | | Yes | No |
| Pa | rt II Conservation Easements. Con | nplete if the or | ganization answered "Yes" on Form 990, Part | IV, line 7 | | |
| 1 | Purpose(s) of conservation easements held by | | | | | |
| | Preservation of land for public use (e.g., | recreation or | education) Preservation of a historic | ally impo | rtant land area | |
| | Protection of natural habitat | | Preservation of a certified | | | |
| | Preservation of open space | | | | | |
| 2 | Complete lines 2a through 2d if the organization | on held a quali | fied conservation contribution in the form of a | conserv | ation easement on | the last |
| | day of the tax year. | | | 275/901 7 0 1 1 0 2 1 | Held at the End of the | |
| а | Total number of conservation easements | | | 2a | | |
| b | Total acreage restricted by conservation ease | ments | | 2b | | |
| c | Number of conservation easements on a certification | fied historic str | ructure included in (a) | 2c | | |
| d | Number of conservation easements included | n (c) acquired | after 8/17/06 and not on a historic structure | | | |
| | listed in the National Register | | | 2d | | |
| 3 | Number of conservation easements modified, | transferred re | leased extinguished or terminated by the or | . Zu | during the tay | |
| | year > | transioned, re | icacca, extinguished, or terminated by the ort | garnzation | rouning the tax | |
| 4 | Number of states where property subject to co | onservation ea | sement is located | | | |
| 5 | Does the organization have a written policy re | | | | | |
| - | violations, and enforcement of the conservation | | | | Yes | No |
| 6 | Staff and volunteer hours devoted to monitoring | na inspectina | handling of violations, and enforcing conserv | ation eac | ements during the | |
| - | > | ig, ii ispecting, | rianding of violations, and emoleting conserv | ation eas | ements during the | year |
| 7 | Amount of expenses incurred in monitoring, in | specting hand | fling of violations, and enforcing consequation | assama | nte during the year | |
| | > \$ | specing, name | and of violations, and emorning conservation | caseme | its during the year | |
| 8 | Does each conservation easement reported or | n line 2/d\ ahou | a satisfy the requirements of section 170/b// | WDVi) | | |
| • | and section 170(h)(4)(B)(ii)? | | | | Yes | No |
| 9 | In Part XIII, describe how the organization repo | orte concenuati | on agreements in its revenue and expense ate | tomont a | and belonce cheet | No |
| | include, if applicable, the text of the footnote t | | | | | |
| | conservation easements. | o trie organiza | don's infancial statements that describes the | organiza | ion's accounting to |)I |
| Par | | llections o | f Art, Historical Treasures, or Othe | r Simil | ar Assets | |
| | Complete if the organization answered | | | | u. 71000101 | |
| 1a | If the organization elected, as permitted under | | | and hale | ance sheet works o | f ort |
| | historical treasures, or other similar assets held | | | | | |
| | the text of the footnote to its financial stateme | | | or public | service, provide, ir | i Fait Alli, |
| b | If the organization elected, as permitted under | | | l balance | about works of an | biotorical |
| | treasures, or other similar assets held for publi | c exhibition e | ducation or research in furtherance of public | Dalance | sneet works of art | , nistoricai |
| | relating to these items: | o extribition, et | addation, or research in furtherance of public | service, p | novide the lottowing | g amounts |
| | (i) Revenue included on Form 990, Part VIII, | ine 1 | | | * | |
| | | | | | | |
| 2 | If the organization received or held works of an | t. historical tre | asures or other similar assets for financial gain | n prould | | |
| | the following amounts required to be reported | | | ii, provid | | |
| а | Revenue included on Form 990, Part VIII, line | Lindor Of AOT | v ooo, relating to these items. | > | | |
| b | Assets included in Form 990, Part X | *************************************** | | | | |
| LHA | For Paperwork Reduction Act Notice, see th | e Instructions | for Form 990. | | Schedule D (Form | 990) 2016 |
| | | | | | | ,0 |

| | Complete if the organization answer | ed "Yes" o | on Form 990, Part IV, Ii | ne 11b. See Form 990 | Part X line 12 | |
|---|---|--|---|--|--|--|
| | cription of security of category (including name of | security) | (b) Book value | (c) Method of v | aluation: Cost or end-of- | vear market value |
| (1) Finar | ncial derivatives | | | | | , mantet valde |
| (2) Clos | ely-held equity interests | | | | | |
| (3) Othe | r | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | - | | | | |
| (E) | | + | | | | |
| (F) (G) | | + + | | | | |
| (H) | | ++ | | | | |
| | l. (b) must equal Form 990, Part X, col. (B) line | 121 | | | | |
| Part V | III Investments - Program Rela | tod | | The state of the s | 4/3/401 | (教育学) |
| | | | - F 000 D-+ 8/ 8 | | | |
| | Complete if the organization answere (a) Description of investment | u res o | (b) Book value | 10 Method of w | Part X, line 13. Aluation: Cost or end-of-y | |
| (1) | | + | (b) Book value | (c) Method of Va | iluation: Cost or end-or-y | ear market value |
| (2) | | | | | | |
| (3) | | + | | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| (4) | | 1 1 | | | | |
| (5) | | T I | | | | |
| (6) | | 1 | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| Part IX | (b) must equal Form 990, Part X, col. (B) line Other Assets. | 13.) ▶ | | New York | ter en anger er en en en en en | gy than the part of |
| Part IX | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | |
| Part IX | Other Assets. | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) II (2) (3) | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) II (2) (3) (4) | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) II (2) (3) (4) (5) | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) II (2) (3) (4) (5) (6) | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) IN (2) (3) (4) (5) (6) (7) | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) II (2) (3) (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered | "Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC | i Yes" or | escription | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) | Other Assets. Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC Oumn (b) must equal Form 990, Part X, cold Other Liabilities. | (a) De AN LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) [otal. (Col. Part X | Other Assets. Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC Output Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC Output Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC Output Output Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC Output Output | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coi | Other Assets. Complete if the organization answered in the organization answered in the organization answered in the organization answered in the organization answered (a) Description of liability. | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col | Other Assets. Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC Lumn (b) must equal Form 990, Part X, cold Other Liabilities. Complete if the organization answered | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X | Other Assets. Complete if the organization answered NTEREST IN NET ASSETS OF AMERIC Lumn (b) must equal Form 990, Part X, cold Other Liabilities. Complete if the organization answered (a) Description of liability deral income taxes | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) (1) (1) Fe (2) SE | Other Assets. Complete if the organization answered in the organization answered in the organization answered in the organization answered in the organization answered (a) Description of liability deral income taxes LF INSURANCE LIABILITY | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X (1) Fe (2) SE (3) WO | Other Assets. Complete if the organization answered in the organization answered in the organization answered in the organization answered in the organization answered (a) Description of liability deral income taxes LF INSURANCE LIABILITY | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X 1. (1) Fe (2) SE (3) WO (4) | Other Assets. Complete if the organization answered in the organization answered in the organization answered in the organization answered in the organization answered (a) Description of liability deral income taxes LF INSURANCE LIABILITY | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Co. Part X 1. (1) Fe (2) SE (3) WO (4) (5) (6) (7) | Other Assets. Complete if the organization answered in the organization answered in the organization answered in the organization answered in the organization answered (a) Description of liability deral income taxes LF INSURANCE LIABILITY | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col Part X 1. (1) Fe (2) SE (3) WO (4) (5) (6) (7) (8) | Other Assets. Complete if the organization answered in the organization answered in the organization answered in the organization answered in the organization answered (a) Description of liability deral income taxes LF INSURANCE LIABILITY | 'Yes" or (a) Dalah LEBA | escription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Col. Part X (1) Fe (2) SE (3) WO (4) (5) (6) (7) (8) (9) | Complete if the organization answered (a) Description of liability deral income taxes LEF INSURANCE LIABILITY RKERS COMPENSATION | (a) De (a | sscription NESE SYRIAN ASSOC | e 11d. See Form 990, F | Part X, line 15. | (b) Book value 4,082,933,949 |
| (1) II (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll) (1) Fe (2) SE (3) WO (4) (5) (6) (7) (8) (9) Fotal. (Coll) | Other Assets. Complete if the organization answered in the organization answered in the organization answered in the organization answered in the organization answered (a) Description of liability deral income taxes LF INSURANCE LIABILITY | (B) line 2 | sscription NESE SYRIAN ASSOC 5.) Form 990, Part IV, line | e 11d. See Form 990, F CIATED CHARITIES, e 11e or 11f. See Form (b) Book value 2,013,404. 1,243,962. | Part X, line 15. INC 990, Part X, line 25. | (b) Book value 4,082,933,949 |

| Sche | dule D (Form 990) 2016 INC. | | 62-064601 | 2 Page 4 |
|---------|--|--|-------------------|----------------|
| Pa | Reconciliation of Revenue p | er Audited Financial Statements With Revenue per | Return. | |
| 1 | Total revenue gains and other and other | d "Yes" on Form 990, Part IV, line 12a. | | |
| 2 | Amounts included on line 1 but not on Form | audited financial statements | 1 | 786,140,580. |
| a | Net unrealized gains (losses) on investments | 990, Part VIII, line 12: | | |
| b | Donated services and use of facilities | 2a 135,494 | • | |
| | Recoveries of prior year grants | 20 | - | |
| d | Other (Describe in Part XIII.) | 2c 2d 557,070,266 | - | |
| е | Add lines 2a through 2d | 20 357,070,200 | 2e | 557,205,760. |
| 3 | Subtract line 2e from line 1 | | 3 | 228,934,820. |
| 4 | Amounts included on Form 990, Part VIII, line | 12, but not on line 1: | 2343 | 220,754,020. |
| a | Investment expenses not included on Form | 90, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | 4b 671,867,114 | | |
| c | Add lines 4a and 4b | | 4c | 671,867,114. |
| | Total revenue. Add lines 3 and 4c. (This must | lequal Form 990, Part I, line 12.) | 5 | 900,801,934. |
| Par | Reconciliation of Expenses | er Audited Financial Statements With Expenses per | Return. | |
| | Complete if the organization answered | "Yes" on Form 990, Part IV, line 12a. | 11 10 20 10 10 20 | |
| 1 | Total expenses and losses per audited finance | ial statements | 1 | 857,021,844. |
| 2 | Amounts included on line 1 but not on Form | 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | | • |
| b | Prior year adjustments | | | |
| 9 | Other losses | 2c | W.E. | |
| u | Other (Describe in Part XIII.) | 2d | and the same | 2 |
| 3 | Subtract line 2e from line 1 | | 2e | 0. |
| 4 | Amounts included on Form 990, Part IX, line | 25 but not on line 1. | 3 | 857,021,844. |
| | | 90, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | 50, Fait VIII, line 75 | | |
| c | Add lines 4a and 4b | 40 | 111111 | 0 |
| 5 | Total expenses. Add lines 3 and 4c. (This mu | st equal Form 990, Part I, line 18.) | 4c 5 | 857,021,844. |
| Par | XIII Supplemental Information. | | <u> </u> | ***,******* |
| Provid | le 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 2 | d and 4b; and Part XII, lines 2d and 4b. Also | complete this part to provide any additional information. | ., | |
| | | | | |
| | | | | |
| PART | V, LINE 4: | | | |
| mun . | NIDOLDICA TOTAL TO | | | |
| THE I | ENDOWMENT FUNDS ARE HELD BY AMERICA | AN LEBANESE SYRIAN ASSOCIATED | | |
| CHAR | TIES, INC., A RELATED ORGANIZATION | AND ADD HODD TO CHIDDODE THE | | |
| | , INDEXTED ONDANIBATION | , AND ARE USED TO SUPPORT THE | | |
| FUTUE | E NEEDS OF ST. JUDE. | | | |
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| | | | | |
| PART | X, LINE 2: | | | |
| | | | | |
| AS OF | JUNE 30, 2017, THE ORGANIZATION H | AD NOT IDENTIFIED ANY UNCERTAIN TAX | | |
| DOGTO | TONG IMPORT AGG MARKE GAG | | | |
| POSTI | TONS UNDER ASC TOPIC 740, INCOME 1 | AXES, REQUIRING ADJUSTMENTS TO ITS | | |
| COMBT | NED FINANCIAL STATEMENTS. IN THE E | NUMBER OF CONTRACTOR AND TO | | |
| - | THE PARTICIAL STRIBUTION IN THE P | VENT THE ORGANIZATION WERE TO | | |
| RECOG | NIZE INTEREST AND PENALTIES RELATE | D TO UNCERTAIN TAX POSITIONS IT | | |
| | | | | |
| WOULD | BE RECOGNIZED IN THE COMBINED FIN | ANCIAL STATEMENTS AS A GENERAL | | |
| 1.7 | | | | |
| EXPEN | SE. GENERALLY, TAX YEARS ENDING IN | 2014 THROUGH 2017 ARE OPEN TO | | |
| 332054 | 08-29-16 | | Schedule D (| Form 990) 2016 |
| | | 35 | | |

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No. 1545-0047 2016 Open to Public Inspection.

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I 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 (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees (by type) (such as, fundraising, proexpenditures agents, and independent contractors in the region is a program service, for and in the region gram services, investments, grants to describe specific type investments recipients located in the region) of service(s) in the region in the region CENTRAL AMERICA & RESEARCH / EDUCATION AND THE CARIBBEAN 0 PROGRAM SERVICES TRAINING 1,229,950. EAST ASIA AND THE RESEARCH / EDUCATION AND PACIFIC PROGRAM SERVICES TRAINING 3,310,151. EUROPE (INCLUDING ICELAND AND RESEARCH / EDUCATION AND GREENLAND) 0 PROGRAM SERVICES TRAINING -265,774. MIDDLE BAST AND RESEARCH / EDUCATION AND NORTH AFRICA PROGRAM SERVICES TRAINING 4,582,761. RESEARCH / EDUCATION AND NORTH AMERICA PROGRAM SERVICES TRAINING -1,603. RUSSIA AND RESEARCH / EDUCATION AND NEIGHBORING STATES PROGRAM SERVICES TRAINING 1,313. RESEARCH / EDUCATION AND SOUTH AMERICA PROGRAM SERVICES TRAINING 832,337.

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

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Schedule F (Form 990) 2016

3,383.

0.

9,692,518.

9,692,518.

RESEARCH / EDUCATION AND

TRAINING

SOUTH ASIA

3 a Sub-total

b Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

PROGRAM SERVICES

0

0

632072 09-21-16

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) |
|----------------------------|---|---|---------------------------------------|--------------------------|---------------------------------|----------------------------------|---|--|
| | | | | | | | | |
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38

| Part III Grants and Other Assistance Part III can be duplicated if ad | e to Individuals Outsid | de the United St | ates. Complete if t | he organization answered "Yes | " on Form 990, Part | IV, line 16. | rage |
|---|-------------------------|--------------------------|--------------------------|------------------------------------|--|---------------------------------------|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | THE SERVICE |
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| Part V Supplemental Information | Page 5 |
|--|--|
| | |
| | art I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of |
| | on); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) |
| (estimated number of recipients), as a | pplicable. Also complete this part to provide any additional information. See instructions. |
| | |
| PART I, LINE 3: | |
| | |
| EXPENDITURES ARE RECORDED ON AN ACCRUA | L BASIS, PAYMENTS ARE ISSUED BASED |
| | |
| ON CONTRACTUAL OBLIGATIONS UPON RECEIP | T OF SUPPORTING DOCUMENTATION. |
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| | Language and the second |
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| 632075 09-21-16 | Schedule F (Form 990) 2016 |

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

Open to Public Inspection

➤ Attach to Form 990.
➤ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

Employer identification number 62-0646012

| 900000 | INC. | | | | | 62-0646012 | | | |
|---------------|---|--|--|--|--|--|----------|---|-------------|
| Pa | rt I Financial Assistance | and Certain O | ther Commu | nity Benefits a | t Cost | | | | X=== |
| | | | | | | | | Yes | No |
| 1a | Did the organization have a financia | I assistance policy | during the tax ye | ear? If "No," skip to | guestion 6a | | 1a | х | |
| b | If "Yes," was it a written policy? If the organization had multiple hospital facilities | | | | | | 1b | х | |
| 2 | If the organization had multiple hospital facilities facilities during the tax year. | s, Indicate which of the fo | ollowing best describes | application of the financia | al assistance policy to it | various hospital | 4. 18° E | 103.3 | 400000 |
| | Applied uniformly to all hospit | al facilities | Appl | ied uniformly to mo | st hospital facilitie | s | | | |
| | Generally tailored to individua | | | iou uniformly to mo | ot Hoopital laolitio | • | 11.5 | | 100 |
| 3 | Answer the following based on the financial assi | | | not number of the organiz | ation's nationts during th | e toy was | 100 | | |
| | Did the organization use Federal Po | · | AND CONTRACTOR OF THE PROPERTY | and the same and the first same a set of the same | | ************************************** | | 10.0 | |
| | If "Yes," indicate which of the follow | | [[마시아 [1] [[] [[] [[] [[] [[] [[] [[] [[] [[] | | , , | | 3a | Anna | X |
| | | and the second s | | t for eligibility for fre | e care | | Ja | alone Sale | A. A. A. A. |
| | | 200% | Other | % | | | 1 | | 100 |
| D | Did the organization use FPG as a fa | | | | | | | Sile | 11.11.2 |
| | of the following was the family incom | | | | | | 3b | 1.1.5000 | Х |
| | 200% 250% | 300% | 350% | | ther9 | 6 | 1 | | |
| С | If the organization used factors other | | | | | | 7.47 | | |
| | eligibility for free or discounted care threshold, regardless of income, as | | | | | rotner | | | |
| 4 | Did the organization's financial assistance policy | | | | | ed care to the | 1202 | | 256 |
| _ | "medically indigent"? | | | | | | 4 | х | |
| | Did the organization budget amounts for | | | | | | 5a | Х | |
| | If "Yes," did the organization's finan- | | | | | | 5b | х | |
| C | If "Yes" to line 5b, as a result of bud | | | | | | | | |
| | care to a patient who was eligible for | r free or discounte | ed care? | | | | 5c | | X |
| 6a | Did the organization prepare a comm | nunity benefit repo | ort during the tax | year? | | | 6a | | x |
| b | If "Yes," did the organization make it | t available to the p | oublic? | | | | 6b | | |
| | Complete the following table using the workshee | ets provided in the Sche | dule H instructions. Do | | | | 220 | 78963 | BER |
| _7_ | Financial Assistance and Certain Oti | | | | | | | | |
| | Financial Assistance and | (a) Number of activities or | (b) Persons served | (C) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | | Percen of total | ıt |
| Mea | ns-Tested Government Programs | programs (optional) | (optional) | | | | | xpense | |
| а | Einangial Assistance at cost from | | | | | | | | |
| | Financial Assistance at cost (from | 1 1 | 1 | | l i | K. | | | |
| | | | | 74,493,760. | 391,930. | 74,101,830. | | 8.65 | 8 |
| b | Worksheet 1) | | | 74,493,760. | 391,930. | 74,101,830. | | 8,65 | 8 |
| b | Worksheet 1) | | | 74,493,760. 152,099,836. | 391,930. 33,008,786. | es priesta i streva vidicadadas | | 8.65 13.90 | |
| | Worksheet 1) | | | | 10 0000 0000 00 0000 0000 0000 0000 00 | es priesta i streva vidicadadas | | | |
| | Worksheet 1) Medicaid (from Worksheet 3, column a) | | | | 10 0000 0000 00 0000 0000 0000 0000 00 | es priesta i streva vidicadadas | | | |
| | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from | | | | 10 0000 0000 00 0000 0000 0000 0000 00 | 119,091,050. | | | 8 |
| С | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested | | | 152,099,836. | 33,008,786. | es priesta i streva vidicadadas | | 13.90 | 8 |
| С | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) | | | 152,099,836. | 33,008,786. | 119,091,050. 6,683,632. | | 13.90 | 8 |
| С | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and | | | 152,099,836. 8,522,000. | 33,008,786. 1,838,368. | 119,091,050. 6,683,632. | | .78 | 8 |
| c d | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs | | | 152,099,836. 8,522,000. | 33,008,786. 1,838,368. | 119,091,050. 6,683,632. | | .78 | 8 |
| c d | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits | | | 152,099,836. 8,522,000. | 33,008,786. 1,838,368. | 119,091,050. 6,683,632. | | .78 | 8 |
| c d | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and | | | 152,099,836. 8,522,000. | 33,008,786. 1,838,368. | 119,091,050. 6,683,632. | | .78 | 8 |
| c d | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations | | | 152,099,836. 8,522,000. 235,115,596. | 33,008,786. 1,838,368. | 119,091,050. 6,683,632. 199,876,512. | | .78 | 8 |
| d e | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) | | | 152,099,836. 8,522,000. | 33,008,786. 1,838,368. | 119,091,050. 6,683,632. | | .78 | 8 |
| d e | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education | | | 152,099,836. 8,522,000. 235,115,596. | 33,008,786. 1,838,368. 35,239,084. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. | | .78 | 8 8 |
| d — e | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. | 33,008,786. 1,838,368. | 119,091,050. 6,683,632. 199,876,512. | | .78 | 8 8 |
| d — e | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. | 33,008,786. 1,838,368. 35,239,084. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. 9,412,899. | | .78 23.33 2.47 | * |
| d e f | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services (from Worksheet 6) | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. 9,677,935. 25,572,063. | 33,008,786. 1,838,368. 35,239,084. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. 9,412,899. 25,572,063. | : | .78 23.33 2.47 1.10 | 8 8 |
| c d e f g h | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. 9,677,935. | 33,008,786. 1,838,368. 35,239,084. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. 9,412,899. | : | .78 23.33 2.47 | 8 8 |
| c d e f g h | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services (from Worksheet 6) Research (from Worksheet 7) Cash and in-kind contributions | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. 9,677,935. 25,572,063. | 33,008,786. 1,838,368. 35,239,084. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. 9,412,899. 25,572,063. | : | .78 23.33 2.47 1.10 | 8 8 |
| c d e f g h | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services (from Worksheet 6) Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. 9,677,935. 25,572,063. 334,430,853. | 33,008,786. 1,838,368. 35,239,084. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. 9,412,899. 25,572,063. 256,504,117. | : | .78 .78 223.33 2.47 1.10 2.98 29.93 | 8 8 8 |
| d e f g h i | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services (from Worksheet 6) Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. 9,677,935. 25,572,063. 334,430,853. 4,726,935. | 33,008,786. 1,838,368. 35,239,084. 265,036. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. 9,412,899. 25,572,063. 256,504,117. | : | .78 .78 2.3.33 2.47 1.10 2.98 29.93 | 8 8 8 8 8 8 |
| d d e f g h i | Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations (from Worksheet 4) Health professions education (from Worksheet 5) Subsidized health services (from Worksheet 6) Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from | | | 152,099,836. 8,522,000. 235,115,596. 21,192,693. 9,677,935. 25,572,063. 334,430,853. | 33,008,786. 1,838,368. 35,239,084. | 119,091,050. 6,683,632. 199,876,512. 21,192,693. 9,412,899. 25,572,063. 256,504,117. | : | .78 .78 223.33 2.47 1.10 2.98 29.93 | 8 8 8 8 8 |

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

INC.

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|-------------------|-----------|---|------------|
| Part II | Community | uilding Activities Complete this table if the organization conducted any community building activities du | uring the |
| CONTRACTOR OF THE | | j j | mini 9 mio |

| | tax year, and describe in Pa | rt VI how i | s commu | inity building activ | vities promote | d the he | ealth of the | commi | unities it serve | s. | | |
|--------|---|---------------|-------------------------------|----------------------------------|-----------------------------------|----------------|-------------------------------|------------|--|-------------|------------------|------------|
| 200 | - | activities of | nber of programs ional) | (b) Persons served (optional) | (C) Total community building expe | | (d) Direct offsetting reve | enue | (e) Net community building expense | | Percer | |
| 1 | Physical improvements and housing | | | | | | | | | | | |
| 2 | Economic development | | i | | 85, | 532. | | | 85,532 | | .0 | 18 |
| 3 | Community support | | | | | | Jan 1946 | | | | | |
| 4 | Environmental improvements | | | | | | | | | 1 | | |
| 5 | Leadership development and training for community members | | | | | | | | | | | |
| 6 | Coalition building | - | | | | - | | - | | + | | |
| 7 | Community health improvement | 1 | | | | _ | | _ | | + | | |
| - | advocacy | 1 | | | 7 | 329. | | - 1 | 7,329 | | .0 | 0% |
| 8 | Workforce development | | | | 22, | | | - | 22,268 | _ | | 0% |
| 9 | Other | 1 | | | | | | | | 1 | | |
| 10 | Total | | | | 115, | 129. | | | 115,129 | | .0 | 1% |
| Pa | rt III Bad Debt, Medicare, | & Colle | ction P | ractices | | | | | | | | |
| _ | ion A. Bad Debt Expense | | | | | | | | | | Yes | No |
| 1 | Did the organization report bad deb | | | | | | | | | | | x |
| 2 | Statement No. 15? Enter the amount of the organizatio | n'e had d | obt evpen | eo Evolain in Dar | + \/ tha | | | | ••••• | 1 | Stores. | 1974 |
| - | methodology used by the organization | | | | | | 2 | | 512,000 | | | 177.50 |
| 3 | Enter the estimated amount of the | | | | | | · - | | 312,000 | 4 | | |
| ٠ | patients eligible under the organizat | | | | | the | | | | 1.57 | | 100 |
| | methodology used by the organizat | | 1 | 7 7 7 | | | | | | | | |
| | for including this portion of bad deb | | | | | | 3 | | | 12.5 | 4 | 100 |
| 4 | Provide in Part VI the text of the foo | | | | | | | leht | | 1 | | 177 |
| - 6 | expense or the page number on wh | | | | | | | Jeni | | | 2:40.4 179,63 | 4 |
| Sect | ion B. Medicare | 1011 (1115 10 | | contained in the e | attaoned iirar | ciai stat | ements. | | | | | 14370 |
| 5 | Enter total revenue received from M | ledicare (i | ocludina [| SH and IME) | | | 5 | | 0 | | A Par | |
| 6 | Enter Medicare allowable costs of c | are relatin | a to payr | nents on line 5 | | | 6 | | 455,285 | - | | |
| 7 | Subtract line 6 from line 5. This is the | e surplus | (or shortf | all) | | | 7 | | -455,285 | 12 15 20 20 | | 777 |
| 8 | Describe in Part VI the extent to wh | | | | | | | enefit | | | | |
| | Also describe in Part VI the costing | | | | | | | | | | | |
| | Check the box that describes the m | | | | | | | | | 178 | | 1007/AV |
| | Cost accounting system | X Co | l șt to char | ge ratio | Other | | | | | | 140 | 14.77 |
| Sect | ion C. Collection Practices | | | 2 .50.0000000 | 0707075 | | | | | 222226 | 16.112021 | A TALESTON |
| 9a | Did the organization have a written | debt colle | ction polic | y during the tax y | year? | | | | | 9a | х | |
| b | If "Yes," did the organization's collection | policy that | applied to t | he largest number o | of its patients du | ring the t | ax year cor | ntain prov | visions on the | | | 7 |
| | collection practices to be followed for part | tients who | are known | to qualify for financi | ial assistance? I | Describe i | n Part VI | | | 9b | х | |
| Par | t IV Management Compar | nies and | Joint \ | Ventures (owned | 1 10% or more by | officers, dire | ectors, truste | es, key em | ployees, and phys | clans - se | e instru | ctions) |
| | (a) Name of entity | | (b) Desc | cription of primary | y | c) Organ | nization's or stock | (d) Off | icers, direct- rustees, or | (e) Pi | nysicia | ins' |
| | | | | , -, -,, | | | ship % | key e | mployees' | | tock | ,, |
| | | | | | | | - 5 | own | % or stock ership % | own | ership | % |
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| | 197 | | | | | | | | | | | |
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| | | | | | | | | | | -92 | | |
| | | | | | | | | | | | | |
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INC.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

| Community Health Needs Assessment 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 2 | Yes | x x |
|---|--------------|------------------|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 2 | | |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 2 | x | |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C 2 | x | x |
| | x | x |
| | x | |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a | x | 1 |
| community health needs assessment (CHNA)? If "No," skip to line 12 | | 1 |
| If "Yes," indicate what the CHNA report describes (check all that apply): | 9 3 3 5 | HEE! |
| a X A definition of the community served by the hospital facility | 2 1 4 4 | |
| b X Demographics of the community | | |
| c X Existing health care facilities and resources within the community that are available to respond to the health needs | | |
| of the community | | |
| d X How data was obtained | | |
| e X The significant health needs of the community | | 16 |
| f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority | | |
| groups | | |
| g X The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h X The process for consulting with persons representing the community's interests | | |
| i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | 224 |
| j Other (describe in Section C) | | 18.9 |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 15 | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad | - | |
| interests of the community served by the hospital facility, including those with special knowledge of or expertise in public | 1 | |
| health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the | | |
| community, and identify the persons the hospital facility consulted5 | x | |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other | | |
| hospital facilities in Section C 6a | | x |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," | | _ |
| list the other organizations in Section C6b | | x |
| 7 Did the hospital facility make its CHNA report widely available to the public? | х | $\overline{}$ |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | SOFT. | 1377 |
| a X Hospital facility's website (list uri): SEE PART V, SECTION C | | |
| b Other website (list url): | | 173.74 |
| c X Made a paper copy available for public inspection without charge at the hospital facility | 14. | |
| d Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs | a Care Wines | 200 TX 400 |
| identified through its most recently conducted CHNA? If "No," skip to line 118 | x | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 15 | Spel . | Geral. |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | x | an appearance of |
| a If "Yes," (list uri): SEE PART V, SECTION C | STATE OF | 7 |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most | 445 | 25.00 |
| recently conducted CHNA and any such needs that are not being addressed together with the reasons why | | |
| such needs are not being addressed. | 100 | 1 |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a | | -council |
| CHNA as required by section 501(r)(3)? | | х |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 | | 100 |
| for all of its hospital facilities? \$ | 125 | 127.4 |

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b

C

d

The hospital facility's policy was not in writing

Other (describe in Section C)

The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

If "Yes," explain in Section C.

| | ricadic 11 (Form 556) 2016 | 22 0040012 | | P | age / |
|-----|--|--|----------------|----------|----------------|
| Pa | art V Facility Information (continued) | | | | - |
| Cha | narges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible In | ndividuals) | | | |
| Nam | me of hospital facility or letter of facility reporting group ST. JUDE CH | ILDREN'S RESEARCH HOSPITAL | | | |
| | | 1900 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ٦, | Yes | No |
| 22 | Indicate how the hospital facility determined, during the tax year, the maxim individuals for emergency or other medically necessary care. | um amounts that can be charged to FAP-eligible | | | |
| а | The hospital facility used a look-back method based on claims allow 12-month period | ed by Medicare fee-for-service during a prior | | | |
| b | b The hospital facility used a look-back method based on claims allow health insurers that pay claims to the hospital facility during a prior 1 | | | | |
| С | | ed by Medicaid, either alone or in combination | | | |
| d | d X The hospital facility used a prospective Medicare or Medicaid metho | od | | | |
| | During the tax year, did the hospital facility charge any FAP-eligible individual emergency or other medically necessary services more than the amounts ge | I to whom the hospital facility provided | Charles, India | Shai's a | a fabrica en o |
| | insurance covering such care? | | 23 | | Х |
| | If "Yes," explain in Section C. | A.S. | 148 0 | 1.1.3 | |
| | During the tax year, did the hospital facility charge any FAP-eligible individual service provided to that individual? | | 24 | | x |
| | | 100 | | | |

| OF EACH OF THE GROUPS. THE PATIENT AND | CAREGIVER FOCUS GROUPS CONDUCTED | |
|--|---|--|
| STAFF, DIFFERENT TOPIC AREAS WERE EXPL | ORED BASED ON THE UNIQUE EXPERIENCES | |
| PATIENT CAREGIVERS, AND ST. JUDE CLINI | CAL, RESEARCH, AND ADMINISTRATIVE | |
| FOCUS GROUPS WERE CONDUCTED WITH CURRE | NT AND FORMER ST. JUDE PATIENTS, | |
| FOCUS GROUPS | | |
| | | |
| PROGRAMMING AND SERVICES. | | - 12 |
| AND ASSETS, THEIR PRIORITY HEALTH CONC | ERNS, AND SUGGESTIONS FOR FUTURE | |
| SUPPLEMENT QUANTITATIVE FINDINGS WITH | PERCEPTIONS OF COMMUNITY STRENGTHS | |
| STAKEHOLDERS AS WELL AS PATIENTS AND F | AMILY MEMBERS SERVED IN ORDER TO | |
| HRIA CONDUCTED QUALITATIVE RESEARCH WI | | |
| HRIA REVIEWED EXISTING DATA DRAWN FROM | | |
| COMMUNITY SERVED BY ST. JUDE FOR THE G | | |
| IN AN EFFORT TO DEVELOP A SOCIAL, ECON | | 19 32 - 49 27 |
| TN AN PERODE BY DEVELOP & COURT | L L L L L L L L L L L L L L L L L L L | |
| ORGANIZATION, TO CONDUCT THE CHNA. | | |
| RESOURCES IN ACTION (HRIA), A NON-PROF | IT POBLIC HEALTH CONSULTANCY | W. 100 00 00 00 00 00 00 00 00 00 00 00 00 |
| ST. JUDE STAFF MEMBERS. THE LEADERSHIP | | |
| | | |
| BENEFIT IMPLEMENTATION PLAN. THE 2016 | | |
| CHNA AND REFLECTS THE ACTIVITIES IDENT | PIFIED IN ST. JUDE'S 2013 COMMUNITY | |
| PART V, SECTION B, LINE 5: ST. JUDE'S | 2016 CHNA BUILDS UPON THE 2013 | |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL: | | |
| | | |
| group, designated by facility reporting group lett name of hospital facility. | 24. If applicable, provide separate descriptions for each hospital facility in a er and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "E | a racility reporting 3, 2," "B, 3," etc.) and |
| Section C. Supplemental Information for Part 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 2 | V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3 24. If applicable, provide separate descriptions for each hospital facility in a | 3j, 5, 6a, 6b, 7d, 11, 13b, |
| I See See L. L. P. C. H. I. H. I. H. I. H. I. | | |

| Part V Facility Information (continued) | |
|--|--|
| 1311, 136, 101, 106, 196, 206, 210, 210, 23, and 24, 1 | Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, If applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| CLINICAL, RESEARCH, AND ADMINISTRATIVE S | TAFF FOCUS GROUP EXPLORED THESE |
| TOPICS AS WELL AS SPECIFIC ISSUES RELATE | D TO THE GREATER MEMPHIS |
| COMMUNITY, A SEMI-STRUCTURED MODERATOR S | GUIDE WAS USED ACROSS ALL |
| DISCUSSIONS TO ENSURE CONSISTENCY IN THE | TOPICS COVERED. WHILE SIMILAR, |
| SEPARATE GUIDES WERE USED FOR THE CAREGI | VER AND PATIENT FOCUS GROUPS SO |
| THAT THEY WERE AGE AND DEVELOPMENTALLY A | PPROPRIATE. |
| | |
| EACH FOCUS GROUP WAS FACILITATED BY AN EX | XPERIENCED HRIA STAFF MEMBER, |
| WHILE A NOTE-TAKER TOOK DETAILED NOTES DO | URING THE DISCUSSION. ON AVERAGE, |
| FOCUS GROUPS LASTED 30-90 MINUTES. BEFORE | E THE START OF THE GROUPS, HRIA |
| EXPLAINED THE PURPOSE OF THE STUDY TO PAR | RTICIPANTS AND PARTICIPANTS HAD AN |
| OPPORTUNITY TO ASK QUESTIONS. THEY WERE | ALSO NOTIFIED VERBALLY THAT GROUP |
| DISCUSSIONS WOULD REMAIN CONFIDENTIAL, AM | ND NO RESPONSES WOULD BE CONNECTED |
| TO THEM PERSONALLY, PATIENT FOCUS GROUP F | PARTICIPANTS RECEIVED A \$30 GIFT |
| CERTIFICATE AS WELL AS FOOD AND BEVERAGES | S IN APPRECIATION FOR THEIR TIME. |
| PARTICIPANTS WERE RECRUITED BY ST. JUDE S | STAFF, WHO ARRANGED ALL LOGISTICS |
| FOR THE ONSITE FOCUS GROUPS. | |
| | |
| MEDICAL EXECUTIVE COMMITTEE/CLINICAL COUN | NCIL (INTERNAL) |
| - EMILY BROWNE, DIRECTOR, PROFESSIONAL DE | EVELOPMENT AND APP |
| - ANDREW M. DAVIDOFF, MD, CHAIR, SURGERY | DEPARTMENT |
| - PAM DOTSON, SVP, PATIENT CARE SERVICES/ | CNO |
| - JANICE ENGLISH, DIRECTOR, NURSING | |
| - PATRICIA FLYNN, MD, MEMBER, SVP, MEDICA | AL DIRECTOR QUALITY AND PATIENT |
| CARE | |
| - WILLIAM L. GREENE, PHARM D, CHIEF PHARM | MACEUTICAL OFFICER |
| - LIZA JOHNSON, MD, STAFF PHYSICIAN, HOSP | PITALIST |
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|--|---|---|----------|
| Part V Facility Information (continued) | | | |
| 131, 136, 101, 106, 196, 206, 210, 210, 23, and 24 | , Section B. Provide descriptions required for Part V, Section B, lin If applicable, provide separate descriptions for each hospital facily and hospital facility line number from Part V, Section A ("A, 1," "A, | ity in a facility rangeting | |
| - PAT KEEL, SVP, CHIEF FINANCIAL OFFICE | SR . | | |
| - CINDY LEKHY, VP, CLINICAL OPERATIONS | | | |
| - MONIKA METZGER, MD, REGIONAL DIRECTOR | , CENTRAL AND SOUTH AMERICA | | |
| REGIONS, INTERNATIONAL OUTREACH PROGRAM | | | |
| - SEAN PHIPPS, PHD, CHAIR, PSYCHOLOGY I | BPARTMENT | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 | |
| - ULRIKE REISS, MD, DIRECTOR, CLINICAL | HEMATOLOGY DIVISION | | |
| - GILES W. ROBINSON, MD, ASSISTANT MEMB | ER, ONCOLOGY DEPARTMENT | | |
| - VICTOR SANTANA, MD, MEMBER, VP, CLINI | CAL TRIALS ADMINISTRATION | | |
| - RON SMITH, VP, SCIENTIFIC OPERATIONS | | | |
| - BLAINE TUOMANEN, MD, CHAIR, DEPARTMEN | T OF INFECTIOUS DISEASES | delle | |
| | Acres 1 | | |
| FAMILY ADVISORY COUNCIL AND QUALITY OF | LIFE/PALLIATIVE CARE STEERING | | |
| COUNCIL (INTERNAL AND EXTERNAL, SOME FA | MILY MEMBERS AND FORMER PATIENTS | | |
| ARE ALSO ST. JUDE EMPLOYEES) | | | |
| - AUDREY DAVIS | | | |
| - DEBBIE HIGGINS | | | |
| - CASEY PAPPAS | | | |
| - GABBY SALINAS | 200 | | |
| - KELLY WADDELL | | | |
| | | | |
| ADOLESCENT PATIENTS, N=4 | | | |
| | | | |
| KEY INFORMANT INTERVIEWS | | | |
| HRIA CONDUCTED INTERVIEWS WITH 16 INDIV | IDUALS; 6 WERE INTERNAL TO THE ST. | | |
| JUDE HOSPITAL AND 10 WERE EXTERNAL REPR | ESENTATIVES, INTERVIEWEES REPRESENT | KT 11 11 11 11 11 11 11 11 11 11 11 11 11 | |
| A RANGE OF SECTORS, INCLUDING LEADERS I | N HEALTH CARE AND HEALTH RESEARCH, | | |
| GOVERNMENT, AND SOCIAL SERVICE ORGANIZA | TIONS FOCUSING ON VULNERABLE | | |
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| Part V Facility Information (continued) | |
|---|---|
| 1311, 13e, 101, 10e, 19e, 20e, 21c, 21d, 23, and 24 | , Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 1 f applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| ST. JUDE'S PATIENT POPULATION AND SCOP | E OF CLINICAL SERVICES. ST. JUDE |
| IS A SPECIALTY HOSPITAL THAT TREATS PE | DIATRIC CANCER AND BLOOD |
| DISORDERS, AND CHILDREN AND ADOLESCENT | S WITH HIV INPECTION, IT SERVES |
| AS A NATIONAL REFERRAL CENTER FOR CHIL | DREN 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 CANCEL | R, HIV INFECTIONS OR CERTAIN |
| HEMATOLOGIC OR GENETIC DISEASES. WE ACC | EPT 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 E | GHT REGIONAL AFFILIATE CLINICS. |
| | |
| ST. JUDE'S PRIMARY CLINICAL EFFORT CENT | PERS ON PROVIDING |
| GROUND-BREAKING, RESEARCH-DRIVEN TREATM | ENTS FOR CHILDHOOD CANCERS AND |
| OTHER CATASTROPHIC DISEASES IN CHILDREN | . MORE SPECIFICALLY, |
| APPROXIMATELY 7,500 PATIENTS ARE SEEN A | T ST. JUDE ANNUALLY FOR ACTIVE |
| THERAPY, TREATMENT COMPLETION MONITORIN | G, SURVIVORSHIP SUPPORT OR |
| PARTICIPATION IN RESEARCH PROGRAMS. TH | E HOSPITAL IS LICENSED FOR 80 |
| INPATIENT BEDS AND CURRENTLY STAFFS 67 | BEDS FOR PATIENTS REQUIRING |
| HOSPITALIZATION DURING TREATMENT. IT SH | OULD BE NOTED THAT ST. JUDE HAS |
| DEVELOPED UNIQUE RESOURCES THAT ALLOW A | SIGNIFICANT PORTION OF PATIENTS |
| TO BE TREATED AS OUTPATIENTS WHO MAY HA | VE BEEN ADMITTED AS IN-PATIENTS |
| AT MOST HOSPITALS. THIS IS ACCOMPLISHED | THROUGH PATIENT HOUSING |
| DEDICATED SOLELY TO ST. JUDE PATIENT FA | MILIES DESIGNED WITH INFECTION |
| CONTROL MEASURES SUCH AS HEPA AIR FILTR | ATION, INFECTION-RESISTANT |
| SURFACES AND OTHER MEDICAL SAFEGUARDS T | HAT ARE NOT AVAILABLE IN HOTELS |
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| Part V Facility Information (continued) | . 130 |
|--|--|
| Section C. Supplemental Information for Part 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 2 | Y, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 4. If applicable, provide separate descriptions for each hospital facility in a facility reporting r and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| OR PATIENTS' HOMES. | |
| | |
| THE ST. JUDE APPILIATE PROGRAM MAKES T | REATMENTS 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 PEDI | ATRIC HEMATOLOGY-ONCOLOGY |
| CLINICS, HOSPITALS, AND IN SOME CASES, | UNIVERSITIES UNITED TO EXTEND |
| THE MISSION OF ST. JUDE, THE PHYSICIAN | S 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. | |
| 10 TO 10 | |
| 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 KNOWLE | EDGE, TECHNOLOGY AND |
| ORGANIZATIONAL SKILLS, THERE ARE 3 OVER | RRIDING GOALS: |
| - TO TRAIN THE CLINICAL WORKFORCE THAT | WILL BE REQUIRED TO MEET OUR |
| MISSION | |
| - TO DEVELOP AND STRENGTHEN HEALTH SYST | PEMS AND PATIENT-CENTERED |
| INITIATIVES THAT ENCOMPASS THE ENTIRE O | ONTINUUM OF CARE REQUIRED FOR |
| CHILDREN WITH CANCER AND NON-MALIGNANT | HEMATOLOGICAL DISEASES |
| - TO ADVANCE KNOWLEDGE IN GLOBAL PEDIAT | RIC ONCOLOGY AND HEMATOLOGY |
| THROUGH RESEARCH TO SUSTAIN A CONTINUOU | S IMPROVEMENT IN THE LEVEL AND |
| QUALITY OF CARE DELIVERED AROUND THE GL | OBE. |
| | |
| ST. JUDE IS A RESEARCH ORGANIZATION, AN | D THERE ARE TIMES WHEN BASIC |
| RESEARCH DISCOVERIES PERTAIN TO DISEASE | S THAT ARE BEYOND THE SCOPE OF |
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| racinty information (continued) | |
|---|---|
| 1311, 136, 101, 166, 196, 206, 21C, 21G, 23, 2nd 24 | Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, If applicable, provide separate descriptions for each hospital facility in a facility reporting rand hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| DISEASES TREATED AS A PRIMARY DIAGNOSIS | AT ST. JUDE. |
| FOR THE PURPOSES OF THIS REPORT, THE FO | CUS IS SOLELY ON THOSE DISEASES |
| FOR WHICH CHILDREN ARE ADMITTED TO ST. | JUDE FOR TREATMENT. |
| CONSISTENT WITH ST. JUDE'S PREVIOUS CHN | A, THE FINDINGS IN 2016 |
| HIGHLIGHTED THE ISSUES OF ACCESS TO CAR | E; 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: IMP | ROVING ACCESS TO CARE, ENHANCING |
| COORDINATION OF CARE AND IMPROVING CHIL | D HEALTH STATUS THROUGH HEALTHY |
| LIFESTYLE EDUCATION AND PREVENTION FOR | CHILDREN. THESE INITIATIVES, |
| WHICH OFTEN ADDRESS MULTIPLE ISSUES IDE | NTIFIED IN THE CHNA, WERE CHOSEN |
| BECAUSE THEY ARE ALIGNED WITH OUR MISSI | ON AND OUR CAPABILITIES. |
| | |
| AIM #1 IMPROVING ACCESS TO CARE | |
| | |
| PEDIATRIC HEALTH NEED: | |
| ACCESS TO AFFORDABLE HEALTH INSURANCE C | overage |
| | |
| HEALTH FACILITIES INVOLVED: | |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL, | MANAGED CARE DEPARTMENT |
| | |
| ANTICIPATED OUTCOME: | |
| ASSIST UNINSURED PATIENTS WITH ENROLLIN | G IN FUNDING FOR WHICH THEY |
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|--|--|-----------|
| Part V Facility Information (continued) | | 1 age o |
| 130, 156, 161, 186, 196, 206, 21c, 21d, 23, and 24 | V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d 4. If applicable, provide separate descriptions for each hospital facility in a facility reportion and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc. | 0.00 |
| IN ADDITION, ALL BEDSIDE NURSES ARE RE | QUIRED TO COMPLETE ELNEC WITHIN | |
| THREE YEARS. ALSO, INPATIENT AND OUTPA | TIENT NURSES ARE REQUIRED AND | |
| SUPPORTED TO COMPLETE BOTH SEMINARS (A | TOTAL OF 24.5 CBUS IN PCM). | |
| - COMMUNITY PROVIDER EDUCATION HAPPENS | TWICE A MONTH THROUGH ST. JUDE'S | |
| COMBINED FELLOWSHIP PROGRAM BOARD REVI | EW SERIES, EACH SESSION AVERAGES | |
| 10 ATTENDEES RANGING FROM GRADUATE STU | DENTS TO MEDICAL STUDENTS TO | |
| ADVANCED CLINICIANS. | | |
| - THE SJ AFFILIATE STAFF ARE INVITED TO | PARTICIPATE IN ELNEC, THE QOL | |
| SEMINAR AND THE PEDIATRIC PALLIATIVE OF | COLOGY SYMPOSIUM AT NO COST, AND | |
| ARE INCLUDED IN THE NUMBERS CITED ABOVE | | |
| | | |
| PEDIATRIC HEALTH NEED: | | |
| HEALTHCARE OF CHILDHOOD CANCER SURVIVOR | RS | |
| | | |
| 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 TH | E OPPORTUNITY TO LEARN FROM | |
| OTHER SURVIVORS. | | |
| 02090 11-02-10 | Schedule H (Form | 990) 2016 |

| Schedule H (Form 990) 2016 INC. Part V Facility Information (continued) | | 62-0646012 | Page 8 |
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| Section C. Supplemental Information for Part 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 2 | V, Section B. Provide descriptions required for Part V, Section B, 4. If applicable, provide separate descriptions for each hospital far and hospital facility line number from Part V, Section A ("A, 1," " | cility in a facility reporting | • |
| 3. ENSURE THAT SURVIVORS UNDERSTAND HO | W 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 THERA | PY 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, AVER | A 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: "C | CHILDHOOD SURVIVORSHIP COHORT | | |
| RESEARCH: LESSONS LEARNED AND FUTURE DI | RECTIONS", DANA FARBER CANCER | 12- 5/11 | |
| INSTITUTE, BOSTON, MA, NOVEMBER 17-18, | 2016 | | |
| - PFIZER, INC. U.S. GENOTROPIN ADVISORY | BOARD MEETING, "SAFETY OF | | |
| GROWTH HORMONE THERAPY IN CHILDHOOD CAN | CER SURVIVORS", NEW YORK, NEW | | |
| YORK, DECEMBER 9, 2016 | | | |
| - RONALD MCDONALD BOARD MEETING, SURVIV | ORSHIP RESEARCH AT ST. JUDE | | |
| CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, | TENNESSEE, JANUARY 17, 2017 | | |
| - PRIMARY CARE SYMPOSIUM - CANCER SURVI | VORSHIP: A PRIMARY CARE AND | | |
| ONCOLOGY COLLABORATION, "PRIMARY CARE O | F SURVIVORS OF CHILDHOOD, | | |
| ADOLESCENT AND YOUNG ADULT CANCERS" WES | T CANCER CENTER, MEMPHIS, | | |
| TENNESSEE, MARCH 7, 2017 TRANSLATIONAL | CANCER RESEARCH SEMINAR SERIES, | | |
| 332098 11-02-16 | 60 | Schedule H (Form 99 | 90) 2016 |

| Part V Facility Information (continued) | |
|---|---|
| Section C. Supplemental Information for Part \ 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 24 | , Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 4. If applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| CINCINNATI CHILDREN'S HOSPITAL, "PEDIA | TRIC SURVIVORSHIP CARE IN THE |
| 21ST CENTURY: EVOLVING AND EMERGING HE | ALTH RISKS", CINCINNATI, OHIO, |
| APRIL 6, 2017 | |
| - CANCER SURVIVORSHIP RESEARCH AND BEST | T PRACTICES CONFERENCE: CHANGING |
| LIVES THROUGH QUALITY SURVIVORSHIP CAR | E, "OPTIMIZING HEALTH AND HEALTH |
| CARE TRANSITIONS IN CHILDHOOD CANCER SE | URVIVORS", CINCINNATI, OHIO, |
| APRIL 7, 2017 | |
| - ANNA T. MEADOWS LECTURE IN PEDIATRIC | CANCER SURVIVORSHIP, "THE ROLE |
| OF SURVIVORSHIP RESEARCH IN ADVANCING | HILDHOOD CANCER CARE AND QUALITY |
| OF SURVIVAL", THE CENTER FOR CHILDHOOD | CANCER RESEARCH (CCCR) AT THE |
| CHILDREN'S HOSPITAL OF PHILADELPHIA, PH | ILADELPHIA, PENNSYLVANIA, APRIL |
| 25, 2017 | |
| | |
| LECTURES/WORKSHOPS PROVIDED BY DANIEL N | ULROONEY: |
| - PEDIATRIC ONCOLOGY ISSUES, THE CHILDRE | EN'S HOSPITAL AT SAINT PRANCIS, |
| TULSA, OK, SEPTEMBER 30, 2016 | |
| - IMPLEMENTATION OF COG GUIDELINES FOR | SURVIVORSHIP, THE CHILDREN'S |
| HOSPITAL AT SAINT FRANCIS, TULSA, OK, S | EPTEMBER 2016 |
| - UPDATES IN FERTILITY OUTCOMES IN PEDI | ATRIC CANCER SURVIVORS, THE |
| ONCOPERTILITY CONSORTIUM, PRENTICE WOME | n's Hospital, Northwestern |
| UNIVERSITY, CHICAGO, IL, NOVEMBER 2, 20 | 16 |
| - THE SPECTRUM OF CARDIOVASCULAR DISEAS | E AFTER CHILDHOOD CANCER |
| THERAPY, GREEHEY CHILDREN'S CANCER RESE | ARCH INSTITUTE SEMINAR SERIES, |
| SAN ANTONIO, TX, JUNE 2, 2017 | |
| - FERTILITY PRESERVATION AT ST. JUDE: P | AST, PRESENT, AND FUTURE, GRAND |
| ROUNDS, ST. JUDE CHILDREN'S RESEARCH HO | SPITAL, MEMPHIS, TN, SEPTEMBER |
| 8, 2016 | |
| 332098 11-02-16 | Schedule H (Form 990) 2016 |

| Part V Facility Information (continued) | |
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| Section C. Supplemental Information for Part \ 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24 | Rection B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, If applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| - OPTIMIZING CARE FOR THE SURVIVOR OF | CHILDHOOD CANCER, AFFILIATE |
| PHYSICIANS' CONFERENCE, ST. JUDE CHILD | REN'S RESEARCH HOSPITAL, MEMPHIS, |
| TN, APRIL 7, 2017 | |
| | |
| LECTURES/WORKSHOPS PROVIDED BY MATTHEW | EHRHARDT: |
| - LATE EFFECTS OF CHILDHOOD CANCER: TH | COST OF CURE, PEDIATRIC |
| ONCOLOGY EDUCATION (POE) PROGRAM, LUNC | 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 PROC | RAM, ST. JUDE CHILDREN'S |
| RESEARCH HOSPITAL, MEMPHIS, TN, JULY 20 | 16 |
| - CHILDREN'S ONCOLOGY GROUP LONG-TERM I | OLLOW-UP GUIDELINES FOR |
| SURVIVORS OF CHILDHOOD, ADOLESCENT, AND | YOUNG ADULT CANCERS. ADVANCING |
| CARDIOVASCULAR CARE OF THE ONCOLOGY PAT | IENT, AMERICAN COLLEGE OF |
| CARDIOLOGY, WASHINGTON, D.C., FEBRUARY | 2017 |
| - EXERCISE BEFORE, DURING, AND AFTER TH | ERAPY: HOW MUCH SHOULD THE |
| CANCER PATIENT DO? ADVANCING CARDIOVASC | ULAR CARE OF THE ONCOLOGY |
| PATIENT, AMERICAN COLLEGE OF CARDIOLOGY | , WASHINGTON, D.C., FEBRUARY |
| 2017 | |
| - TAKING THE CUE: ELEMENTS OF A WELL-CH | AMPIONED SURVIVORSHIP PROGRAM. |
| ADVANCING CARDIOVASCULAR CARE OF THE ON | COLOGY PATIENT, AMERICAN COLLEGE |
| OF C ARDIOLOGY, WASHINGTON, D.C., FEBRU | ARY 2017 |
| - HOW TO MITIGATE CARDIOTOXICITY: STATI | NS AND PROTON THERAPY FOR ALL |
| CHILDHOOD AND ADULT CANCER PATIENTS AND | SURVIVORS? ADVANCING |
| CARDIOVASCULAR CARE OF THE ONCOLOGY PAT | IENT, AMERICAN COLLEGE OF |
| CARDIOLOGY, WASHINGTON, D.C., FEBRUARY | 2017 |
| - SURVIVING CHILDHOOD CANCER, ST. JUDE | MIDWEST AFFILIATE PEDIATRIC |
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name of hospital facility.

SERVICE AREAS

POST-TREATMENT:

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COUNSELING ABOUT THEIR HEALTH HISTORY,

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC 62-0646012 Page 8 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 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 - PLANNED ACTIVITIES FOR 2017 ST. JUDE SURVIVOR DAY (SCHEDULED FOR SEPTEMBER 9, 2017): INSPIRATIONAL CANCER SURVIVOR DR. WENDY HARPHAM WILL SHARE HER SURVIVORSHIP EXPERIENCES IN KEYNOTE ADDRESS ENTITLED "HAPPINESS IN A STORM". SURVIVORSHIP STAFF AND DR. HARPHAM 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 - SURVIVORS AND THEIR FAMILIES ATTENDING THE AFTER COMPLETION OF THERAPY AND ST. JUDE LIFETIME COHORT CLINICS ROUTINELY RECEIVE

CANCER-RELATED HEALTH RISKS

ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC Schedule H (Form 990) 2016 62-0646012 Page 8 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/) ARE PUBLISHED ON A QUARTERLY BASIS. LIFELINE NEWSLETTERS (AVAILABLE AT HTTPS://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-LIFE-STUDY/LIFELINE-NEWSLETTER.HTML) ARE PUBLISHED SEMIANNUALLY.

- OTHER SURVIVORSHIP RESOURCES ARE AVAILABLE AT:

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|--|---|------------------------------|-----------|
| Part V Facility Information (continued) | | | 1237 |
| 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 24 | V, Section B. Provide descriptions required for Part V, Section B, lir 4. If applicable, provide separate descriptions for each hospital faci er and hospital facility line number from Part V, Section A ("A, 1," "A | lity in a facility reporting | าต |
| HTTPS://WWW.STJUDE.ORG/TREATMENT/SURVI | YORSHIP/PARTICIPATE-IN-ST-JUDE- | | |
| LIFE-STUDY/HANDOUTS,HTML | | 45-30% | |
| ASSESSING LATE EFFECTS OF CANCER THERA | PY ON PEDIATRIC CANCER SURVIVORS: | | |
| - THE AFTER COMPLETION OF THERAPY AND | ST. JUDE LIFETIME COHORT CLINICS | | |
| CONTINUE TO EVALUATE MORE THAN 2000 LO | NG-TERM (5+ YEAR) SURVIVORS ON AN | | |
| ANNUAL BASIS FOR COMPLICATIONS RELATED | TO THEIR CANCER OR ITS | | |
| TREATMENT, | | | - 11.5 |
| | | | |
| USING THE INFORMATION TO DEFINE RISK G | ROUPS FOR VARIOUS LATE EFFECTS | | |
| AND ASSESS INTERVENTIONS: | | | |
| - ST. JUDE INVESTIGATORS HAVE PUBLISHED | SEMINAL RESEARCH CHARACTERIZING | | |
| TREATMENT-RELATED CARDIOVASCULAR, PULMO | NARY, ENDOCRINE, NEUROLOGIC, | | |
| NEUROSENSORY, NEUROCOGNITIVE, AND PSYCH | OSOCIAL OUTCOMES AMONG LONG-TERM | | |
| SURVIVORS THAT HAS BEEN USED TO IDENTIF | Y SURVIVORS AT HIGH RISK FOR | | |
| MORBIDITY WHO MAY BE TARGETED FOR PREVE | NTIVE/REMEDIAL INTERVENTIONS. | | |
| .——— | | | |
| WILSON CL, CHEMAITILLY W, JONES KE, KAS | TE 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 ON | COL. 2016; 34(21):2509-15. | | |
| | | | |
| BOLAND AM, GIBSON TM, LU L, KASTE SC, D | BLANY JP, PARTIN RE, LANCTOT JQ, | | |
| HOWELL CR, NELSON HH, CHEMAITILLY W, PU | I CH, ROBISON LL, MULROONEY DA, | | |
| HUDSON MM, NESS KK. DIETARY PROTEIN IN | TAKE AND LEAN MASS IN SURVIVORS | | |
| OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEM | IA: A REPORT FROM THE ST, JUDE | | |
| LIFETIME COHORT STUDY, PHYS THER, 2016 | ; 96(7): 1029-38. | Schodule U (Farm) | 000/ 0040 |
| | | Schedule H (Form 9 | 200) 2016 |

| Part V Facility Information (continued) | |
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| 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 2 | , Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, If applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| | |
| KRULL KR, CHEUNG YT, LIU W, FELLAH S, | REDDICK WE, BRINKMAN TM, KIMBERG |
| C, OGG R, SRIVASTAVA DK, PUI CH, ROBIS | ON LL, HUDSON MM. CHEMOTHERAPY |
| PHARMACODYNAMICS, NEUROIMAGING AND NEU | ROCOGNITIVE OUTCOMES IN LONG-TERM |
| SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLA | STIC LEUKEMIA, J CLIN ONCOL. |
| 2016; 34(22):2644-53. | |
| | |
| MOGIL RJ, KASTE SC, FERRY RJ, HUDSON M | M, HOWELL CR, PARTIN RE, |
| SRIVASTAVA DK, ROBISON LL, NESS KK. E | FFECT 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 | ARCINOMA IN IRRADIATED CHILDHOOD |
| CANCER SURVIVORS OF BLACK RACE: A REPORT | T FROM THE ST. JUDE LIFETIME |
| COHORT STUDY, CANCER EPIDEMIOL BIOMARK | RS PREV. 2016; 25(9):1356-60. |
| | |
| FERNANDEZ-PINEDA I, HUDSON MM, PAPPO AS | , BISHOP MW, KLOSKY JL, BRINKMAN |
| TM, SRIVASTAVA DK, NEEL MD, RAO BN, DAV | IDOFF AM, KRULL KR, ROBISON LL, |
| NESS KK, LONG-TERM FUNCTIONAL OUTCOMES | AND QUALITY OF LIFE IN ADULT |
| SURVIVORS OF CHILDHOOD EXTREMITY SARCON | AS: 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, KRASI | N 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, |
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ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC 62-0646012 Schedule H (Form 990) 2016 Page 8 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 LYMPHOELASTIC 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

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| Part V Facility Information (continued) | • |
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| 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24 | Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, If applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| | |
| CHEUNG YT, CHEMAITILLY W, MULROONEY DA, | BRINKMAN TM, LIU W, BANERJEE P, |
| SRIVASTAVA D, PUI CH, ROBISON LL, HUDSO | N MM, KRULL KR. ASSOCIATION |
| BETWEEN DEHYDROEPIANDROSTERONE-SULFATE | AND ATTENTION IN LONG-TERM |
| SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLAS | TIC 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 CHIL | DHOOD CANCER: PERCEPTIONS OF |
| ADULT SURVIVORS, CANCER, 2017 MAY 1;123 | (9):1625-1634. |
| | |
| HUDSON MM, EHRHARDT MJ, BHAKTA N, BAASS | IRI M, BISSA H, CHEMAITILLY W, |
| GREEN DM, MULROONEY DA, ARMSTRONG GT, B | RINKMAN 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, SRINI | VASAN 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. J | UDE LIFETIME COHORT, CANCER |
| EPIDEMIOL 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 T | HEORY 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, FERNAN | DEZ-PINEDA I, BISHOP MW, METZGER |
| M, PUI CH, KASTE SC, NESS KK, SRIVASTAV | A DK, ROBISON LL, HUDSON MM, |
| 632098 11-02-16 | Schedule H (Form 990) 2016 |

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, KLOSKY 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 632098 11-02-16 Schedule H (Form 990) 2016

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Schedule H (Form 990) 2016 INC 62-0646012 Page 8 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 632098 11-02-16 Schedule H (Form 990) 2016

| Part V Facility Information (continued | |
|--|---|
| Section C. Supplemental Information for Part 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and group, designated by facility reporting group let name of hospital facility. | ty, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting ter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| 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 | E, AND HOW NUTRITIONAL DEFICITS OF |
| VITAMINS A AND D, ESPECIALLY PREVALEN | IN THE MEMPHIS AREA, HAMPER THE |
| VACCINE'S EFFICACY. | |
| HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/S | STORIES/PROMISE-MAGAZINE/ |
| SUMMER-2016/FIGHTING-FLU-WITH-A-VITAM | IN-BOOST, HTML |
| | |
| IN THE SAME ISSUE, WE SPOTLIGHTED A GR | ROUP OF LOCAL YOUTH WHO MEET |
| MONTHLY TO HELP CLINICIANS AND SCIENT | STS NATIONWIDE IMPROVE THE |
| RESEARCH AND TREATMENT OF HIV/AIDS. | |
| HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/S | TORIES/PROMISE-MAGAZINE/ |
| SUMMER-2016/A-SEAT-AT-THE-TABLE-YOUTH- | HELP-HIV-AIDS-RESEARCHERS.HTML |
| | |
| THE AUTUMN 2016 ISSUE OF "PROMISE" EXE | LAINED HOW ST. JUDE RESEARCHERS |
| ENSURE CODEINE IS GIVEN ONLY TO CHILDRE | EN WITH SICKLE CELL DISEASE WHOSE |
| GENES INDICATE IT'S SAFE AND EFFECTIVE | |
| HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/S | TORIES/PROMISE-MAGAZINE/ |
| AUTUMN-2016/WHEN-GENES-POINT-TO-THE-RI | GHT-MEDICINE, HTML |
| | |
| THE SPRING 2017 ISSUE OF "PROMISE" ALS | O HIGHLIGHTED A FREE APP THAT |
| PEOPLE CAN DOWNLOAD TO SCAN PICTURES O | F THEIR CHILDREN FOR |
| RETINOBLASTOMA, A COMMON CHILDHOOD EYE | CANCER. |
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|--|---|--------------------|---------|
| Part V Facility Information (continued) | | | , age e |
| 1311, 136, 101, 166, 196, 206, 21C, 21G, 23, and 2 | V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 24. If applicable, provide separate descriptions for each hospital facility in a er and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B | facility reporting | |
| HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/S | TORIES/PROMISE-MAGAZINE/ | | |
| SPRING-2017/SAVING-EYES-AND-LIVES-WORL | DWIDE.HTML | | |
| | | | |
| - ST. JUDE HAS A PRESENCE ON SOCIAL ME | DIA AS @STJUDERESEARCH ACROSS | | |
| EIGHT PLATFORMS WITH A TOTAL OF ALMOST | 35,000 FOLLOWERS. THE GOAL FOR | | |
| SOCIAL MEDIA IS TO INCREASE THE RECOGN | ITION AND UNDERSTANDING OF ST. | | |
| JUDE SCIENCE, MEDICINE AND TRANSLATION | AL RESEARCH BY HIGHLIGHTING | | |
| SCIENTIFIC AND MEDICAL STUDIES, SUCCES | SES, PROJECTS AND PROGRAMS. THE | | |
| PLATFORMS ALSO FEATURE CAREER OPPORTUN | ITIES FOR RESEARCH AND CLINICAL | | |
| CARE STAFF. THE AUDIENCE IS CURRENT AN | POTENTIAL PHYSICIANS, | | |
| SCIENTISTS, CLINICIANS, POSTDOCS, REFE | RRING PHYSICIANS, PATIENTS AND | | |
| THEIR FAMILIES, WITHIN THE LAST YEAR, | FEATURED TOPICS HAVE RANGED FROM | | |
| CHILDHOOD CANCER FACTS TO PALLIATIVE CO | ARE AWARENESS TO OPENINGS FOR | | |
| SPECIALTY CANCER CLINICS. | | | |
| | | | |
| EDUCATIONAL OPPORTUNITIES ABOUT HEALTHO | CARE CAREERS: | | |
| - THE SUMMER 2016 EDITION OF PROMISE IN | NCLUDED INFORMATION ABOUT THE ST. | | |
| JUDE GRADUATE SCHOOL OF BIOMEDICAL SCIE | NCES, THE FIRST DEGREE-GRANTING | | |
| PROGRAM EVER ESTABLISHED ON THE CAMPUS | OF ST. JUDE CHILDREN'S RESEARCH | | |
| HOSPITAL. | | | |
| HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/ST | ORIES/PROMISE-MAGAZINE/ | | |
| SUMMER-2016/NEXT-GENERATION-EDUCATION-T | HE-ST-JUDE-GRADUATE-SCHOOL, HTML | | |
| THE SPRING 2017 ISSUE OF PROMISE SHOW | ED HOW ST. JUDE DISPELS COMMON | | |
| HEALTH CARE MYTHS FOR LOCAL SCHOOL CHIL | DREN AND MAKES SCIENCE COME TO | | |
| IFE FOR STUDENTS AND TEACHERS IN LOCAL | CLASSROOMS. | | |
| TTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/ST | ORIES/PROMISE-MAGAZINE/ | | |
| PRING-2017/BRINGING-SCIENCE-INTO-THE-C | LASSROOM.HTML | | |
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FY17

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+ 15%

| Schedule H (Folili 950) 2016 | 72-0040012 Page 8 |
|--|--|
| 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 24 | Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, If applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| - THE SICKLE CELL CLINICAL RESEARCH AND | INTERVENTION PROGRAM HAS BEEN |
| OPENED AT THE BATON ROUGE, CHARLOTTE AN | D PEORIA AFFILIATES ENABLING |
| PATIENTS TO BENEFIT FROM THE PROTOCOL W | HILE STAYING IN THEIR HOME |
| COMMUNITIES. | |
| - THE NUMBER OF PATIENTS ENROLLED IN ST | . JUDE PRIMARY THERAPEUTIC |
| PROTOCOLS FROM THE AFFILIATE CLINICS HA | S INCREASED EACH YEAR: |
| FY15 62 | |
| FY16 69 +11% | |
| FY17 106 +54% | |
| 8. | |
| 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 REFERRIN | G 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: |
| . CONTINUE TO IMPROVE THE CLINICIAN POR | RTAL TO PERMIT REFERRING AND |
| AFFILIATED PHYSICIANS' CONVENIENT ACCESS | S TO PATIENT INFORMATION, IN |
| 32098 11-02-16 | Schedule H (Form 990) 2016 |

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ANTICIPATED OUTCOME:

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| Schedule H (Form 990) 2016 INC. | 62-0646012 Pag | e 8 |
|--|--|-----|
| Part V Facility Information (continued) | | |
| 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 24 | Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13 if applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and | b, |
| INCREASE THE NUMBER OF PATIENTS WITH S | CKLE CELL DISEASE WHO ESTABLISH | |
| SUSTAINED ADULT CARE AFTER LEAVING PED | ATRIC CARE AT ST. JUDE | |
| | | |
| ACTION ITEMS TO MEET IDENTIFIED HEALTH | NEED: | |
| 1. CONTINUE TO WORK WITH ADULT SICKLE | ELL CENTERS IN THE COMMUNITY TO | |
| ENHANCE A SEAMLESS TRANSITION FROM PED | ATRIC CARE. | |
| 2. ENHANCE ADOLESCENT AND YOUNG ADULTS | (AYA) TRANSITION CLINICS WITH | |
| CO-LOCATION OF PEDIATRIC AND ADULT HEMA | TOLOGY PROVIDERS. | |
| 3. AUGMENT FORMAL PROGRAMMING AND PLANS | ING PROCESSES FOR ADOLESCENTS | _ |
| WITH HEMATOLOGIC AND ONCOLOGIC DISEASES | , THROUGH DEVELOPMENT OF DISEASE | _ |
| EDUCATIONAL CURRICULUM AND TRAINING MOD | ULES TO FOSTER INCREASED | |
| ADOLESCENT AUTONOMY AND MEDICAL LITERAC | ¥. | |
| | | |
| SELECTED ACCOMPLISHMENTS: | | |
| - WE CONTINUE TO OFFER THE TRANSITION T | OUR QUARTERLY TO THE TWO ADULT | |
| CENTERS. WE ALSO CONTINUE TO PROVIDE CO | NTINUED COMMUNICATIONS WITH | |
| ADULT PROVIDERS TO OFFER PATIENT TRANSF | ER DATA TO AVOID INTERRUPTION IN | |
| CARE PLAN, WE ALSO HAVE PROVIDED TRAINI | NG FOR METHODIST ADULT PROVIDER | |
| NURSE PRACTITIONER) AT ST. JUDE TO ENS | URE CONSISTENCY IN CARE | |
| PRACTICE. | | _ |
| IMPROVED COMMUNICATION BETWEEN EMERGE | NCY ROOM DOCTORS/STAFF AND | _ |
| OCTORS/STAFF IN THE ADULT SICKLE CELL | CENTER. CONTINUED TO HAVE | _ |
| VERLAP IN PEDIATRIC AND ADULT CARE ON | TWO LEVELS: PHYSICIAN (PEDIATRIC | |
| EMATOLOGIST) AND CARE COORDINATION (TR | ANSITION NURSE CASE MANAGER) WHO | _ |
| ORK WITH BOTH THE PEDIATRIC AND ADULT | SICKLE CELL POPULATION. | _ |
| MANY INITIATIVES HAVE BEEN IMPLEMENTE | D TO ENHANCE TRANSITION: | _ |
| RANSITION READINESS PROGRAM | | |
| 32098 11-02-16 | Schedule H (Form 990) 20 | 116 |

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| radinty information (commueu) | |
|--|--|
| 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 24 | Rection B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 1f applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| ACTION ITEMS TO MEET IDENTIFIED HEALTH | NEED: |
| 1. EVALUATE THE EFFECTIVENESS OF THE ST | . JUDE CANCER EDUCATION FOR |
| CHILDREN CURRICULUM AT INCREASING CHIL | REN'S KNOWLEDGE OF CANCER AND |
| HEALTHY LIVING TOPICS (NUTRITION, EXER | ISE, SUN PROTECTION, AVOIDING |
| TOBACCO). | |
| 2. EVALUATE THE EFFECTIVENESS OF THE ST | JUDE CANCER EDUCATION FOR |
| CHILDREN CURRICULUM AT IMPROVING CHILDE | REN'S ATTITUDES TOWARDS HEALTHY |
| LIVING PRACTICES (AVOIDING SMOKING, BET | TER NUTRITION HABITS, MORE |
| EXERCISE, AVOIDING EXCESSIVE SUN). | |
| 3. PARTNER WITH LOCAL EDUCATION AGENCIE | s to disseminate cancer and |
| HEALTHY LIVING EDUCATIONAL PROGRAMS. | |
| 4. EVALUATE THE EFFECTIVENESS OF THE ST | JUDE CANCER EDUCATION FOR |
| CHILDREN CURRICULUM AT IMPROVING CHILDR | EN'S ATTITUDES TOWARDS HEALTHY |
| LIVING PRACTICES (AVOIDING SMOKING, BET | TER NUTRITION HABITS, MORE |
| EXERCISE, AVOIDING EXCESSIVE SUN). | |
| 5. PARTNER WITH LOCAL EDUCATION AGENCIE | S TO DISSEMINATE CANCER AND |
| HEALTHY LIVING EDUCATIONAL PROGRAMS. | |
| | |
| SELECTED ACCOMPLISHMENTS: | |
| - THE ST. JUDE CANCER EDUCATION FOR CHI | LDREN PROGRAM DEVELOPED AN |
| ELEMENTARY CURRICULUM FOR STUDENTS IN G | RADES 3-5 THAT USES EDUCATION |
| AND POSITIVE REINFORCEMENT TO HELP PROM | OTE HEALTHY LIFESTYLE CHOICES |
| AND TO REDUCE A CHILD'S LIFETIME RISK O | F DEVELOPING CANCER. IT |
| SPECIFICALLY ADDRESSES OBESITY, NUTRITI | ON, 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 ATT | ITUDES TOWARDS HEALTHY LIVING |
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| Part V Facility Information (continued) | Tago |
|--|--|
| 13h, 15e, 16i, 18e, 19e, 20e, 21c, 21d, 23, and 24 | , Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, If applicable, provide separate descriptions for each hospital facility in a facility reporting and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and |
| TOPICS WAS CONDUCTED. THESE RESULTS WII | L BE AVAILABLE IN FY18. |
| | |
| THE FOLLOWING PUBLICATIONS RESULTED FRO | M THIS EVALUATION: |
| | |
| AYERS, K., VILLALOBOS, A., LI, Z., KRAS | IN, M. (2014). THE ST. JUDE |
| CANCER EDUCATION FOR CHILDREN PROGRAM F | ILOT STUDY: DETERMINING THE |
| KNOWLEDGE ACQUISITION AND RETENTION OF | 4TH-GRADE STUDENTS, JOURNAL OF |
| CANCER EDUCATION. | |
| | |
| AYERS, K., VILLALOBOS, A., LI, Z., QUIN | TANA, Y., KLOSKY, J. (2016). THE |
| ST. JUDE CANCER EDUCATION FOR CHILDREN | PROGRAM: THE IMPACT OF A |
| TEACHER-LED INTERVENTION ON STUDENT KNO | WLEDGE GAINS. JOURNAL OF CANCER |
| EDUCATION. | |
| | |
| - DURING THE 2016-2017 SCHOOL YEAR, THE | SCHOOL OUTREACH TEAM WORKED WITH 21 |
| SCHOOLS AND LOCAL LIBRARIES IN THE MEMP | HIS 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 HAV | E PARTICIPATE IN THE ST. JUDE |
| CANCER EDUCATION FOR CHILDREN PROGRAM (| TABLE 1). |
| | |
| TABLE 1: THE NUMBER OF TEACHERS AND STU | DENTS 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 |
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| Part V Facility Information (cont | tinued) | |
|---|--|---|
| 130, 15e, 16l, 18e, 19e, 20e, 21c, 21d, 23. | or Part V, Section B. Provide descriptions required for , and 24. If applicable, provide separate descriptions for pup letter and hospital facility line number from Part V, | or each hospital facility in a facility reporting |
| 2015-2016 115 | 1,761 | |
| 2016-2017 131 | 2,451 | |
| <u> </u> | | |
| 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 HOSP | ITAL: | |
| PART V, SECTION B, LINE 7A: THE CE | HNA REPORT WAS MADE WIDELY AVAILABLE | |
| AT THE FOLLOWING URL: | | |
| HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JU | UDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS- | |
| ASSESSMENT.HTML | | |
| | | |
| ST. JUDE CHILDREN'S RESEARCH HOSPI | ITAL: | |
| PART V, SECTION B, LINE 10A: THE H | HOSPTIAL FACILITY'S MOST RECENTLY | |
| ADOPTED IMPLEMENTATION STRATEGY IS | S AVAILABLE AT THE FOLLOWING URL: | |
| HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JU | UDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS- | |
| ASSESSMENT, HTML | | |
| | | |
| ST. JUDE CHILDREN'S RESEARCH HOSPI | TAL: | |
| PART V, SECTION B, LINE 14: ST. JU | JDE CURRENTLY DOES NOT BILL NOR PURSUE | |
| PAYMENT FOR ANY ST. JUDE PATIENT; | THEREFORE, ST. JUDE DOES NOT HAVE A | |
| BASIS FOR CALCULATING AMOUNTS CHAR | GED TO PATIENTS. | |
| | | |
| ST. JUDE CHILDREN'S RESEARCH HOSPI | TAL: | |
| | AP WAS MADE WIDELY AVAILABLE AT THE | |
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| | | |

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Schedule H (Form 990) 2016

Part VI Supplemental Information

INC

- 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,
- Fromotion 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.

| The state of the s | |
|--|-------------------------------------|
| PART I, LINE 3C: | |
| NO FAMILY EVER PAYS ST. JUDE FOR TREATM | ENT. WE DO NOT NEED TO DETERMINE |
| ELIGIBILITY FOR THIS ASSISTANCE, BY DEF | AULT, ALL PATIENTS ARE ELIGIBLE TO |
| RECEIVE MEDICAL CARE AND SUPPORT SERVICE | ES 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 HA | S INSURANCE, ST. JUDE BILLS THE |
| INSURANCE PLAN OR OTHER ORGANIZATION TH | AT PAYS HEALTH COSTS, BILLING |
| INSURANCE FOR THE COSTS THAT WOULD BE D | UE 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 TREATME | NTS, COPAYMENTS, DEDUCTIBLES, |
| COINSURANCE, AND ANY OTHER COSTS INSURA | NCE DOES NOT COVER. |
| | |
| TO ENSURE FAMILIES ARE MAKING USE OF ALT | L RESOURCES FOR WHICH THEY ARE |
| ELIGIBLE, WE HAVE PROGRAMS TO ASSIST FA | MILIES IN ENROLLING IN VARIOUS |
| PUBLIC ASSISTANCE PROGRAMS FOR WHICH THE | BY MAY QUALIFY, INCLUDING BUT NOT |
| LIMITED TO TENNCARE/MEDICAID, COVERKIDS, | CHIPS AND SOCIAL SECURITY. DOING |
| SO ENSURES AN APPROPRIATE SAFETY NET SHO | OULD THE FAMILY SEEK TREATMENT |
| 032100 11-02-10 | Schedule H (Form 990) 2016 |

Schedule H (Form 990) 2016 Part VI Supplemental Information

Provide the following information.

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- 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
- 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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| 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 |

Provide the following information.

INC.

Part VI | Supplemental Information

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| 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. |
| |
| |

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Part VI | Supplemental Information

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| 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 |
| 620100 11 00 16 |

632100 11-02-16

INC.

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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 |
| CARRER 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 |

632100 11-02-16

Schedule H (Form 990) 2016

Schedule H (Form 990) 2016 Part VI | Supplemental Information

INC.

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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 |
| 632100 11-02-16 |

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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. |

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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) AND |
| FINANCIAL ASSISTANCE POLICY (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 |

INC.

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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 |
| |

INC.

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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 | 511.65 |
| 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. JUDB, A NCCN MEMBER IN | -121 |
| COLLABORATION WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER/THE | |
| 632100 11-02-16 | |

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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 |
| LIPESTYLE 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 PEW 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 | |
| 632100 11-02-16 | 200 |

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012 Page 10

Part VI | Supplemental Information

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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 |

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| 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 |
| 620100 11 00 16 |

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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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Schedule H (Form 990) 2016

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| THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT |
|---|
| (HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML) AND |
| FINANCIAL ASSISTANCE POLICY (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. |
| Schedule H (Form 990) 2016 |

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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. |
| |

Schedule H (Form 990) 2016 Part VI | Supplemental Information

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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 | |
| 632100 11-02-16 Schedule H (Form 990) | 2016 |

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| RATE OF CHILDREN WITH CANCER AND HEMATOLOG | IC DISEASES WORLDWIDE, ST. JUDE |
|--|---------------------------------|
| HAS PARTNERSHIPS WITH 24 MEDICAL INSTITUTE | ONS IN 17 COUNTRIES. |
| THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL | MARKET, AFFILIATE INSTITUTIONS, |
| OTHER AREAS OF THE UNITED STATES/U.S. TERR | ITORIES, AND THE INTERNATIONAL |
| COMMUNITY. THE LOCAL MARKET ENCOMPASSES ME | MPHIS, TENNESSEE AND THE |
| SURROUNDING GEOGRAPHIC AREA WITH APPROXIMA | TELY 28% OF NEW ONCOLOGY |
| | |
| PATIENTS RESIDING WITHIN THIS AREA. | |
| PATIENTS RESIDING WITHIN THIS AREA. | |
| PATIENTS RESIDING WITHIN THIS AREA. FY17 NEW CANCER PATIENTS | |
| | % OF TOTAL |
| FY17 NEW CANCER PATIENTS | % OF TOTAL 28% |
| PATIENT ORIGIN MEMPHIS, TN AND SURROUNDING AREA | |
| FY17 NEW CANCER PATIENTS PATIENT ORIGIN | 28% |
| PATIENT ORIGIN MEMPHIS, TN AND SURROUNDING AREA AFFILIATE REFERRAL | 28% 38% |

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 |
| 632100 11-02-16 |

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| EDUCATIONAL OFFERIN | GS AND MENTORING FOR AFFILIATE STAFF. IN ADDITION, ST. | |
|---------------------|---|----------------------------|
| JUDE HAS MANY PROCE | SSES TO ENSURE GOOD CONTINUITY OF CARE BETWEEN THE | |
| AFFILIATES AND ST. | JUDE, THE AFFILIATES' CLINICAL RECORDS FOR SHARED | |
| PATIENTS ARE AVAILA | BLE IN ST. JUDE MEDICAL RECORDS AND EVERY AFFILIATE HAS | |
| ACCESS TO ST. JUDE | ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS. THE | Vindam For Dali |
| AFFILIATES ALSO HAV | E ACCESS TO ALL ELECTRONIC RESOURCES, E.G. PATIENT | |
| EDUCATION MATERIALS | , RESEARCH PROTOCOLS, CLINICAL GUIDELINES AND | |
| RESOURCES; EVERYTHI | NG ON THE ST. JUDE INTRANET. | |
| | | |
| IN ADDITION TO ASSI | STING THE AFFILIATES, ST. JUDE PROVIDES CONSULTATION | |
| SERVICES FOR MORE T | HAN 3,400 NATIONAL AND 800 INTERNATIONAL PHYSICIAN | |
| REQUESTS. FOR FY17 | PATIENT CONSULTATIONS BY CONTINENT TOTALED 4,191 AS | 335 |
| FOLLOWS: | | |
| | | |
| CONTINENT | NUMBER OF PATIENT CONSULTATIONS | |
| NORTH AMERICA | 3,470 | |
| SOUTH AMERICA | 161 | |
| EUROPE | 198 | |
| 632100 11-02-16 | | Schedule H (Form 990) 2016 |

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| | - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 17 | 900 W. V 3.1 - 4 - 1/2 - 2 - 300 - 23 - 3 - 3 |
|---------------------|---|---|
| AFRICA | 32 | |
| ASIA | 278 | |
| AUSTRALIA | 52 | |
| TOTAL | 4,191 | - 17 |
| ST. JUDE ALSO OPERA | ATES 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 ORGA | NIZATIONAL SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT | |
| PEDIATRIC CANCER GL | OBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED | |
| TO ERADICATING CANC | CER IN CHILDREN. THERE ARE AN ESTIMATED 175,000 NEWLY | |
| DIAGNOSED CASES OF | CHILDHOOD CANCER WORLDWIDE EACH YEAR, AND 84% OCCUR IN | |
| LOW- AND MIDDLE-INC | COME 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 | 16. |
| IMPROVEMENTS IN THE | BRAPY AND SURVIVAL IN HIGH-INCOME COUNTRIES OVER THE | |
| PAST 30 YEARS, AN E | STIMATED 60% DO NOT HAVE ACCESS TO ADEQUATE DIAGNOSIS | |
| AND MODERN CARE. ST | . JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN | |
| 632100 11-02-16 | | Schedule H (Form 990) 2016 |

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Part VI | Supplemental Information

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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 |
| THEN CHEMPAND IN HEAT MUCKED PACTITATES MUE I DUPI OF DEACHTOF MUE |

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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. | |
| | 100 |
| 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, | 12-32-45 |
| 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 | 2011 |
| 632100 11-02-16 | Cahadula U (Farm 000) 0046 |

632100 11-02-16

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, | 20012001 |
| INVESTIGATION OF DISEASE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC | |
| RESEARCH. | was in the second second |
| | - (K); |
| HOSPITAL OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, MOST OF WHICH | |
| ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, OR THEIR FAMILY MEMBERS. | sept HeV Ha |
| 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 | and the second of the |
| 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 | 252 |
| ALLOW OTHERS TO VIEW PROCEDURES. OUR ASSISTANCE WITH THIS FACILITY HELPS | |
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Provide the following information.

INC.

INC.

Part VI | Supplemental Information

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| ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL |
|--|
| TREATMENT AVAILABLE. |
| INDRIMBNI AVALUADUD. |
| |
| 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. |
|--|
| THOUSED. |
| 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 |
| 632100 11-02-16 |

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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, | No. |
| BOTH IN THE HOME AND IN THE HOSPICE RESIDENCE, PROVIDES INTERDISCIPLINARY | ~ |
| 632100 11-02-16 | Sahadula H (Form 000) 2016 |

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Part VI | Supplemental Information

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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 | 000 |
| HOUSE COMMITTEE ON ENERGY AND COMMERCE. | |
| | |
| ST. JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GENERATION OF DOCTORS, | 4-52 |
| 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). | |
| 632100 11-02-16 | 0-1-11-11/2 000) 0040 |

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.

| 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. |
| |

632100 11-02-16

Schedule H (Form 990) 2016

- 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 9h.
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- 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 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 |

Page 10

INC.

Part VI Supplemental 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
- 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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| IMMUNODEFICIENCY (X LINKED SCID) DISEASE WHICH HAS SHOWN PROMISE AS A | |
|---|-----------------------------|
| CURE FOR THE DISEASE, FUTURE EFFORTS WILL CONTINUE TO FOCUS ON FINDING | |
| VIABLE 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 | in the second |
| 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 | |
| 632100 11-02-16 | Cabadala II (Farm 000) 0040 |

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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 | |
| 632100 11-02-16 | 0-1-11-11/5 0001-0040 |

Page 10

INC.

Part VI Supplemental 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
- 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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| 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 |
| 632100 11-02-16 |

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| 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. |
| 632100 11-02-16 |

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| 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 |
| |

Provide the following information.

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| FUNDRAISING ORGANIZATIONS THAT SUPPORT THE MEDICAL PROGRAMS. THIS |
|---|
| MODEL HAS PROVEN TO BE HIGHLY EFFECTIVE IN PROVIDING POOR CHILDREN IN |
| DEVELOPING COUNTRIES ACCESS TO MODERN TREATMENT AND CARE. |
| |
| ST. JUDE IS ALSO A RESEARCH ORGANIZATION, WITH RESEARCH COVERING A |
| BROADER SCOPE OF HEALTH ISSUES THAN THE DISEASES TREATED AS A PRIMARY |
| DIAGNOSIS. |
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632100 11-02-16

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

ST, JUDE CHILDREN'S RESEARCH HOSPITAL

2016

Open to Public Inspection

| INC. | | CH HOSFITAB, | | | | | 62-0646012 |
|--|----------------------|------------------------------------|--------------------------|---|--|---------------------------------------|------------------------------------|
| Part I General Information on Grants a | | | | 2.5 | | :0: :0: | |
| Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- | stance? | | | | | | tion Yes X No |
| Part II Grants and Other Assistance to recipient that received more than S | | | | | anization answered " | Yes" on Form 990, Part | t IV, line 21, for any |
| (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 |
| SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE. PEORIA, IL 61637 | 37-0662569 | 501(C)(3) | 490,909. | 0. | | | OPERATION OF ST. JUDE |
| 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 |
| 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice, | s listed in the line | 1 table | | | | | |

| (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. | | | 10 (4000) (40.00) | 18 | | | 9. 5. 85.0 |
| - BATON ROUGE, LA 70808 ASSOCIATION OF PEDIATRIC | 72-0423651 | 501(C)(3) | 1,000,000. | 0. | | | FINANCIAL SUPPORT |
| HEMATOLOGY ONCOLOGY NURSES - 8735 | | | | | | | |
| W HIGGINS RD., STE 300 - CHICAGO, | | | | | | | |
| IL 60631 | 23-7446224 | 501(C)(3) | 10,000. | 0. | 88. | | SPONSOR CONFERENCE |
| | | | | | | 3777777 | |
| CHILD LIFE COUNCIL 1820 N FORT MEYER DR., SUITE 520 | | | | | | | 50 |
| ARLINGTON, VA 22209 | 52-1799846 | 501(C)(3) | 7,500. | 0. | | | SPONSOR CONFERENCE |
| , | 32 2777040 | 501(0)(0) | 7,500. | | 20-00-20 | | Brondok COMPERENCE |
| 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 |
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Schedule I (Form 990)

| (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 |
|--|--------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
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| Start and a second seco | | | | | |
| art IV Supplemental Information. Provide the information | required in Part I, lin | e 2; Part III, colum | n (b); and any other a | dditional information. | |
| RT I, LINE 2: . JUDE CHILDREN'S RESEARCH HOSPITAL IS ACTIVEL' | V INVOLUDO NIMU | WUD DONER | | | |
| ROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATION | | | | | |
| E SUPPORT IS USED APPROPRIATELY. | ND AND MONITORD | D TO BROOKS | | | <u></u> |
| | | (2004-0-1-01 E-17) | | | XXXX |
| | | | | | |
| | | | 5 140 94-200- | | |
| | | | 37/8400 2 - 3840 | | |
| | 12-11- | | | | |
| 102 11-01-16 | | 127 | 10.00 | | Schedule I (Form 990) (20 |

SCHEDULE J (Form 990)

Department of the Treasury

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.lrs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

Employer identification number 62-0646012

| Pa | rt I Questions Regarding Compensation | on | | | |
|----|--|---|--------|-----------|--------|
| | | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization pro- | vided any of the following to or for a person listed on Form 990, | 195 | 100 | 32 |
| | Part VII, Section A, line 1a. Complete Part III to provide | de any relevant information regarding these items. | | | 1.1 |
| | First-class or charter travel | Housing allowance or residence for personal use | | | |
| | X Travel for companions | Payments for business use of personal residence | (1) | | |
| | X Tax indemnification and gross-up payments | Health or social club dues or initiation fees | | | 41.50 |
| | Discretionary spending account | Personal services (such as, maid, chauffeur, chef) | 0.11 | | |
| | | | 10 | | 15. |
| b | | ganization follow a written policy regarding payment or | | 1 | |
| | reimbursement or provision of all of the expenses des | scribed above? If "No," complete Part III to explain | 1b | x | |
| 2 | Did the organization require substantiation prior to re- | imbursing or allowing expenses incurred by all directors, | m and | 200 | 111 |
| | trustees, and officers, including the CEO/Executive D | irector, regarding the items checked on line 1a? | 2 | х | |
| | | | II. is | 1 | 500 |
| 3 | Indicate which, if any, of the following the filing organ | ization used to establish the compensation of the organization's | 5.4 | * 3 6 | 1 |
| | CEO/Executive Director. Check all that apply. Do not | check any boxes for methods used by a related organization to | 1571 | 100 | 365 |
| | establish compensation of the CEO/Executive Director | or, but explain in Part III. | | the state | |
| | X Compensation committee | X Written employment contract | 117 | 574 | |
| | X Independent compensation consultant | X Compensation survey or study | 13/5 | | 102,00 |
| | X Form 990 of other organizations | X Approval by the board or compensation committee | | Date: | |
| | | , | 1 | 1153 | 1 |
| 4 | During the year, did any person listed on Form 990, P | Part VII. Section A. line 1a, with respect to the filing | | | 1818 |
| | organization or a related organization: | | | 19 | 1 12 |
| а | • | ayment? | 4a | x | - 12 |
| | | tal nonqualified retirement plan? | | х | |
| | | sed compensation arrangement? | 4c | | х |
| - | If "Yes" to any of lines 4a-c, list the persons and provi | | 100 | 97.7 | |
| | in 100 to any or mice has, not the persons and provi | and the applicable arredition of each feather at III. | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) org | vanizations must complete lines 5-9 | 4.101 | | |
| 5 | 요요요 생생 보다 있는 요즘 아이를 가지 않는데 하는데 하는데 하는데 하는데 되었다. 나를 다 가장 없었다. | ne 1a, did the organization pay or accrue any compensation | 100 | 74 | |
| • | contingent on the revenues of: | The full title diguilization pay of accide any compensation | | | |
| 9 | | | 5a | 180 200 | X |
| h | Any related organization? | | 5b | | Х |
| | If "Yes" on line 5a or 5b, describe in Part III. | | 30 | vicionis. | 55 % |
| 6 | | ne 1a, did the organization pay or accrue any compensation | 1 | | |
| ٥ | | ne ra, did the organization pay or accide any compensation | | | |
| | contingent on the net earnings of: | | 6a | Section 1 | X |
| | | | 6b | _ | x |
| D | | | OD | <u> </u> | |
| 7 | If "Yes" on line 6a or 6b, describe in Part III. | as to did the examination provide any positived sourcests | | 19.50 | 1.20 |
| ' | | ne 1a, did the organization provide any nonfixed payments | | 1000 A | x |
| | | Part III | 7 | | A |
| 8 | | aid or accrued pursuant to a contract that was subject to the | | | x |
| | | ction 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | 257 113 | |
| 9 | If "Yes" on line 8, did the organization also follow the Regulations section 53 4958-6(c)? | reputtable presumption procedure described in | 9 | y Sant | 20.00 |
| | | | | | 4 |

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

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.

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

Schedule J (Form 990) 2016

| 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 |
| Schedule 1/Form 990\ 2016 |

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

| 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 |

AS CEO OF ALSAC.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

| Internal Revenue Service | Information abou | t Schedule L (For | m 990 | or 990- | -EZ) and its instruction | s is at www.irs.gov | form9 | 90. | In | spect | ion | |
|--|------------------------------------|---|------------|--------------------|-------------------------------|----------------------|---------------------------|---------------|-----------------|----------|---------------|-------------------|
| Name of the organization s | T. JUDE CHILI | DREN'S RESEA | RCH I | HOSPI | PAL, | | Em | ploye | r ident | ificati | on nu | ımber |
| | NC. | | | 50.00 | | | | -0646 | 012 | | | |
| Part I Excess Bene | efit Transacti | ons (section 5 | 01(c)(3 | 3), sect | tion 501(c)(4), and 50 | 1(c)(29) organizati | ons on | y). | 0.00 | | | |
| Complete if the o | organization ansv | vered "Yes" on | Form | 990, P | art IV, line 25a or 25b | o, or Form 990-EZ, | Part V, | line 40 | 0b. | | | |
| 1 (a) Name of disqualified p | erson (b) F | Relationship bet | | | lified |) Description of tra | ansacti | on | | (d) | Corre | cted? |
| (a) Name of disquames p | 7013011 | person and o | rganız | ation | | 7 Description of the | ai 1540ti | - | | Y | es | No |
| | | | | | _ | | | | | + | \dashv | |
| | | | | | | | | - | | + | \dashv | |
| | | | | _ | | | | | | + | \rightarrow | |
| | | | 7 | | | - | 977 | 21-22-2 | | + | \dashv | |
| <u> </u> | | 122 4 | | | | | | _ | | + | \dashv | |
| 2 Enter the amount of tax is | ncurred by the o | roanization mar | nagers | or dis | qualified persons du | ring the year unde | r | | | | | |
| | | | | | quanto porcorio da | | | ▶ \$ | | | | |
| 3 Enter the amount of tax, | | | | | | | | \$ | | | | |
| | | | | | | | | | | 10 | | |
| Part II Loans to and | or From Int | erested Per | sons | | | | | | | | | |
| Complete if the o | organization ansv | vered "Yes" on | Form ! | 990-EZ | , Part V, line 38a or f | Form 990, Part IV, | line 26; | or if th | ne orga | anizati | on | |
| reported an amo | | | | | | 7.500 NORCO 10 | _ | | VET AN | nrovon | 1 | 21220000 |
| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | fron | oan to or m the | (e) Original principal amount | (f) Balance due | ue (g) In (h) Al by bo | | (h) Ap by bo | ard or | (i) W | /ritten ement? |
| interested person | with organization | Orioari | _ | ization? | principal amount | | _ | _ | cómn | | | _ |
| | | Si . | То | From | | | Yes | No | Yes | No | Yes | No |
| | | | \vdash | - | | | + | \vdash | - | - | - | - |
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| 0-000 | - | i i | - | | | | + | 1 | | | | |
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| | | | | | | | | | | | | |
| Total | | | | | ▶\$ | | 19.4 | 138 | 47.20 | She | Even | 1000 |
| Part III Grants or As | sistance Ber | nefiting Inte | reste | d Pe | rsons. | | | | | | | |
| Complete if the o | | | - | | | | | | | | 1000000 | |
| (a) Name of interested p | person (| b) Relationship interested pers | | | (c) Amount of assistance | (d) Typ | | | |) Purp | | f |
| | | the organiza | ation | iu | ussistance | 4551510 | 1100 | | | 455151 | 41100 | |
| | | | 7.550-4.51 | | | - | | + | | | | _ |
| 9X-17-2-11/2-2-11 | | | | _ | | | | \rightarrow | | | | |
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| | | 20- | 30000 | | | | | | | | | |
| 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | | | | | | | _ | | - | | |

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

Schedule L (Form 990 or 990-EZ) 2016

| | (FOIIII 990 OF 8 | | | | 0.0.000 | |
|---------|------------------|----------|------|-----------|------------|----------|
| Part IV | Business | Transact | ions | Involving | Interested | Persons. |

| MANY RELLING SEE PART V 508,689_MEMOTHERS SEE PART V 63,360_MEMOTHERS SEE PART V 63,360_MEMOTHERS SEE PART V 63,360_MEMOTHERS SEE PART V 200,935_MEMOTHERS X DIABLE ROBerts SEE PART V 200,935_MEMOTHERS X X PART V 200,935_MEMOTHERS X X X X X X X X X X X X X | (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha organiz rever | aring of cation's lues? |
|---|---------------------------------------|---|---------------------------|---|-----------------------------|-------------------------------|
| SUBANNA DOWNING SEE PART V \$200,935, 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 RELLING (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 FORSIDENT AND CEO, JAMES R, DOWNING. (C) AMOUNT OF TRANSACTION: S53,360 (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 INTERESTED PERSON: DIANE ROBERTS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OPPICER, CHARLES M, ROBERTS. (C) AMOUNT OF TRANSACTION: \$200,935 | | | | | Yes | No |
| DIANE ROBERTS SEE PART V 200,935, Reployment 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 RELLING (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF FORMER OFFICER (PRESIDENT AND CEO), WILLIAM E. EVANS. (C) AMOUNT 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: S53,360 (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT (E) SHARING OF ORGANIZATION REVENUES? = NO (A) NAME OF INTERESTED PERSON: DIAME ROBERTS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF INTERESTED PERSON: DIAME ROBERTS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, CHARLES M. ROBERTS. (C) AMOUNT OF TRANSACTION: \$200,935 | | SEE PART V | 508,689 | EMPLOYMENT | | |
| 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 RELLING (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: PAMILY 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 FRESIDENT 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: DIAME ROBERTS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, CHARLES M. ROBERTS. (C) AMOUNT OF TRANSACTION: \$200,935 | | | | | | |
| 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 RELLING (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 | DIANE ROBERTS | SEE PART V | 200,935 | EMPLOYMENT | - | х |
| 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 RELLING (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 | 500 1000 1000 100 | | | | | |
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| MEMBER OF OFFICER, CHARLES M. ROBERTS. (C) AMOUNT OF TRANSACTION: \$200,935 | (A) NAME OF INTERESTED PERSON: DIANE | ROBERTS | | | | |
| (C) AMOUNT OF TRANSACTION: \$200,935 | (B) RELATIONSHIP BETWEEN INTERESTED I | PERSON AND ORGANIZATION: FAMILY | | | | |
| | MEMBER OF OFFICER, CHARLES M. ROBERTS | | | | | |
| | (C) AMOUNT OF TRANSACTION: \$200,935 | | | | | |
| (D) DESCRIPTION OF TRANSACTION: EMPLOYMENT | (D) DESCRIPTION OF TRANSACTION: EMPLO | YMENT | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | |

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.

ST, JUDE CHILDREN'S RESEARCH HOSPITAL,

Emplo

OMB No. 1545-0047 2016 Open to Public Inspection

Name of the organization

632211 08-25-16

Employer identification number

| INC. | 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. | |
| 700 to 100 to 10 | |
| 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; | 0/0////0/05 |
| 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) |

MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2016 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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 | 1 | | | | ST. JUDE CHILDREN'S |
| MEMPHIS, TN 38105-3678 | VACCINE MANUFACTURER | TENNESSEE | -3,739,217. | 1,127,837. | RESEARCH HOSPITAL, INC. |
| THANKS & GIVING, LLC - 20-1310435 | | | | | |
| 262 DANNY THOMAS PLACE | ROYALTY INCOME FROM RECORD | | 3 | | ST. JUDE CHILDREN'S |
| MEMPHIS, TN 38105-3678 | SALES | TENNESSEE | 0. | 10,632. | RESEARCH HOSPITAL, INC. |
| THE RIGHT WORDS, LLC - 95-4878579 | | | | | |
| 262 DANNY THOMAS PLACE | ROYALTY INCOME FROM BOOK | | | | ST. JUDE CHILDREN'S |
| MEMPHIS, TN 38105-3678 | SALES | NEW YORK | 0. | 0. | RESEARCH HOSPITAL, INC. |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL | 1 | | | | |
| GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, 262 | 1 | | | | ST. JUDE CHILDREN'S |
| DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678 | HIGHER EDUCATION | TENNESSEE | 0. | 0. | 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) (c) Primary activity Legal domicile (state foreign country) | | (d) Exempt Code section | status (if section | (f) Direct controlling entity | Section 512(b) controlled entity? | |
|--|---|---------------|-------------------------------|--------------------|-------------------------------|---|----|
| | | | | 501(c)(3)) | | Yes | No |
| AMERICAN LEBANESE SYRIAN ASSOCIATED | | 3 | | | | | |
| CHARITIES, INC 35-1044585, 501 ST. JUDE | SOLICIT SUPPORT FOR THE | ACCESS ACCESS | | | | | |
| PLACE, MEMPHIS, TN 38105 | OPERATION OF ST. JUDE | ILLINOIS | 501(C)(3) | 7 | N/A | | Х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2016

| (a) | (b) | (c) | (d) | | e) | | (f) | (| g) | (h | 1) | (i) (j) | | (k) | | |
|--|---|----------------------|---------------------|--------------------------------------|--------------------------------------|----------|------------------------------|-----------------------|----------------|------------------------|---------|--------------------------------|--------|----------|---|-----------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicite | Direct controlling | Predomin (related | related unrelated income and of year | Dispropo | | Code V-U amount in | BI | General or managing | Percen | tage | | | | |
| of related organization | | (state or foreign | entity | excluded fr | om tax under 512-514) | IIIC | one | | sets | Yes | | 20 of Sche K-1 (Form 1 | dule I | yes No | | 31 IIP |
| | | country) | | 300000113 | 012 014) | | | | | res | 140 | IV (Comm | 000) | 165140 | | |
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| Identification of Related | Organizations Taxable | as a Corp | oration or Trust. C | omplete if t | ne organizatio | on ansv | vered "Yes | s" on Fo | rm 990, Pa | art IV, | line 34 | 4 because it | had o | ne or m | ore relat | ted |
| rt IV Identification of Related organizations treated as a | Organizations Taxable corporation or trust duri | as a Corpong the tax | year. | 161 | | on ansv | | | | | line 34 | | had o | 1,302 | | |
| organizations treated as a | corporation or trust duri | ng the tax | year. | (c) | (d) | | (e) |) | (f) |) | | (g) | | (h) | (i) Secti |) ion |
| organizations treated as a | corporation or trust duri | ng the tax | year. | (C) Legal domicile (state or foreign | | rolling | (e) Type of (C corp. S | entity S corp, | | of total | | | Per | 1,302 | (i) Secti 512(b) contro entit | ion (13) olled ty? |
| organizations treated as a (a) Name, address, and | corporation or trust duri | ng the tax | year. | (c) Legal domicile (state or | (d) Direct contr | rolling | (e) Type of | entity S corp, | (f) Share o | of total | | (g) Share of end-of-year | Per | (h) | (i) Secti 512(b) contro entit | ion (13) olled ty? |
| organizations treated as a (a) Name, address, and | corporation or trust duri | ng the tax | year. | (C) Legal domicile (state or foreign | (d) Direct contr | rolling | (e) Type of (C corp. S | entity S corp, | (f) Share o | of total | | (g) Share of end-of-year | Per | (h) | (i) Secti 512(b) contro entit | ion (13) olled ty? |
| organizations treated as a (a) Name, address, and | corporation or trust duri | ng the tax | year. | (C) Legal domicile (state or foreign | (d) Direct contr | rolling | (e) Type of (C corp. S | entity S corp, | (f) Share o | of total | | (g) Share of end-of-year | Per | (h) | (i) Secti 512(b) contro entit | ion (13) olled ty? |
| organizations treated as a (a) Name, address, and | corporation or trust duri | ng the tax | year. | (C) Legal domicile (state or foreign | (d) Direct contr | rolling | (e) Type of (C corp. S | entity S corp, | (f) Share o | of total | | (g) Share of end-of-year | Per | (h) | (i) Secti 512(b) contro entit | ion (13) |
| organizations treated as a (a) Name, address, and | corporation or trust duri | ng the tax | year. | (C) Legal domicile (state or foreign | (d) Direct contr | rolling | (e) Type of (C corp. S | entity S corp, | (f) Share o | of total | | (g) Share of end-of-year | Per | (h) | (i) Secti 512(b) contro entit | ion (13) olled ty? |
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| Par | Transactions With Related Organizations. Complete if the organization and | swered "Yes" on Forr | m 990, Part IV, line 34, 35b, or | 36. | | | |
|------|--|----------------------------------|------------------------------------|---|-----------|-------------------|------------------|
| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transaction | ons with one or more r | elated organizations listed in P | arts II-IV? | 3.4. | 740.51 (C) (44 | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit | ity | | | 1a | | х |
| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | х |
| c | Gift, grant, or capital contribution from related organization(s) | | | | 1c | х | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | х |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| | | | | | 13019 | \$1.50 | |
| f | Dividends from related organization(s) | | | | 1f | | х |
| g | Sale of assets to related organization(s) | | | | 1g | | х |
| h | Purchase of assets from related organization(s) | | | | . 1h | | х |
| i | Exchange of assets with related organization(s) | | | | 1i | | х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | х |
| | | | | | 144.0 | 1 | 55. |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | x | |
| 1 | Performance of services or membership or fundraising solicitations for related org | ganization(s) | | | 11 | | Х |
| m | Performance of services or membership or fundraising solicitations by related org | anization(s) | | | 1m | х | \vdash |
| n | m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | | | \vdash |
| 0 | Sharing of paid employees with related organization(s) | | | | 1n | | х |
| | | | | *************************************** | | 100 | 1000 |
| р | Reimbursement paid to related organization(s) for expenses | | | | | x | i and the second |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | x | \vdash |
| | , | | | | | 165 | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | in the | x |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | \vdash | х |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on | who must complete t | his line, including covered relati | ionships and transaction thresholds | 13 | | |
| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount | involved | | |
| 1) | | | | | | | |
| | | | | | | | |
| 2) | | - | | 100 | | | |
| 3) | | | 1000 1000 100 | | | | |
| 4) | | | | | | | |
| 5) | | | 2000 | | | | |
| 6) | | | | | | | |
| 3216 | 09-06-16 | 140 | | Schedu | le R (For | m 990 |) 2016 |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations Yes No | of Schedule K-1 | (j) General or managing partner? Yes NO | (k) Percentage ownership |
|--|-------------------------|---|---|--|------------------------------------|--|---|-----------------|---|--------------------------------|
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Schedule R (Form 990) 2016

PECCOLE PROFESSIONAL PARK IOOBO WEST ALTA DRIVE, SUITE 200 LAS VEGAS, NV 89145

Electronically Filed 3/26/2021 2:07 PM Steven D. Grierson CLERK OF THE COURT

OPPS 1 Todd L. Moody (5430) 2 Russel J. Geist (9030) HUTCHISON & STÉFFEN, PLLC 3 Peccole Professional Park 10080 West Alta Drive, Suite 200 4 Las Vegas, Nevada 89145 (702) 385-2500 5 (702) 385-2086 tmoody@hutchlegal.com 6 rgeist@hutchlegal.com 7 Attorneys for St. Jude Children's

Research Hospital

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DISTRICT COURT **CLARK COUNTY, NEVADA**

In the Matter of the Estate of

THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR.,

Deceased.

Case No.: P-14-082619-E

Dept No.: 26

Date of Hearing: October 5, 2018 Time of Hearing: 9:30am

OPPOSITION TO MOTION TO STRIKE AND COUNTERMOTION FOR ATTORNEYS' FEES AND COSTS

St. Jude Children's Research Hospital, Inc. ("St. Jude"), by and through its attorneys, Hutchison & Steffen, PLLC, opposes Theodore E. Scheide III's Motion to Strike the Fraudulently Submitted Petition Naming St. Jude's [sic] Research Hospital as Petitioner and Related Relief (the "Motion to Strike"), and files its counter-petition pursuant to NRS 18.010(2) requesting that the Court issue an order granting St. Jude Children's Research Hospital's attorneys' fees incurred in preparing and filing this Opposition. The Motion filed by Theodore E. Scheide III ("Chip") is factually unsound and legally false, ignores directly applicable law, and accuses St. Jude of perpetrating a "fraud" on this Court while potentially violating NRCP 11 and NRPC 3.3. In support of its Opposition, St. Jude states the following:

Case Number: P-14-082619-E

& STEFFEN HUTCHISON

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POINTS & AUTHORITIES

1. Background.

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St. Jude agrees that upon Susan Hoy, the court-appointed personal representative, filing on May 25, 2016, and subsequently withdrawing her Petition for Proof of Will and for Issuance of Letters Testamentary Under Full Administration, Petition to Appoint Personal Representative, and Petition to Distribute and Close Estate, St. Jude did indeed file its own Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) (the "Petition") as the named contingent beneficiary under the Last Will and Testament of the decedent, Theodore E. Scheide, Jr.

The rest of Chip's recitation of the facts and law are selectively and deceptively drafted to give this Court the impression that this Motion to Strike, filed more than four years after the filing of St. Jude's Petition, is "warranted by existing law." NRCP 11(b)(2). The Motion to Strike fails to disclose controlling law, such as NRS Chapter 80 - Foreign Corporations, which is the controlling law specifically permitting St. Jude to maintain, defend, or settle a legal proceeding without registering to do business in Nevada, and which is directly adverse to Chip's position.

St. Jude, a Tennessee nonprofit corporation, is a research hospital founded to advance research about curing childhood illnesses and provide care for sick children and support for their families. St. Jude is registered in Tennessee where it provides such medical treatments. Patient families never receive a bill from St. Jude for treatment, travel, housing or food.

American Lebanese Syrian Associated Charities ("ALSAC") "was founded by Danny Thomas in 1957 to be the fundraising and awareness organization for St. Jude Children's Research Hospital, and its sole mission is to raise the funds and awareness necessary to operate and maintain the hospital. ALSAC is responsible for raising 80% of the funds necessary to operate St. Jude." From https://www.stjude.org/about-st-jude/faq/whats-alsac.html, a copy of which is attached as Exhibit 1.

As the fundraising organization for St. Jude, ALSAC is registered to do business in all 50 states including Nevada. Attached as Exhibit 2 is the Nevada Secretary of State's Silver Flume

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business information for ALSAC. While St. Jude and ALSAC are indeed separate entities with separate governance, the Board of Governors of St. Jude has adopted a continuing resolution that St. Jude designated ALSAC to handle all devises, gifts, and bequests from estates, such as the Estate of Theodore E. Scheide, Jr. The St. Jude Board Resolution specifically states:

> RESOLVED, that St. Jude Children's Research Hospital, Inc., a Tennessee corporation ("SJCRH"), has designated the American Lebanese Syrian Associated Charities, Inc. (ALSAC), an Illinois corporation, as its agent to receive, handle and administer all devises, bequests and gifts of property of every kind and nature given, devised and bequeathed to [St. Jude] for the purpose of aiding and assisting [St. Jude] in its mission and has further authorized ALSAC to engage in all activities necessary and required to maximize the amount of such devises, gifts and bequests for the benefit of [St. Jude].

A copy of St. Jude's June 22, 2016, Board Resolution signed by Martha Perine Beard, Chairman, St. Jude Children's Research Hospital, Inc. is attached as Exhibit 3. The Board Resolution further provides:

> FURTHER RESOLVED, THAT ALSAC, under the supervision and direction of the President and Chief Executive Officer, acting alone or by and through ALSAC's Chief Administrative Officer, Chief Financial Officer, or Chief Legal Officer/General Counsel, or other individual or individuals duly appointed and designated from time to time, are authorized to perform such of the following actions as may be required to receive, handle and administer all devises, bequests and gifts of property of every kind and nature given, devised, and bequeathed to in aiding and assisting such institution in furtherance of its mission.

See Exhibit 3. The Board of St. Jude specifically authorized the Chief Legal Officer/General Counsel "or duly authorized designee(s)" of ALSAC to "execute all receipts, waivers, consents, acknowledgments, deeds, disclaimers, title conveyances, release, and other documents or instruments that may be required and requested by executors, administrators and personal representative of estates, by donors or trustees of trusts under which [St. Jude] is a named beneficiary and which is related to or required to effectuate any such gift to [St. Jude]." Id. The Board Resolution specifies the Chief Legal Officer/General Counsel of ALSAC as Sara L. Hall, to whom Fred E. Jones, Jr. of ALSAC reports in the legal department.

St. Jude, through its Board-desginated appointees of ALSAC, filed its Petition to secure

- 3 -

its interest in the Decedent's Estate. All pleadings were filed and the action before this Court was maintained on behalf of St. Jude in accordance with the Board's Resolution.

2. Legal Standard.

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A foreign corporation, whether for profit or nonprofit, must register with the Nevada Secretary of State "[b]efore commencing or doing any business in this State." NRS 80.010(1). Notwithstanding this requirement, NRS 80.015(1) provides a long, non-exhaustive list of activities that "do not "constitute doing business in this State," including, "(a) Maintaining, defending or settling any proceeding." Therefore, a foreign corporation, whether for profit or nonprofit, that only has activities in Nevada involving "[m]aintaining, defending or settling any proceeding" is not doing business in Nevada and does not have to register with the Secretary of State.

NRS 82.523 provides that a foreign nonprofit corporation "doing business in this State" file a list of officers annually. The requirement does not apply to a foreign nonprofit corporation that is not "doing business in this State" and failure to file such list does not subject a foreign nonprofit corporation that is not "doing business in this State" to a fine under NRS 82.5234.

3. Opposition to Motion to Strike.

Chip claims that a nonprofit hospital located in Tennessee, that is registered as a nonprofit corporation in Tennessee must register as a nonprofit corporation "doing business in [Nevada]" in order to maintain an action to receive an inheritance from a Nevada Decedent. This assertion is so preposterous, one wonders if Chip himself came up with this claim instead of his counsel, because a licensed Nevada attorney would have researched all applicable laws in the Nevada Revised Statutes to find that NRS 80.015(1)(a) specifically exempts the activity of "[m]aintaining, defending or settling any proceeding" and therefore exempts a foreign nonprofit corporation from registering with the Nevada Secretary of State merely to maintain or defend a legal proceeding.

Chip correctly asserts in his Motion that St. Jude is "501(c)(3) Corporation doing business in Memphis, Tennessee." See Motion at 7:5-8. (emphasis added). Of course, Chip does not allege that St. Jude is nonprofit corporation doing business in Nevada, because it does not. Therefore,

& STEFFEN HUTCHISON

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contrary to the Motion, St. Jude is permitted under Nevada law to maintain, defend or settle any proceeding including the Estate of Theodore E. Scheide Jr. without registering with the Secretary of State. NRS 80.015(1)(a).

ALSAC, on the other hand, is a 501(c)(3) nonprofit corporation that is registered to do business in all 50 states, because it is engaged in fundraising for St. Jude and because it fulfills the purpose designated by St. Jude Board, which authorized ALSAC "to receive, handle and administer all devises, bequests and gifts of property of every kind and nature given, devised and bequeathed to [St. Jude] for the purpose of aiding and assisting [St. Jude] in its mission." See Exhibit 3. ALSAC is similarly authorized to maintain, defend or settle any proceeding including the Estate of Theodore E. Scheide Jr. regardless of its registration status with the Nevada Secretary of State. However, ALSAC is a foreign nonprofit corporation that is registered to do business in Nevada.

ALSAC is explicitly authorized by St. Jude to maintain, defend or settle any proceeding regarding "all devises, bequests and gifts of property of every kind and nature given, devised and bequeathed to [St. Jude] for the purpose of aiding and assisting [St. Jude] in its mission" such as the Estate of Theodore E. Scheide Jr. Chip concedes that at the time of the filing of St. Jude's Petition in 2016, the verification was signed by "Fred E. Jones, Jr.' of 'Lebanese Charities [sic]." In fact, Fred Jones signed on behalf of St. Jude Children's Research Hospital as "Director -Legal/ALSAC" with authority under St. Jude's June 22, 2016, Board Resolution. Therefore, contrary to Chip's assertion, Fred Jones, the authorized designee of ALSAC had authority to sign the verification of the Petition on behalf of St. Jude.

Instead of asserting Chip's claims of "fraud" and "lack of standing" against St. Jude at the time the Petition was filed, Chip was silent on such claims on the grounds raised in the Motion.¹

¹ Chip's objection to the Petition, which was filed on October 4, 2016, raised a vague "lack of standing" argument against St. Jude's Petition on the grounds that St. Jude was barred from bringing the newly discovered will based on the probate court's initial determination that, because no will had yet been found, letters of administration were issued to administer the then intestate estate. However, Chip did not raise such arguments in his initial Objection as he did in the Motion.

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Not only did Chip effectively waive such arguments, but the equitable doctrine of laches applies to Chip's claims permitting this Court to deny his Motion as prejudicial against St. Jude now, more than 4 years after the Petition was filed, and after all of the appeals have concluded, against Chip. See Besnilian v. Wilkinson, 117 Nev. 519, 522, 25 P.3d 187, 189 (2001) ("Laches, an equitable doctrine, may be invoked when delay by one party prejudices the other party such that granting relief to the delaying party would be inequitable. However, to invoke laches, the party must show that the delay caused actual prejudice.")

Granting Chip's Motion after the Nevada Supreme Court has issued its order in favor of St. Jude, now at the conclusion of this matter when all that is left is to distribute the Estate according to the Nevada Supreme Court's order, is highly prejudicial to St. Jude. If this Court were to accept Chip's claims, contrary to fact and law as they are, and grant his Motion, Chip will have succeed in his final, desperate attempt to subvert his estranged father's wishes to gain a windfall he was never intended to receive by laying in wait with a claim that should have been raised in October 2016.

This Court must deny Chip's Motion on the facts presented and applicable law which permits St. Jude to maintain, defend or settle a proceeding such as the Estate of Theodore E. Scheide Jr., and permits St. Jude to authorize individuals from ALSAC to pursue such proceedings on its behalf so St. Jude can focus on its mission as a nonprofit hospital in Tennessee. Chip neither has the standing to question such arrangement, nor can he provide a reasonable basis in law or fact to deny St. Jude the right to do so.

4. Countermotion for Attorneys' Fees.

NRS 18.010(2) provides in pertinent part:

the court may make an allowance of attorney's fees to a prevailing party:

- (a) When the prevailing party has not recovered more than \$20,000; or
- (b) Without regard to the recovery sought, when the court finds that the claim, counterclaim, cross-claim or third-party complaint or defense of the opposing party was brought or maintained without reasonable ground or to harass the prevailing party. The court shall liberally construe the provisions of this paragraph in favor of awarding

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attorney's fees in all appropriate situations. It is the intent of the Legislature that the court award attorney's fees pursuant to this paragraph and impose sanctions pursuant to Rule 11 of the Nevada Rules of Civil Procedure in all appropriate situations to punish for and deter frivolous or vexatious claims and defenses because such claims and defenses overburden limited judicial resources, hinder the timely resolution of meritorious claims and increase the costs of engaging in business and providing professional services to the public.

In addition, NRPC 3.3(1) prohibits lawyers from "knowingly: (1) Mak[ing] a false statement of fact or law to a tribunal."

Additionally, NRCP 11(b)(2) provides that any pleading signed by an attorney "certifies that to the best of the person's knowledge, information, and belief, formed after an inquiry reasonable under the circumstances,... the claims, defenses, and other legal contentions are warranted by existing law...."

Chip's claims that St. Jude cannot defend its interest under the Last Will and Testament of the Decedent are not only preposterous on its face, not only entirely unsupported by Nevada law, but is directly contradicted by applicable Nevada law. Although Chip argued, incorrectly, that St. Jude was required to register with the Nevada Secretary of State to appear in the Estate action, Chip could not even allege that St. Jude was "doing business in Nevada" the requirement under NRS 82.5234, because St. Jude does not do business in Nevada. St. Jude is a hospital organized as a nonprofit corporation in Tennessee, which provides medical treatments for children in Tennessee.

A licensed Nevada attorney making a claim against a nonprofit corporation regarding such requirement, would also have researched what constitutes "doing business in Nevada" as defined in NRS 80.015 which applies to all foreign corporations, for profit as well as nonprofit entities, and which specifically defines activities "not doing business in Nevada," including the very activity, namely "Maintaining, defending or settling any proceeding," which Chip claims St. Jude is disqualified from doing because St. Jude, a Tennessee hospital, has not registered with the Nevada Secretary of State. The claims that St. Jude committed fraud on this Court because it

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failed to take an action it is explicitly exempted to do in Nevada law are not "warranted by existing law."

This Court must not only deny Chip's Motion, terribly delayed to cause prejudice against St. Jude at the end of all things in this Estate, wholly unsupported by and, in fact, directly contradicted by applicable Nevada law, but also award St. Jude's attorneys' fees pursuant to NRS 18.010(2). St. Jude has been forced to respond to Chip's unreasonable, unsupported, and unserious Motion. Therefore, it is appropriate to award St. Jude's against Chip for attorneys' fees incurred in responding to Chip's Motion as well as all subsequent hearings and actions that necessarily follow to resolve this matter.

Thereafter, Chip must be declared to have no further interest in the Estate and dismissed from the matter of any further administration of the Estate.

Wherefore, St. Jude Children's Research Hospital asks this Court to deny Theodore E. Scheide III's Motion to Strike, and grant St. Jude Children's Hospital's countermotion for attorneys' fees.

Dated March 25, 2021

HUTCHISON & STEFFEN, PLLC

/s/ Russel J. Geist Todd L. Moody (5430) Russel J. Geist (9030) 10080 W. Alta Dr., Ste 200 Las Vegas, NV 89145 Attorneys for St. Jude Children's Research Hospital

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CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of HUTCHISON & STEFFEN, and that on this 26th day of March, 2021, I caused a true and correct copy of the above and foregoing OPPOSITION TO MOTION TO STRIKE AND COUNTERMOTION FOR

ATTORNEYS' FEES AND COSTS to be served as follows:

- by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada: and/or
- pursuant to EDCR 8.05(a) and 8.05(f), to be electronically served through the \boxtimes Eighth Judicial District Court's electronic filing system, with the date and time of the electronic service substituted for the date and place of deposit in the mail.

to the attorney(s) or parties listed below at the address and/or facsimile number indicated below:

Cary Colt Payne, Esq. 700 S. 8th Street Las Vegas, NV 89101 Attorney for Theodore "Chip" E. Scheide, III

> /s/ Amber Anderson-Reynolds An Employee of Hutchison & Steffen, PLLC

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EXHIBIT 1



What's ALSAC?



American Lebanese Syrian Associated Charities (ALSAC) was founded by Danny Thomas in 1957 to be the fundraising and awareness organization for St. Jude Children's Research Hospital, and its sole mission is to raise the funds and awareness necessary to operate and maintain the hospital. ALSAC is responsible for raising 80% of the funds necessary to operate St. Jude. Learn more about why you should support our mission and our unique operating model.

From human resources, to marketing, to regional field representatives, ALSAC is always looking for the brightest professionals to join our lifesaving mission across the country. Find jobs and apply.

See all FAQs >

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If you speak another language, assistance services, free of charge, are available to you. Call 1-866-278-5833 (TTY: 1-901-595-1040)

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EXHIBIT 2



ENTITY INFORMATION ENTITY INFORMATION Entity Name: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. **Entity Number:** C3540-1978 **Entity Type:** Foreign Nonprofit Corporation (80) **Entity Status:** Active **Formation Date:** 07/12/1978 **NV Business ID:** NV19781006160 **Termination Date:** Perpetual **Annual Report Due Date:** 7/31/2021 **Domicile Name:** Jurisdiction: Illinois **Solicits Charitable Contribution:** Yes

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

| O Unlimit | ed Foreign Entities Only | 140 1000103 to VIGW. | | |
|---------------------|--------------------------------|---|---------------|--------|
| Class/Ser | ies Type | Share Number Value No records to view. | е | |
| CURREN ⁻ | T SHARES | | | |
| | 1, records 1 to 3 of 3 | - , - | | |
| | | 501 ST. JUDE PLACE, Memphis, TN, 38105, USA | 09/12/2019 | Active |
| | JUDY HABIB, CHAIR | 501 ST. JUDE PLACE, Memphis, TN, 38105, USA | 09/12/2019 | Active |
| Treasurer | Name TAMA ZAYDON, VICE CHAIR | Address 501 ST. JUDE PLACE, Memphis, TN, 38105, USA | 08/19/2020 | Active |
| Title | Nama | Addross | L act Undated | Status |
| | R INFORMATION HISTORICAL DATA | | | |
| | | | | |
| | | | | |
| | tious Website or Domain Name: | | | |
| | THEW TAYLOR | | | |
| Indiv | vidual with Authority to Act: | | | |
| Maili | ing Address: | | | |
| 701 | S CARSON ST STE 200, Carson C | ity, NV, 89701, USA | | |
| Stre | et Address: | | | |
| DEL | AWARE | | | |
| Juris | sdiction: | | | |
| Offic | ce or Position: | | | |
| NV2 | 0191497453 | | | |
| NV E | Business ID: | | | |
| Com | mercial Registered Agent | | | |
| Regi | stered Agent Type: | | | |
| CRA | Agent Entity Type: | | | |
| Activ | re | | | |
| State | | | | |
| СТ | CORPORATION SYSTEM | | | |

| No Stock Foreign Entities Only | | | |
|--------------------------------|----------------|--------------|---------------------|
| Number of No Par Value Shares: | | | |
| Total Authorized Capital: | | | |
| Total Authorized Capital: | | | |
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EXHIBIT 3



RESOLUTION

BE IT RESOLVED that on September 18, 2015 at the meeting of the Board of Governors of St. Jude Children's Research Hospital, Inc., the Board approved the following resolution:

RESOLVED, that St. Jude Children's Research Hospital, Inc., a Tennessee corporation ("SJCRH"), has designated the American Lebanese Syrian Associated Charities, Inc. (ALSAC), an Illinois corporation, as its agent to receive, handle and administer all devises, bequests and gifts of property of every kind and nature given, devised and bequeathed to SJCRH for the purpose of aiding and assisting SJCRH in its mission and has further authorized ALSAC to engage in all activities necessary and required to maximize the amount of such devises, gifts and bequests for the benefit of the SJCRH.

FURTHER RESOLVED, THAT ALSAC, under the supervision and direction of the President and Chief Executive Officer, acting alone or by and through ALSAC's Chief Administrative Officer, Chief Financial Officer, or Chief Legal Officer/General Counsel, or other individual or individuals duly appointed and designated from time to time, are authorized to perform such of the following actions as may be required to receive, handle and administer all devises, bequests and gifts of property of every kind and nature given, devised, and bequeathed to in aiding and assisting such institution in furtherance of its mission. The President and Chief Executive Officer is further authorized to engage in and undertake all such activities required to maximize the amount of such devises, gifts and bequests for the benefit of St. Jude Children's Research Hospital, Inc.

- 1. In cases involving specific or residual devises and bequests from estates, and/or gifts in kind, including but not limited to property, securities, bank accounts, annuities, life insurance policies of every kind and nature, and/or distributions from trusts of every kind and nature, the President and Chief Executive Officer, his Chief Administrative Officer, his Chief Financial Officer and his Chief Legal Officer/General Counsel or other duly authorized designee(s), may execute all receipts, waivers, consents, acknowledgements, deeds, disclaimers, title conveyances, releases, and other documents or instruments that may be required and requested by executors, administrators and personal representative of estates, by donors or trustees of trusts under which SJCRH is a named beneficiary and which is related to or required to effectuate any such gift to St. Jude Children's Research Hospital, Inc.
- 2. As the use of the corporate seal for corporations in the State of Tennessee has been abolished by statute, and the use of a corporate seal for ALSAC is not mandatory by Illinois statute, but rather discretionary, the Board hereby stipulates that all such documents shall be executed as authorized above without the seal of either corporation being affixed thereon, and the absence of such seal shall not in any way affect the validity of any such document as so executed.

RESOLVED FURTHER, that this resolution supersede any prior resolutions relating to the matters contained herein.

The following is a list of names of the persons holding the positions heretofore referenced:

President and Chief Executive Officer Richard C. Shadyac, Jr.

Emily Greer Chief Administrative Officer Jeff Pearson Chief Financial Officer

Sara L. Hall Chief Legal Officer/General Counsel

> whate Martha Perine Beard, Chairman

St. Jude Children's Research Hospital, Inc.

State of Tennessee, County of Shelby

Subscribed and sworn to before me on this 22 day of June, 2016.

ELBY COUN BY COUNTY Consission Expires

Electronically Filed 4/2/2021 1:11 PM Steven D. Grierson CLERK OF THE COURT 1 RPLY CARY COLT PAYNE, ESO. 2 Nevada Bar No. 4357 3 CARY COLT PAYNE, CHTD. 700 South Eighth Street Las Vegas, Nevada 89101 5 (702) 383-9010 carycoltpaynechtd@yahoo.com 6 Attorney for Defendant, 7 Theodore E. Scheide III 8 EIGHTH JUDICIAL DISTRICT COURT, 9 CLARK COUNTY, NEVADA 10 In the Matter of the Estate of) Case No.: P-14-082619-E 11 Dept No.: 26 THEODORE E. SCHEIDE JR. a/k/a 12 THEODORE ERNEST SCHEIDE JR.,) ORAL ARGUMENT REQUESTED 13 Deceased **REPLY TO OPPOSITION TO** 14 MOTION TO STRIKE THE 15) FRAUDULENTLY SUBMITTED) PETITION NAMING ST. JUDE 16) RESEARCH HOSPITAL AS 17) PETITIONER AND RELATED RELIEF AND OPPOSITION TO 18 **COUNTERMOTION FOR** ATTORNEY'S FEES AND COSTS. 19 20) Date of Hearing: April 14, 2021) Time of Hearing: 10:30 a.m. 21 22 23 COMES NOW, Theodore E. Scheide III, son of the decedent, by and through 24 his attorney, CARY COLT PAYNE, ESQ., of the law firm of CARY COLT PAYNE, 25 26 CHTD., and hereby submits this Reply to Opposition to Motion to Strike the 27 Fraudulently submitted Petition naming St. Jude's Research Hospital as Petitioner 28 1

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and Related Relief and Opposition to Countermotion for Attorney's Fees and Costs, filed because of St. Jude Research Hospital's failure to comply with NRS 82.5234(2), and respectfully requests that this Court enter an Order:

- Remedying the fraud the American Lebanese Syrian Associated Charities ("Lebanese Charities") committed upon this Court and striking the Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") that was filed on 09/13/2016;
- Striking and vacating all judgments, orders, and filings related to and/or stemming from the filing of the above referenced fraudulent Petition;
- Finding St. Jude's Research Hospital ("St. Jude") is not qualified to do business in this State as defined by Nevada Law and as a result cannot commence or maintain any action or proceeding in any court of this State as a matter of law (NRS §82.5234);
- 4. Finding Lebanese Charities lacks standing, is not a real party in interest, and cannot assert third party rights, in this matter;
- 5. Denying the "Countermotion" improperly filed on behalf of St. Jude Children's Research Hospital;
- 6. Sanctioning St. Jude Children's Research Hospital and its counsel and warding Movant attorney's fees for having to bring this matter and defending a baseless opposition and countermotion; and
- Addressing any additional relief this Court deems necessary and appropriate.

This Reply and Opposition is brought and supported pursuant to the affidavit(s) filed herein, the enclosed Points and Authorities attached hereto, the declarations of the interested parties, the papers and pleadings on file, all applicable

legal authority, and any argument allowed by this Court. Dated: April 2, 2021. CARY COLT PAYNE, ESQ. Nevada Bar No. 4357 CARY COLT PAYNE, CHTD. 700 South Eighth Street Las Vegas, Nevada 89101 Attorney for Theodore E. Scheide III

MEMORANDUM OF POINTS AND AUTHORITIES

I.

INTRODUCTION

Faced with the *inescapable* determination that laws were violated, litigation was improperly and impermissibly initiated by an entity that lacked the standing and ability to do so, and facilitated with the aid and collaboration of Hutchison & Steffen, St. Jude Children's Research Hospital, through counsel, launch a frantic and transparent response designed to deflect focus on those irrefutable facts, and controlling precedent that necessitate the termination of the instant action and the striking of the subject Petition in its entirety.

Sadly, and shockingly, truth and candor are not the desideratum of the Opposition and Countermotion ("Opposition"). Rather, the Opposition is a quintessential "C.Y.A.", designed to enable opposing counsel to evade accountability and preserve an action that, by law, cannot stand. Included in opposing counsel's stratagem, is blatant hypocrisy, gross misstatements of law, and unsupported and untrue conclusions.

Significantly, the applicable legal authority cited in the instant motion confirms the Petition at issue² and all filings related thereto, or stemming therefrom,

¹ An acronym recognized to stand for "Cover Your Actions".

² The Record confirms the Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") was filed on 09/13/2016 by Lebanese Charities and not St. Jude Children's Research Hospital ("St. Jude") as identified in

must be stricken from the record and any orders be vacated and set aside. The Petition was improperly filed with this Court and the filing and resulting actions are disallowed and impermissible as a matter of law³; the litigation wrongfully and impermissibly commenced by St. Jude which constituted fraud upon this Court and an abuse of the legal system that must be remedied.

For the sake of brevity, the legal authority and argument submitted in the underlying motion is incorporated by reference. However, because of the significant misstatements contained in the Opposition, much needed clarification and correction will be provided. In sum, the Opposition is legally flawed⁴ and insufficient to prevent this Court from remedying the fraud of St. Jude, striking all filings improperly and impermissibly filed, and dismissing their action in its entirety.

II.

STATEMENT OF FACTS

As a threshold matter, the Statement of Facts provided in the underlying Motion to Strike are accurate and essentially remain unchallenged. Thus, they are incorporated herein by reference. Notwithstanding, the "Background" provided by

the caption. Submitted herewith as Exhibit "A" for the Court's convenience and review.

³ See NRS §82.5234(2)³.

⁴ In short, St. Jude was barred by law from filing or pursuing suit in Nevada, and Lebanese Charities lacks/lacked standing to bring and maintain the action it fraudulently filed and maintained as "St. Jude", conduct which failed to constitute requisite jurisdiction for this Court to entertain the matter.

 St. Jude is a gallimaufry, composed of the irrelevant, the misleading, and what appears to be needless self-promotion taken verbatim from one of the countless St. Jude commercials that flood Nevada television channels daily seeking money from Nevada residents.

Significantly, St. Jude admits that Lebanese Charities and St. Jude are two separate entities⁵ and that Lebanese Charities is the *only* foreign nonprofit corporation that is qualified to do business in this State⁶; St. Jude is not and therefore has no right or authority to initiate or commence litigation in this State⁷. While St. Jude claims Lebanese Syrian is a "fundraising and awareness organization for St. Jude" whose "sole mission is to raise the funds and awareness necessary to operate and maintain the hospital", they incredulously attempt to justify their violation of Court Rule and impermissible litigation through corporate "resolution".

Of course, St. Jude conceals the fact that Court Rules and jurisdictional mandates cannot be circumvented through corporate resolution—and significantly, fail to submit any legal authority that would support such an absurd claim. Aside from the patent falsity of such a position, the absence of any legal authority allows this Court to consider it an admission from St. Jude that their position lacks merit and cause for denial. EDCR 2.20.

⁵ St. Jude's opposition, page 3, line1.

 $^{^{6}}$ *Id.*, pages 2 – 3.

⁷ NRS §82.5234

 Frankly, it doesn't matter if St. Jude "corporately resolved" to allow Lebanese Charities to "handle and administer" the pursuit of funds for St. Jude; corporate resolution does not displace or supersede Court Rule and jurisdictional mandates. Accordingly, whether Lebanese Charities and/or Fred E. Jones had St. Jude's authority, or even St. Jude's directive, the initiation of the litigation was improper and impermissible as a matter of law.

Counsel for St. Jude *never* disclosed to the Court that their client, St. Jude, a "nonprofit" corporation, was "not qualif[ied] to do business in this State" and thus, as a matter of law, disallowed and unable to "commence or maintain any action or proceeding in any court of this State" nor did counsel disclose Lebanese Charities (who, according to the record, was never represented by Hutchinson & Steffen) lacked standing, did not have a legally recognizable interest in the matter, and was committing fraud upon the Court with the filing they allowed.

Accordingly, the jurisdictional prohibition stemming from the brazen violation of Court Rules and misuse of the legal system, coupled with the corresponding manipulation/fraud St. Jude and Lebanese Charities committed upon

⁸ The laws violated, included, but not limited to, NRS §82.523 and NRS §82.5234(2))

⁹ As detailed from available records, the term "nonprofit" is used loosely.

¹⁰ NRS §82.5234. Such concealment, if known, would constitute a violation of the duty of candor that is owed this Court (*see Thomas v. City of NLV*, 122 Nev. 82, 127 P.3d 1057 (2006)); and if not known, an arguable violation of NRCP 11 and failure to perform adequate due diligence. St. Jude also failed to comply with NRS §82.523.

this Court, must be remedied and the impermissible and unlawful action commenced by St. Jude must be terminated and all filings stricken from the record.

III.

LEGAL ANALYSIS

A. Legal Standard

It is significant to note that St. Jude *concedes* "[a] foreign corporation, whether for profit or nonprofit, *must* register with the Nevada Secretary of State '[b]efore commencing or doing any business in this State." St. Jude does not contend it was registered with the Nevada Secretary of State as required by law¹², but in a failed endeavor to evade the fatal impact of such a fact, St. Jude engages in crafty semantics (albeit deceitfully) by mischaracterizing St. Jude's actions and misstating the law.

With strokes of a keyboard, St. Jude now characterizes their filing of the subject Petition as merely "maintaining, defending or settling any proceeding" in this State, and therefore not "doing business" in this State. With such "interpretation", St. Jude concludes that even though they are a foreign nonprofit corporation not registered or qualified to do business in this State, they were not subject to the mandates and parameters of NRS §82.5234. Of course, their position is legally infirm and unsustainable.

¹¹ St. Jude's opposition, page 4, lines 4-5, citing NRS §80.010(1).

1. St. Jude unlawfully commenced an action or proceeding in this Court.

First, St. Jude filed a Petition—not an answer. It is well-established that the filing of a Petition is the *commencement* of an action¹³; *not* the "maintaining, defending, or settling of any proceeding" as St. Jude would like this Court to believe. St. Jude mischaracterizes their actions and grossly misstates the law.

As this Court knows, in commencing an action, the petitioner is purposefully availing itself of the benefits and services of the Nevada courts. Just as the legislature *prohibits* anyone from commencing an action for the dissolution of their marriage unless they have resided in Nevada for six (6) weeks prior to commencing suit¹⁴, the legislature has also unequivocally stated that a foreign nonprofit corporation not qualified to do business in this State—such as St. Jude, *cannot* commence litigation or seek such benefits or services within this State¹⁵.

Those seeking a divorce in Nevada cannot circumvent the residency requirement through agreement or mutual resolution, and a foreign nonprofit corporation cannot circumvent the legislative requirements through "corporate resolution". Of course, defending a suit is significantly different than commencing one, which is why there is not residency requirement for defending a dissolution

¹² See NRS §80.010; NRS §82.523; NRS §82.5234

¹³ See Kizer v. Ortiz, 219 Cal.App.3d 1055, 268 Cal.Rptr. 666 (1990); Commonwealth v. Scarborough, 64 A.3d 602 (2013); In re Covelli, 550 B.R. 256 (2016).

¹⁴ See NRS §125.020(e).

¹⁵ NRS §82.5234(2).

 action. By the same token, the legislature also protected Nevada residents by allowing them to sue and seek redress from foreign nonprofit corporations *without* the corporation having to be qualified to do business in this State, and expressly allows the foreign nonprofit corporation to defend any action, suit, or proceeding.¹⁶

By characterizing their commencing an action as "maintaining" an action, St. Jude incredulously expects this Court to overlook or excuse such a critical distinction between commencing and defending an action¹⁷.

2. St. Jude clearly does business in this State and derives considerable financial benefit therefrom.

Further, the untruthfulness of St. Jude's representation they were not doing business in this State is readily disproved with recognition of their purposeful and extensive actions directed towards the residents of Nevada, including the expenditure of seemingly endless funds for the purchase of advertising on multiple television channels, for the thousands of ads they run each day, all year long, targeting the residents of Nevada¹⁸ as they seek their money, whether be it in the form of gifts, contributions, donations, or any other method that gets them the money.

¹⁶ NRS §82.5234(6).

As Abraham Lincoln once said, "calling a calf's tail a leg don't make it a leg."

¹⁸ St. Jude knowingly and intentionally places ads that run throughout the day, every day, seeking money from Nevada residents. The sheer volume is enough to establish they are, indeed, doing business in Nevada.

Indeed, without so much as a single affidavit or admissible document, St. Jude simply, and conveniently, denies it is "doing business" in the State of Nevada. Yet, the overwhelming and irrefutable evidence confirms St. Jude solicits money, has offices, raffles real estate, purchases, provided, and runs endless advertising targeted at Nevada residents, and unquestionably "conducts business" in this State. See NRS 76.100. Should the court wish additional detail and documentation pertaining to the nature and extent of St. Jude's "doing business" in this State (and/or the fraud they committed upon this Court), counsel will readily provide the same pursuant to whatever discovery is allowed by this Court.

The Nevada Statutes differentiates between foreign for profit and foreign non-profit organizations for important policy reasons designed to protect its citizens from "non-profit" corporations. This is because by their very nature, non-profit corporations do not provide a formal service or sell a product; instead, their very purpose is to simply "take" donations, contributions, or do anything that will enable them to raise money. As a result, *non-profit corporations must comply with the laws of this State*¹⁹—and *cannot* evade legal mandates through corporate resolution or mischaracterization.

St. Jude is soliciting funds and doing business in Nevada at the same time.

The Legislature has clearly stated in NRS §80.016 that the considerable, never-

¹⁹ See NRS 82, et. seq.

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ending, radio and television ads that St. Jude uses to target the residents of Nevada constitutes solicitation of funds in this State.

Continuing, in Marcus v. J.R. Watkins Co.²⁰, the Alabama Supreme Court opined that less activity would be required to find a corporation was "doing business" as referenced in statutory provisions than when a foreign corporation invokes the protection of the state courts. The Marcus court concluded:

the evidence clearly establishes that the plaintiff here is a foreign corporation which is in fact doing a substantial amount of business within the state of Alabama and has been so engaged for a number of years. This foreign corporation seeks the aid of our courts and has not qualified with the Secretary of State as required by our Legislature. We think clearly under our statutes and constitution that it is not entitled to sue on the contract here involved and that the same is unenforceable under the circumstances (emphasis supplied)²¹.

St. Jude purposefully directs its activities and services to the residents of Nevada, purposefully and significantly derives significant financial benefit through such activities, and despite their doing business in this State, incorrectly believe they can skirt the law through "corporate resolution"²². In sum, St. Jude clearly

²⁰ 279 Ala. 584, 188 So.2d 543 (1966).

²¹ Id., at 589.

²² See Burger King Corp. v. Rudzewicz, 471 U.S. 462 (1985) (purposeful availment occurs where a nonresident defendant "'purposefully direct[s]' [its] activities at residents of the forum" (id, at p. 472), "'purposefully derive[s] benefit' from' its activities in the forum (id. at p. 473), "create[s] a 'substantial connection' with the forum" (id. at p. 475), "'deliberately' has engaged in significant activities within" the forum (id. at pp. 475-476), or "has created 'continuing obligations' between [itself] and residents of the forum" (id. at p. 476); Snowney v. Harrah's Entertainment, 35 Cal.4th 1054 (2005) (purposeful availment exists whenever the defendant purposefully and voluntarily directs its activities toward the forum state in an effort to obtain a benefit from that state) (emphasis supplied);

does business and by law was, and is, unable to commence suit and the subject Petition they filed was improper and impermissible.

B. St. Jude's opposition is factually and legally flawed.

Try as they may, St. Jude is unable to prevent the requisite remedial measures that are necessary because of their violation of the laws of this State and the corresponding fraud committed upon this honorable Court.

St. Jude's hypocrisy is highlighted with its condescending comment that "a licensed Nevada attorney would have researched all applicable laws in Nevada"²³ (which movant and his counsel did), while failing to do so themselves—or at the very least, ignoring the law and then misstating the law to the Court when their unlawful conduct was revealed.

As established above, St. Jude commenced the subject action by filing an impermissible and unlawful Petition. Commencing an action does not, by any stretch of one's imagination or application of law, equate to "maintaining or defending a legal proceeding" as claimed through St. Jude's inexcusable distortion of the law.

St. Jude also falsely represents "Chip does not allege St. Jude is [] nonprofit corporation doing business in Nevada..."²⁴; a claim clearly disproven with even a cursory review of the underlying motion and corresponding legal authority and

²³ St. Jude opposition, page 4, lines 21-22.

²⁴ Id.

[,] lines 26-27.

argument. Chip unequivocally alleges St. Jude is a nonprofit corporation doing business in Nevada and that they violated the law, committed Fraud, manipulated the Court, and abused the legal system.

Continuing, the suggestion St. Jude does business in its State of incorporation (Tennessee), means it does not do business in any other State, is illogical and unsound. Indeed, using such reasoning, the Coca Cola company, and countless other corporations, only "do business" in Delaware²⁵ (or state of their incorporation)—a position that is utterly unsustainable and patently absurd.

1. The attention and reliance of St. Jude on Lebanese Charities is meaningless and misplaced.

To be clear, St. Jude is the named Petitioner of the impermissible and unlawfully filed Petition, and the alleged real party in interest—not Lebanese Charities. However, Lebanese Charities signed the Petition—not St. Jude. Lebanese Charities is qualified to do business in this State, and thus, by law, could initiate litigation (file a Petition), if, and only if, they were a real party in interest and had the requisite standing to do so—but St. Jude is not qualified to do business in this State and cannot, as a matter of law, commence litigation (file a Petition).

Of course, Lebanese Charities is not, and does not claim to be, the real party in interest or profess to have standing to commence litigation in this State in the subject action—that belongs solely to St. Jude, who is, and was, prohibited by law

from filing the subject Petition. St. Jude endeavors to divert the Court's attention from these fatal facts by suggesting St. Jude can circumvent the law through "corporate resolution" and the collaboration of Lebanese Charities. The argument is ill-judged and contrary to law.

Aside from the fact St. Jude's exhibits constitute inadmissible hearsay, St. Jude's Board Resolutions do not allow them to evade the law²⁶. Thus, whether Lebanese Charities is authorized to "maintain, defend or settle any proceeding" on behalf of St. Jude, which significantly, *is not part of the board resolution itself*, is quite frankly, irrelevant. The "corporate resolution" does *not* reference "commence or initiate" litigation, and as a result, Fred Jones' signature as Director of Lebanese Charities was improper and insufficient. Notwithstanding, even if the corporate resolution did reference the commencement of any action, it would not supersede the express parameters of the law. St. Jude is bound to follow the law, just as everyone else²⁷.

²⁵ The Coca-Cola Company was incorporated under Delaware's General Corporation Law, but is headquartered in Atlanta, Georgia. Under St. Jude's reasoning, Coca-Cola still isn't doing business in Atlanta, Georgia either.

²⁶ It is significant to note the "Board Resolutions" do not even infer, let alone identify, that Lebanese Charities is explicitly authorized by St. Jude "to maintain, defend or even settle" any proceeding regarding "all devises, bequests". St. Jude simply mischaracterizes their Resolution, as they do the laws of this State, in order to avoid the consequences of their unlawful conduct and decision to disenfranchise the Scheide family.

²⁷ As established *infra*, St. Jude was prohibited by law from filing the subject Petition and maintaining any action; Lebanese Charities lacked standing to file the subject Petition; and St. Jude never "resolved" authority to commence litigation upon Lebanese Charities. These material facts were concealed by St. Jude,

2. St. Jude's reliance on purported equitable defenses is inapplicable and unsustainable.

It is significant to note *St. Jude does not contest or challenge* the legal authority and argument Chip presented to the Court in his underlying Motion to Strike, pertaining to: (1) the applicability of NRCP 60(b); (2) that St. Jude's Petition was fraudulent and must be stricken from the record; (3) the absence of standing and the requisite interest; and (4) the absence of jurisdiction that renders all orders void ab initio. Accordingly, for the sake of brevity, such argument and authority are incorporated herein by reference.

Instead, St. Jude simply hopes the Court will excuse and ignore their violation of law, the absence of standing and jurisdiction, and their violation of the duty of candor that is owed this Court, by accepting their conclusory contention that St. Jude can get away with what they did because of equitable doctrine(s). As with their preceding actions, such a position is not supported by applicable precent and the facts of this case.

In sum, St. Jude references just two equitable doctrines—waiver and laches—none of which are applicable to the matter at hand. Addressing the futility of the "waiver" argument first, it must be noted St. Jude fails to cite to any legal

Lebanese Charities, and more disturbingly, from Counsel—thereby constituting a fraud upon this Court. Additionally, an IRC 501(c) charity, in order for St. Jude to sustain its claims regarding Lebanese Charities, it must meet and comply with established and defined organizational tests as well as the operational tests—which they do not. See IRS 501(c)(3); Reg. $\S(c)(3) - 1(d)$; 1(6); 1(c); Code Sec. 501(m) or (n).

authority to support their claim. EDCR 2.20 allows the Court to consider the absence of legal authority as an admission the position lacks merit and the ability to summarily reject/deny their argument.

The only authority St. Jude references in support of its claim "laches" is applicable, is *Besnilian v. Wilkinson*²⁸—which, upon review, actually confirms the doctrine of laches provides St. Jude *no avenue* of escape or relief. Indeed, although St. Jude concedes a party that seeks "to invoke 'laches', *must show* that the delay caused actual prejudice," *St. Jude fails to address, let alone overcome their burden, of showing any delay "caused actual prejudice."*

The reason St. Jude ignores their burden is because an entity that is prohibited by law from even filing a Petition/commencing an action in this State, who fraudulently conceals that and other material facts from the Court, cannot show "actual prejudice" when their unlawful, impermissible, and improper actions are brought to the Court's attention. In other words, St. Jude contends the law and jurisdictional considerations can be ignored if the deficiencies and improprieties are concealed from the Court for any period of time.

St. Jude was fully aware of the law prohibiting them from filing the subject Petition—but did so anyway—concealing their violations of law and candor from everyone, including this Court. Neither St. Jude or Lebanese Charities had the

²⁸ 117 Nev. 519, 25 P.3d 187 (2001).

²⁹ St. Jude's opposition, page 6, lines 6-7; Besnilian, 117 Nev. at 522.

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authority and standing to file the subject Petition³⁰. The lack of jurisdiction renders all orders resulting therefrom void ab initio³¹.

In conclusion, Chip is entitled to have St. Jude's Petition, and related filings, stricken from the Record and all related orders vacated³². Applicable precedent clearly allows the Court to remedy fraud that was committed upon it at anv time33. The law and facts of this case also confirm St. Jude and Lebanese Charities lacked the requisite standing and ability to file the subject Petition in this matter.³⁴ Finally, this Court lacked jurisdiction to entertain St. Jude's petition and as a matter of law, all resulting orders are void ab initio35. As this Court knows, subject matter jurisdiction cannot be waived or ignored by the Court. 36

³⁰ See legal authority and argument set forth in Section III(C) of Chip's underlying motion.

³¹ See legal authority and argument set forth in Section III(D) of Chip's underlying

³² See NRCP 60(b)(3); NRCP 60(b)(4); NRCP 60(b)(6); see also Section III(A), of Chip's underlying Motion to Strike; A-Mark Coin Co. v. Estate of Redfield, 94 Nev. 495, 585 P.2d 359 (1978).

³³ See NRCP 60(d)(3); see also Section III(B) of Chip's underlying Motion to Strike and authority cited therein.

³⁴ See Section III(C) of Chip's underlying Motion to Strike and authorities cited therein.

³⁵ See Section III(D) of Chip's underlying Motion to Strike and authorities cited

³⁶ See Basin Energy Co. v. Howard, 447 S.W.3d 179 (2014); McCullough & Sons, Inc. v. City of Vadnais-Heights, 883 N.W.2d 580 (2016) ("Courts can question subject-matter jurisdiction at any time, even if the parties to a case have not done so."); Sadjadi v. Liberty Mut. Ins. Co., ("defects in subject matter jurisdiction cannot be waived"); see also Washoe Cty. V. Otto, 128 Nev. 424, 282 P.3d 719 (2012) (explaining that a district court lacks subject matter jurisdiction to consider a petition for judicial review where the petitioner fails to comply with the statutory requirements for filing the petition"); Vaile v. Eighth Judicial Dist.

The only equitable doctrine that would apply in this matter is the doctrine of "unclean hands" which would bar St. Jude from seeking and obtaining any relief from this Court because of their egregious, unlawful, and fraudulent conduct³⁷.

C. Chip is the only party entitled to, and deserving of, an award of Attorney's Fees.

St. Jude should be ordered to pay Chip's attorney's fees and costs for having to bring St. Jude's unlawful conduct, violation of its duty of candor, and continuing bad faith before this Court, and now responding to a baseless opposition that is devoid of merit, riddled with gross misstatements of fact and law, and lacking of dispositive facts. NRS 18.010 provides, in pertinent part, as follows:

- 1. The compensation of an attorney and counselor for his or her services is governed by agreement, express or implied, which is not restrained by law.
- 2. In addition to the cases where an allowance is authorized by specific statute, the court may make an allowance of attorney's fees to a prevailing party:
- (a) When the prevailing party has not recovered more than \$20,000; or
- (b) Without regard to the recovery sought, when the court finds that the claim, counterclaim, cross-claim or third-party complaint or defense of the opposing party was brought or maintained without reasonable ground or to harass the prevailing party. The court shall liberally construe the provisions of this paragraph in favor of awarding attorney's fees in all appropriate situations. It is the intent of the Legislature that the court award attorney's fees pursuant to this paragraph and impose sanctions pursuant to Rule 11 of the Nevada

Court, 118 Nev. 262, 44 P.3d 506 (2002) (providing that subject matter jurisdiction cannot be waived).

³⁷ See Las Vegas Fetish & Fantasy Halloween Ball, Inc. v. Ahern Rentals, Inc., 124 Nev. 272, 182 P.3d 764 (2008).

Rules of Civil Procedure in all appropriate situations to punish for and deter frivolous or vexatious claims and defenses because such claims and defenses overburden limited judicial resources, hinder the timely resolution of meritorious claims and increase the costs of engaging in business and providing professional services to the public.

Additionally, E.D.C.R. 7.60(b) states:

- (b) The court may, after notice and an opportunity to be heard, impose upon an attorney or a party any and all sanctions which may, under the facts of the case, be reasonable, including the imposition of fines, costs or attorney's fees when an attorney or a party without just cause:
- (1) Presents to the court a motion or an opposition to a motion which is obviously frivolous, unnecessary or unwarranted.
- (2) Fails to prepare for a presentation.
- (3) So multiplies the proceedings in a case as to increase costs unreasonably and vexatiously.
- (4) Fails or refuses to comply with these rules.
- (5) Fails or refuses to comply with any order of a judge of the court.

Further, NRS 7.085 also provides this Court with the requisite authority to make Chip whole for St. Jude's bad faith and frivolous filing. Therein, it states:

- 1. If a court finds that an attorney has:
- (a) Filed, maintained or defended a civil action or proceeding in any court in this State and such action or defense is not well-grounded in fact or is not warranted by existing law or by an argument for changing the existing law that is made in good faith; or
- (b) Unreasonably and vexatiously extended a civil action or proceeding before any court in this State, the court shall require the attorney personally to pay the additional costs, expenses and attorney's fees reasonably incurred because of such conduct.
- 2. The court shall liberally construe the provisions of this section in favor of awarding costs, expenses and attorney's fees in all appropriate situations. It is the intent of the Legislature that the court award costs, expenses and attorney's fees pursuant to this section and impose sanctions pursuant to Rule 11 of the Nevada Rules of Civil Procedure in all appropriate situations to punish for and deter frivolous

or vexatious claims and defenses because such claims and defenses overburden limited judicial resources, hinder the timely resolution of meritorious claims and increase the costs of engaging in business and providing professional services to the public. (emphasis added).

Thus, "NRS 7.085 allows a district court to make an attorney personally liable for the attorney fees and costs an opponent incurs when the attorney files, maintains or defends a civil action that is not well-grounded in fact or is not warranted by existing law or by a good-faith argument for changing the existing law." 38

NRCP 11 also enables this Court to impose sanctions if any pleading, written motion, or other paper is filed that is being filed for any improper purpose, such as to "harass, cause unnecessary delay, or needlessly increase the cost of litigation" and when an attorney "certifies" or otherwise facilitates the assertion of a claim that is not permissible as a matter of law.

The Nevada Supreme Court, in Watson Rounds, held that NRCP 11 and NRS 7.085 each represent a distinct, independent mechanism for sanctioning attorney misconduct. 131 Nev. at 791. Despite the transparent deflection and evasion of St. Jude's counsel, they are the ones who have clearly failed to have researched what constitutes "doing business", and more troubling, misstated the law in furtherance of St. Jude's unlawful and impermissible actions. Misstatements of law and

³⁸ Watson Rounds, P.C., v. Eighth Judicial Dist. Ct. (Himelfarb & Associates), 131 Nev. 783, 784, 358 P.3d 228, 230 (2015).

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unfounded, unsupported, and incorrect conclusions cannot cure the impermissibility and unlawfulness of their actions. See NRPC 3.3(1)³⁹.

What St. Jude is expressly prohibited by Nevada law from doing; St. Jude does it anyway. Thereafter, St. Jude misstates their commencing an action—in violation of the law, as merely "defending" an action. St. Jude further falsely claims they are not doing business in Nevada—just spending millions and taking even more from the residents of this State. Holding St. Jude accountable for their wrongful, impermissible, and unlawful actions does not prejudice them, but rather ensures the laws of this State and intent of our Legislature is upheld.

IV.

CONCLUSION

Laws were broken, fraud was committed, and the Court lacked jurisdiction, all mandating the striking of the Petition and necessitating the remedial measures identified below. Based upon the foregoing reasons, movant and son of the decedent, Theodore E. Scheide III, respectfully requests an order be entered:

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

³⁹ Rule of Professional Conduct that prohibits an attorney from knowingly making a false statement of fact or law to a tribunal.

- 2. Striking and vacating all judgments, orders, and filings related to and/or stemming from the filing of the above referenced fraudulent Petition;
- 3. Finding St. Jude's Research Hospital ("St. Jude") is not qualified to do business in this State as defined by Nevada Law and as a result cannot commence or maintain any action or proceeding in any court of this State as a matter of law (NRS §82.5234);
- 4. Finding Lebanese Charities lacks standing, is not a real party in interest, and cannot assert third party rights, in this matter;
- 5. Denying the "Countermotion" improperly filed on behalf of St. Jude Children's Research Hospital;
- 6. Sanctioning St. Jude Children's Research Hospital and its counsel and warding Movant attorney's fees for having to bring this matter and defending a baseless opposition and countermotion; and
- 7. Addressing any additional relief this Court deems necessary and appropriate.

Dated this 2nd day of April, 2021.

CARY COLT PAYNE, CHTD.

Cary Colt Payne, Esq.

State Bar of Nevada No. 4357

700 South Eighth Street Las Vegas, Nevada 89101

Telephone: (702) 383-9010

Attorney for

Theodore E. Scheide III

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

- 1. That I am the movant in this action and am competent to testify as to the matters stated herein.
- 2. I have read the foregoing Reply and Opposition and the factual averments it contains are true and correct to the best of my knowledge, except as to those matters based on information and belief, and as to those matters, I believe them to be true. Those factual averments contained in the referenced filing are incorporated here as if set forth in full.

DATED this 2^{nd} day of April, 2021.

Theodore E. Scheide III

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of Cary Colt Panye, Esq. that Pursuant to NRCP 5(b) and EDCR 7.26, I certify that on the 2nd day of April, 2021, I served the foregoing REPLY TO OPPOSITION TO MOTION TO STRIKE THE FRAUDULENTLY SUBMITTED PETITION NAMING ST. JUDE RESEARCH HOSPITAL AS PETITIONER AND RELATED RELIEF AND OPPOSITION TO COUNTERMOTION FOR ATTORNEY'S FEES AND COSTS on the following parties by E-Service through Odyssey and/or US Mail addressed as follows:

Todd L. Moody, Esq.
Russel J. Geist, Esq.
HUTCHINSON & STEFFEN, PLLC
tmoody@hutchlegal.com
rgeist@hutchlegal.com

By:/s/ Loty Vetrant
Employee of Cary Colt Payne, Esq.

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Location : All Courts Images Help

REGISTER OF ACTIONS

CASE No. P-14-082619-E

In the Matter of: Theodore Scheide Jr., Deceased

Probate - Special § § Case Type: Administration 10/02/2014 Date Filed: *\omega \omega \omega* Location: Department 26 Cross-Reference Case Number: P082619 Supreme Court No.: 76924 84279 §

RELATED CASE INFORMATION

Related Cases

W-16-010344 (Companion Case)

PARTY INFORMATION

Decedent Scheide Jr., Theodore Ernest Male

DOD: 08/17/2014

Objector St. Jude Children's Research Hospital Todd L Moody Retained 702-385-2500(W)

Lead Attorneys

Other Scheide, Theodore, III

6016 Wellesley AVE Pittsburgh, PA 15206 **Bradley J. Hofland** Retained 702-895-6760(W)

Other St. Jude Children's Research Hospital

Todd L Moody Retained 702-385-2500(W)

Petitioner Hoy, Susan

6625 S Valley View DR STE 216 Las Vegas, NV 89118

Female

Kim Boyer Retained 702-255-2000(W)

Special Hoy, Susan

Administrator 6625 S Valley View DR

STE 216 Las Vegas, NV 89118 Female

Kim Boyer Retained 702-255-2000(W)

EVENTS & ORDERS OF THE COURT

04/14/2021 Motion to Strike (10:30 AM) (Judicial Officer Sturman, Gloria)

Notice of Motion and Motion to Strike the Fraudulently Submitted Petition Naming St. Jude's Research Hospital as Petitioner and Related Relief

Minutes

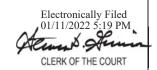
04/14/2021 10:30 AM

Joseph Powell, Esq. present. Following arguments by counsel, Court stated its findings, and ORDERED, motion DENIED in its entirety. Mr. Powell to prepare and submit order to Mr. Payne for approval as to form and content.

05/07/2021 3:00 AM

Parties Present

Return to Register of Actions



ORDR

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

(702) 385-2086 tmoody@hutchlegal.com rgeist@hutchlegal.com

Attorneys for St. Jude Children's Research Hospital

DISTRICT COURT CLARK COUNTY, NEVADA

In the Matter of the Estate of

THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR.,

Deceased.

Case No. P-14-082619-E Department 26

Date of Hearing: April 14, 2021 Time of Hearing: 10:30am

ORDER DENYING MOTION TO STRIKE AND COUNTERMOTION FOR ATTORNEYS' FEES AND COSTS

Date of hearing: July 30, 2021 Time of hearing: 9:30 a.m.

Theodore E. Scheide III's *Motion to Strike the Fraudulently Submitted Petition Naming St. Jude's [sic] Research Hospital as Petitioner and Related Relief* (the "Motion to Strike") came on regularly for hearing April 14, 2021. Joseph J. Powell, Esq., of the law firm of Hutchison & Steffen, LLC appeared on behalf of St. Jude Children's Research Hospital ("St. Jude") and Cary Colt Payne, Esq., of the law office of Cary Colt Payne, Chtd. appeared on behalf of Theodore E. Scheide III ("Chip"). The Court having reviewed the Motion to Strike, St. Jude's Opposition, and all papers filed herein, and having heard the arguments of counsel, now finds and orders as follows:

FINDINGS OF FACT

This Court issued its Decision and Order on August 6, 2018, denying St. Jude's petition admit Theodore E. Scheide, Jr.'s ("Decedent") October 2, 2012 will as a lost will. St. Jude appealed, and the

Page 1

Nevada Supreme Court issued its decision and order on December 31, 2020, in which it reversed and remanded "with instructions for the district court to probate the lost will." Upon probate of the will pursuant to the December 31, 2020 order of the Nevada Supreme Court, Chip is determined to be a disinherited heir with no further interest in the Decedent's Estate, and St. Jude is the sole heir of the Decedent's Estate.

Chip filed a Motion for Rehearing before the Nevada Supreme Court on January 15, 2021, which was denied on February 4, 2021 and the Nevada Supreme Court issued a remittitur on March 16, 2021.

Thereafter, Chip filed his Motion to Strike requesting the following relief from this Court:

- 1. Remedying the fraud the American Lebanese Syrian Associated Charities ("Lebanese Charities") committed upon this Court and striking the Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) ("Petition") that was filed on 09/13/2016;
- 2. Striking and vacating all judgments, orders, and filings related to and/or stemming from the filing of the above referenced fraudulent Petition;
- 3. Finding St. Judge's Research Hospital ("St. Jude") has neither registered and is not qualified to do business in this State as defined by Nevada Law and as a result cannot commence or maintain any action or proceeding in any court of this State as a matter of law (NRS 82.523, §82.5234);
- 4. Finding Lebanese Charities lacks standing, is not a real party in interest, and cannot assert third party rights, in this matter; and
- 5. Addressing any additional relief this Court deems necessary and appropriate.

Motion to Strike at 2:4-18.

St. Jude opposed Chip's Motion to Strike asserting that, notwithstanding the requirement in NRS 80.010(1) for a foreign corporation, whether for profit or nonprofit, to register with the Nevada Secretary of State "[b]efore commencing or doing any business in this State," NRS 80.015(1) provides a long, non-exhaustive list of activities that "do not "constitute doing business in this State," including, "(a) Maintaining, defending or settling any proceeding" for the purpose of determining whether registration is required.

This Court explicitly finds that St. Jude, as a foreign nonprofit corporation, is not "doing business in Nevada for its activities in Nevada involving "[m]aintaining, defending or settling any proceeding" with respect to the Decedent's Estate and therefore does not have to register with the Secretary of State. St. Jude is permitted under Nevada law to maintain, defend or settle any proceeding including the Estate of Theodore E. Scheide Jr. without registering with the Secretary of State. NRS 80.015(1)(a).

St. Jude represented in its Opposition to the Motion to Strike that American Lebanese Syrian Associated Charities ("ALSAC") "was founded by Danny Thomas in 1957 to be the fundraising and awareness organization for St. Jude Children's Research Hospital, and its sole mission is to raise the funds and awareness necessary to operate and maintain the hospital. ALSAC is responsible for raising 80% of the funds necessary to operate St. Jude." From https://www.stjude.org/about-st-jude/faq/whats-alsac.html.

St. Jude also presented a copy of St. Jude's June 22, 2016, Board Resolution signed by Martha Perine Beard, Chairman, on behalf of St. Jude Children's Research Hospital, Inc. in which St. Jude specifically:

RESOLVED, THAT ALSAC, under the supervision and direction of the President and Chief Executive Officer, acting alone or by and through ALSAC's Chief Administrative Officer, Chief Financial Officer, or Chief Legal Officer/General Counsel, or other individual or individuals duly appointed and designated from time to time, are authorized to perform such of the following actions as may be required to receive, handle and administer all devises, bequests and gifts of property of every kind and nature given, devised, and bequeathed to in aiding and assisting such institution in furtherance of its mission.

The Board of St. Jude specifically authorized the Chief Legal Officer/General Counsel "or duly authorized designee(s)" of ALSAC to "execute all receipts, waivers, consents, acknowledgments, deeds, disclaimers, title conveyances, release, and other documents or instruments that may be required and requested by executors, administrators and personal representative of estates, by donors or trustees of trusts under which [St. Jude] is a named beneficiary and which is related to or required to effectuate any such gift to [St. Jude]." Id. The Board Resolution specifies the Chief Legal Officer/General Counsel of ALSAC as Sara L. Hall, to whom Fred E. Jones, Jr. of ALSAC reports in the legal department. Fred E. Jones, Jr. signed the Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) filed on September 13, 2016.

St. Jude, through its Board-desginated appointees of ALSAC, filed its Petition to secure its interest in the Decedent's Estate. All pleadings were filed and the action before this Court was maintained on behalf of St. Jude in accordance with the Board's Resolution. Therefore, St. Jude is a proper party, who has appeared in this matter through its Board-desginated appointees of ALSAC, and is party in interest to which the benefits of the Estate flow through the Decedent's will to be probated under the Nevada

Supreme Court's Order. How St. Jude deals with ALSAC with respect to the administration of its gift is not a question for this Court to address, and not a concern that Chip has any standing to raise.

Finally, Chip's claims of "fraud" and "lack of standing" are untimely. Chip did not raise his claims of "fraud" and "lack of standing" against St. Jude at the time the Petition was filed. Instead, Chip was silent on such claims on the grounds now raised in the Motion to Strike. Not only did Chip effectively waive such arguments, but the equitable doctrine of laches applies to Chip's claims permitting this Court to deny his Motion as prejudicial against St. Jude now, more than 4 years after the Petition was filed, and after all of the appeals have concluded, against Chip. *See Besnilian v. Wilkinson*, 117 Nev. 519, 522, 25 P.3d 187, 189 (2001) ("Laches, an equitable doctrine, may be invoked when delay by one party prejudices the other party such that granting relief to the delaying party would be inequitable. However, to invoke laches, the party must show that the delay caused actual prejudice.")

Granting Chip's Motion now after the Nevada Supreme Court has issued its order in favor of St. Jude, at the conclusion of this matter when all that is left is to distribute the Estate according to the Nevada Supreme Court's order, is highly prejudicial to St. Jude. Therefore, Chip's claims that St. Jude's Petition must be stricken because the claims of of "fraud" and "lack of standing" are time-barred and must be denied accordingly.

This Court finds that, upon probate of the will pursuant to the December 31, 2020 order of the Nevada Supreme Court, Chip is a disinherited heir with no further interest in the Decedent's Estate or standing in this matter, and St. Jude is the sole heir of the Decedent's Estate.

Chip, as the current personal representative, is required to turn over all funds of the Estate to St. Jude or its designated representative and prepare and file a final account pursuant to NRS 150.110. The accounting of the Estate funds may consist of original account statements from January 3, 2019 to present. As of the last accounting fired with the Court by Personal Representative Susan Hoy on January 18, 2018, consisted of:

¹ Chip's objection to the Petition, which was filed on October 4, 2016, raised a vague "lack of standing" argument against St. Jude's Petition on the grounds that St. Jude was barred from bringing the newly discovered will based on the probate court's initial determination that, because no will had yet been found, letters of administration were issued to administer the then intestate estate. However, Chip did not raise such arguments in his initial Objection as he did in the this current Motion.

| 1 | IT IS FURTHER ORDERED the | hat upon delivery of the Estate funds to St. Jude or counsel and | |
|--------|--|--|--|
| 2 | filing and approval of the accounting, the Estate shall be closed. | | |
| 3 | DATED this day of | , 2022. | |
| 4 | | Dated this 11th day of January, 2022 | |
| 5 | | DISTRICT COURT JUDGE | |
| 6 7 | Submitted by: HUTCHISON & STEFFEN, PLLC | D48 8DE 1892 E708 Gloria Sturman District Court Judge | |
| 8 | Todd L. Moody, Esq. (5430) Russel J. Geist, Esq. (9030) 10080 West Alta Drive, Suite 200 | | |
| 9 | | | |
| 10 | | | |
| 11 | Research Hospital | | |
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| 13 | Approved as to Form and Content: | | |
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| 15 | | | |
| 16 | 700 South Eighth Street | | |
| 17 | | | |
| 18 | Attorney for Theodore E. Scheide III | | |
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1 **CSERV** 2 DISTRICT COURT 3 CLARK COUNTY, NEVADA 4 5 In the Matter of: CASE NO: P-14-082619-E 6 Theodore Scheide Jr., Deceased DEPT. NO. Department 26 7 8 9 **AUTOMATED CERTIFICATE OF SERVICE** 10 This automated certificate of service was generated by the Eighth Judicial District Court. The foregoing Order was served via the court's electronic eFile system to all 11 recipients registered for e-Service on the above entitled case as listed below: 12 Service Date: 1/11/2022 13 "Cary Colt Payne, Esq.". carycoltpaynechtd@yahoo.com 14 "Kim Boyer, Esq.". kimboyer@elderlawnv.com 15 "Kristen M. Tyler, Esq.". ktyler@gtg.legal 16 17 Amber Anderson. aanderson@hutchlegal.com 18 Russel J.Geist. rgeist@hutchlegal.com 19 Carrie Parker c.parker.ccpayne@gmail.com 20 Chip Scheide dromidary@camelsareus.org 21 22 23 24 25 26 27

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1 **NEO**J Todd L. Moody (5430) Russel J. Geist (9030) 2 HUTCHISON & STÉFFEN, LLC 3 Peccole Professional Park 10080 West Alta Drive, Suite 200 Las Vegas, Nevada 89145 (702) 385-2500 4 5 (702) 385-2086 rgeist@hutchlegal.com 6 Attorneys for St. Jude Children's 7 Research Hospital 8 DISTRICT COURT 9 **CLARK COUNTY, NEVADA** 10 In the Matter of the Estate of Case No.: P-14-082619-E 11 Dept No.: 26 THEODORE E. SCHEIDE JR. aka 12 THEODORE ERNEST SCHEIDE JR., 13 Deceased. 14 NOTICE OF ENTRY OF ORDER 15 NOTICE IS HEREBY GIVEN that on January 11, 2022 an Order Denying Motion to Strike 16 and Countermotion for Attorneys' Fees and Costs was entered in the above-entitled action, a copy 17 of which is attached hereto. 18 Dated this 21st day of January, 2022. 19 **HUTCHISON & STEFFEN, PLLC** 20 /s/ Russel J. Geist 21 Russel J. Geist (9030) 22 10080 W. Alta Dr., Ste 200 Las Vegas, NV 89145 23 (702) 385-2500 (702) 385-2086 Fax

Electronically Filed 1/21/2022 12:02 PM Steven D. Grierson CLERK OF THE COURT

Case Number: P-14-082619-E

rgeist@hutchlegal.com

Research Hospital

Attorneys for St. Jude Children's

HUTCHISON & STEFFEN

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b), I certify that I am an employee of HUTCHISON & STEFFEN, PLLC and that on this 21st day of January, 2022, I caused the above and foregoing document entitled **NOTICE OF ENTRY OF ORDER** to be served as follows:

- by placing same to be deposited for mailing in the United States Mail, in a sealed envelope upon which first class postage was prepaid in Las Vegas, Nevada: and/or
- pursuant to EDCR 7.26, to be sent via facsimile; and/or
- pursuant to EDCR 8.05(a) and 8.05(f), to be electronically served through the Eighth Judicial District Court's electronic filing system, with the date and time of the electronic service substituted for the date and place of deposit in the mail; and/or
- □ to be hand-delivered;

to the attorney(s) or parties listed below at the address and/or facsimile number indicated below:

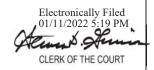
| Via E-Service |
|-------------------------------|
| Kim Boyer, Esq. |
| Durham Jones & Pinegar |
| 10785 W. Twain Ave., Ste. 200 |
| Las Vegas, NV 89135 |
| Attorney for the Estate |

Via E-Service
Cary Colt Payne, Esq.
700 S. 8th Street
Las Vegas, NV 89101
Attorney for Theodore "Chip" E. Scheide, III

/s/ Allie Whelan

An Employee of Hutchison & Steffen, PLLC

ELECTRONICALLY SERVED 1/11/2022 5:19 PM



1 ORDR

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(702) 385-2086 tmoody@hutchlegal.com

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

Attorneys for St. Jude Children's Research Hospital

rgeist@hutchlegal.com

DISTRICT COURT CLARK COUNTY, NEVADA

In the Matter of the Estate of

THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR.,

Deceased.

Case No. P-14-082619-E Department 26

Date of Hearing: April 14, 2021 Time of Hearing: 10:30am

ORDER DENYING MOTION TO STRIKE AND COUNTERMOTION FOR ATTORNEYS' FEES AND COSTS

Date of hearing: July 30, 2021 Time of hearing: 9:30 a.m.

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FINDINGS OF FACT

This Court issued its Decision and Order on August 6, 2018, denying St. Jude's petition admit Theodore E. Scheide, Jr.'s ("Decedent") October 2, 2012 will as a lost will. St. Jude appealed, and the

Page 1

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Motion to Strike at 2:4-18.

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RESOLVED, THAT ALSAC, under the supervision and direction of the President and Chief Executive Officer, acting alone or by and through ALSAC's Chief Administrative Officer, Chief Financial Officer, or Chief Legal Officer/General Counsel, or other individual or individuals duly appointed and designated from time to time, are authorized to perform such of the following actions as may be required to receive, handle and administer all devises, bequests and gifts of property of every kind and nature given, devised, and bequeathed to in aiding and assisting such institution in furtherance of its mission.

The Board of St. Jude specifically authorized the Chief Legal Officer/General Counsel "or duly authorized designee(s)" of ALSAC to "execute all receipts, waivers, consents, acknowledgments, deeds, disclaimers, title conveyances, release, and other documents or instruments that may be required and requested by executors, administrators and personal representative of estates, by donors or trustees of trusts under which [St. Jude] is a named beneficiary and which is related to or required to effectuate any such gift to [St. Jude]." Id. The Board Resolution specifies the Chief Legal Officer/General Counsel of ALSAC as Sara L. Hall, to whom Fred E. Jones, Jr. of ALSAC reports in the legal department. Fred E. Jones, Jr. signed the Petition for Probate of Lost Will (NRS 136.240); Revocation of Letters of Administration (NRS 141.050); Issuance of Letters Testamentary (NRS 136.090) filed on September 13, 2016.

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Supreme Court's Order. How St. Jude deals with ALSAC with respect to the administration of its gift is not a question for this Court to address, and not a concern that Chip has any standing to raise.

Finally, Chip's claims of "fraud" and "lack of standing" are untimely. Chip did not raise his claims of "fraud" and "lack of standing" against St. Jude at the time the Petition was filed. Instead, Chip was silent on such claims on the grounds now raised in the Motion to Strike. Not only did Chip effectively waive such arguments, but the equitable doctrine of laches applies to Chip's claims permitting this Court to deny his Motion as prejudicial against St. Jude now, more than 4 years after the Petition was filed, and after all of the appeals have concluded, against Chip. *See Besnilian v. Wilkinson*, 117 Nev. 519, 522, 25 P.3d 187, 189 (2001) ("Laches, an equitable doctrine, may be invoked when delay by one party prejudices the other party such that granting relief to the delaying party would be inequitable. However, to invoke laches, the party must show that the delay caused actual prejudice.")

Granting Chip's Motion now after the Nevada Supreme Court has issued its order in favor of St. Jude, at the conclusion of this matter when all that is left is to distribute the Estate according to the Nevada Supreme Court's order, is highly prejudicial to St. Jude. Therefore, Chip's claims that St. Jude's Petition must be stricken because the claims of of "fraud" and "lack of standing" are time-barred and must be denied accordingly.

This Court finds that, upon probate of the will pursuant to the December 31, 2020 order of the Nevada Supreme Court, Chip is a disinherited heir with no further interest in the Decedent's Estate or standing in this matter, and St. Jude is the sole heir of the Decedent's Estate.

Chip, as the current personal representative, is required to turn over all funds of the Estate to St. Jude or its designated representative and prepare and file a final account pursuant to NRS 150.110. The accounting of the Estate funds may consist of original account statements from January 3, 2019 to present. As of the last accounting fired with the Court by Personal Representative Susan Hoy on January 18, 2018, consisted of:

¹ Chip's objection to the Petition, which was filed on October 4, 2016, raised a vague "lack of standing" argument against St. Jude's Petition on the grounds that St. Jude was barred from bringing the newly discovered will based on the probate court's initial determination that, because no will had yet been found, letters of administration were issued to administer the then intestate estate. However, Chip did not raise such arguments in his initial Objection as he did in the this current Motion.

| 1 | IT IS FURTHER ORDERED the | hat upon delivery of the Estate funds to St. Jude or counsel and | |
|--------|--|--|--|
| 2 | filing and approval of the accounting, the Estate shall be closed. | | |
| 3 | DATED this day of | , 2022. | |
| 4 | | Dated this 11th day of January, 2022 | |
| 5 | | DISTRICT COURT JUDGE | |
| 6 7 | Submitted by: HUTCHISON & STEFFEN, PLLC | D48 8DE 1892 E708 Gloria Sturman District Court Judge | |
| 8 | Todd L. Moody, Esq. (5430) Russel J. Geist, Esq. (9030) 10080 West Alta Drive, Suite 200 | | |
| 9 | | | |
| 10 | | | |
| 11 | Research Hospital | | |
| 12 | | | |
| 13 | Approved as to Form and Content: | | |
| 14 | | | |
| 15 | | | |
| 16 | 700 South Eighth Street | | |
| 17 | | | |
| 18 | Attorney for Theodore E. Scheide III | | |
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1 **CSERV** 2 DISTRICT COURT 3 CLARK COUNTY, NEVADA 4 5 In the Matter of: CASE NO: P-14-082619-E 6 Theodore Scheide Jr., Deceased 7 DEPT. NO. Department 26 8 9 **AUTOMATED CERTIFICATE OF SERVICE** 10 This automated certificate of service was generated by the Eighth Judicial District Court. The foregoing Order was served via the court's electronic eFile system to all 11 recipients registered for e-Service on the above entitled case as listed below: 12 Service Date: 1/11/2022 13 "Cary Colt Payne, Esq.". carycoltpaynechtd@yahoo.com 14 "Kim Boyer, Esq.". kimboyer@elderlawnv.com 15 "Kristen M. Tyler, Esq.". ktyler@gtg.legal 16 17 Amber Anderson. aanderson@hutchlegal.com 18 Russel J.Geist. rgeist@hutchlegal.com 19 Carrie Parker c.parker.ccpayne@gmail.com 20 Chip Scheide dromidary@camelsareus.org 21 22 23 24 25 26 27

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HOFLAND & TOMSHECK Bradley J. Hofland, Esq. Nevada Bar Number: 6343 bradh@hoflandlaw.com
228 South 4th Street, 1st Floor
Las Vegas, Nevada 89101
Telephones: (702) 895-6760
Facsimile: (702) 731-6910 5 Attorney for Defendant, Theodore E. Scheide III 6 **DISTRICT COURT** 7 **CLARK COUNTY, NEVADA** 8 In the Matter of the Estate of:) CASE NO.: P-14-082619-E 9) DEPT. NO.: 26 10 THEODORE E. SCHEIDE JR. aka) NOTICE OF APPEAL 11 THEODORE ERNEST SCHEIDE JR., 12 13 Deceased. 14 15 16 NOTICE IS HEREBY GIVEN that Defendant, Theodore E. Scheide III, 17 hereby appeals to the Supreme Court of the State of Nevada the Court's final 18 Order Denying Motion to Strike and Countermotion for Attorneys' Fees and Costs 19 entered on January 21, 2022. **20** Dated this 21st day of February, 2022 21 HOFLAND & TOMSHECK By:/s/ Bradley J. Hofland 22 Bradley J. Hofland, Esq. 23 Nevada Bar No. 6343 228 South 4th Street, 1st Floor 24 Las Vegas Nevada 89101 25 Attorneys for Defendant 26 Theodore E. Scheide III 27 28

CERTIFICATE OF SERVICE I hereby certify that I am an employee of Hofland & Tomsheck, that Pursuant to NRCP 5(b) and EDCR 7.26, I certify that on the 21st day of February, 2022, I served the NOTICE OF APPEAL on the following parties by E-Service through Odyssey and/or U.S. mail addressed as follows: **HUTCHISON & STEFFEN, LLC** Todd L. Moody, Esq. Russel J. Geist, Esq. rgeist@hutchlegal.com 10080 West Alta Drive, Suite 200 Las Vegas, Nevada 89145 Attorney for St. Jude's Children's Research Hospital By: /s/ Nikki Warren Employee of Hofland & Tomsheck

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1 HOFLAND & TOMSHECK Bradley J. Hofland, Esq. Nevada Bar Number: 6343 bradh@hoflandlaw.com
228 South 4th Street, 1st Floor
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Telephones: (702) 895-6760
Facsimile: (702) 731-6910 5 Attorney for Defendant, Theodore E. Scheide III 6 **DISTRICT COURT** 7 **CLARK COUNTY, NEVADA** 8 In the Matter of the Estate of:) CASE NO.: P-14-082619-E 9) DEPT. NO.: 26 10) CASE APPEAL STATEMENT 11 THEODORE E. SCHEIDE JR. aka THEODORE ERNEST SCHEIDE JR., 12 13 Deceased. 14 15 16 1. Name of appellant filing this case appeal statement: **17** Defendant Theodore E. Scheide III 18 2. Judge issuing the decision, judgment, or order appealed from: 19 The Honorable Gloria J. Sturman; Eighth Judicial District Court, Clark 20 County. 21 3. Counsel for Appellant: 22 23 Party: Defendant/Appellant, Theodore E. Scheide III 24 **Counsel:** Bradley J. Hofland, Esq. Telephone (702) 895-6760 HOFLAND & TOMSHECK (702) 731-6910 Facsimile 25 228 South 4th Street, 1st Fl. Email bradh@hoflandlaw.com Las Vegas, NV 89101 26 27 28 1

4. Identify each respondent and the name and address of appellate counsel, if known, for each respondent (if the name of a respondent's appellate counsel is unknown, indicate as much and provide the name and address of that respondent's trial counsel):

Party: Plaintiff/Respondent, St. Jude Children's Research Hospital

Counsel: Russel J. Geist, Esq. HUTCHISON & STEFFEN

HUTCHISON & STEFFEN 10080 West Alta Drive

Suite 200

Las Vegas, Nevada 89145

Telephone Facsimile Email (702) 385-2500 (702) 385-2086 <u>rgeist@hutchlegal.co</u> <u>m</u>

Mr. Geist is the trial counsel; undersigned counsel does not know if respondent will retain additional or separate appellate counsel.

5. Indicate whether any attorney identified above in response to question 3 or 4 is not licensed to practice law in Nevada and, if so, whether the district court granted that attorney permission to appear under SCR 42 (attach a copy of any district court order granting such permission):

All counsel is licensed to practice law in Nevada.

6. Indicate whether appellant was represented by appointed or retained counsel in the district court:

All parties were represented by counsel.

7. Indicate whether appellant is represented by appointed or retained counsel on appeal:

Retained.

8. Indicate whether appellant was granted leave to proceed in forma pauperis, and the date of entry of the district court order granting such leave:

Not applicable.

9. Indicate the date the proceedings commenced in the district court (e.g., date complaint, indictment, information, or petition was filed):

October 02, 2014, Ex Parte Petition for Appointment of Special Administrator.

10. Provide a brief description of the nature of the action and result in the district court, including the type of judgment or order being appealed and the relief granted by the district court:

This is an appeal of the lower court's adverse ruling to strike a fraudulently, and legally improper and impermissible, petition naming St. Jude's Research Hospital as Petitioner and Related Relief.

The issues on appeal include:

- 1. Whether the lower court erred in its interpretation and application of controlling statutes;
- 2. Whether the original petition for lost will was legally insufficient and improperly before the lower court;
- 3. Whether the lower court lacked jurisdiction to rule on and admit a lost will;
- 4. Whether the Court erred in denying Defendant's motion to strike and countermotion for attorney's fees and costs;
- 5. Whether the Court erred in failing to make the requisite factual findings in denying Defendant's motion; and
- 6. Whether the Court erred in failing to make additional findings as provided for in NRCP 52.

CERTIFICATE OF SERVICE I hereby certify that I am an employee of Hofland & Tomsheck, that Pursuant to NRCP 5(b) and EDCR 7.26, I certify that on the 21st day of February, 2022, I served the CASE APPEAL STATEMENT on the following parties by E-Service through Odyssey and/or U.S. mail addressed as follows: **HUTCHISON & STEFFEN, LLC** Todd L. Moody, Esq. Russel J. Geist, Esq. rgeist@hutchlegal.com 10080 West Alta Drive, Suite 200 Las Vegas, Nevada 89145 Attorney for St. Jude's Children's Research Hospital By: /s/ Nikki Warren Employee of Hofland & Tomsheck