

## PUBLIC DISCLOSURE COPY

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**Open to Public  
Inspection**A** For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationST. JUDE CHILDREN'S RESEARCH HOSPITAL,  
INC.

## Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
262 DANNY THOMAS PLACECity or town, state or province, country, and ZIP or foreign postal code  
MEMPHIS, TN 38105-3678**F** Name and address of principal officer: JAMES R. DOWNING  
SAME AS C ABOVE**D** Employer identification number

62-0646012

**E** Telephone number

(901) 595-3903

**G** Gross receipts \$

988,538,801.

**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ WWW.STJUDE.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1959**M** State of legal domicile: TN**Part I** Summary

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	43
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	41
	<b>5</b>	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	5185
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	3950
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	138,854.	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	753,145,680.	851,803,301.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	124,099,314.	117,420,862.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,169,284.	-7,463,705.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,726,224.	18,895,861.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	900,801,934.	980,656,319.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	4,956,619.	4,312,073.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	462,005,025.	505,567,014.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	390,060,200.	440,836,545.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	857,021,844.	950,715,632.
<b>Net Assets or Fund Balances</b>	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	43,780,090.	29,940,687.
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	4,787,635,534.	5,434,170,902.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	127,718,358.	131,298,150.
			4,659,917,176.	5,302,872,752.

**Part II** Signature Block

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

<b>Sign Here</b>	Signature of officer	Date			
	PAT KEEL, SVP AND CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name FRANCIS J. BEDARD	Preparer's signature <i>Francis J. Bedard</i>	Date 4/5/2019	Check if self-employed <input type="checkbox"/>	PTIN P00752421
	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772	Phone no. (615) 259-1800		
	Firm's address ▶ 1033 DEMONBREUN, SUITE 400 NASHVILLE, TN 37203				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

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

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number (EIN) or  62-0646012
	Number, street, and room or suite no. If a P.O. box, see instructions. 262 DANNY THOMAS PLACE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38105-3678	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SHARON HENDRIX

- The books are in the care of ► 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105-3678  
Telephone No. ► (901) 595-3903 Fax No. ► (901) 595-2296
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning JUL 1, 2017, and ending JUN 30, 2018.

**2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE  
CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES  
THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR  
FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE,

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 457,825,537. including grants of \$ 4,160,447. ) (Revenue \$ 113,179,305. )

PATIENT CARE: THE HOSPITAL PROVIDED 19,202 INPATIENT DAYS OF CARE  
DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR  
4,407 OR 23% OF THOSE INPATIENT DAYS. PATIENTS MADE 79,024 CLINIC  
VISITS DURING THE YEAR.

**4b** (Code: ) (Expenses \$ 410,716,516. including grants of \$ 146,126. ) (Revenue \$ )

RESEARCH: THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE  
HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY  
OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES,  
RESISTANCE TO THERAPY, VIRUSES, HEREDITARY DISEASES, INFLUENZA,  
PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSES.

**4c** (Code: ) (Expenses \$ 21,767,276. including grants of \$ 5,500. ) (Revenue \$ )

EDUCATION AND TRAINING: AS PART OF ITS MISSION, THE HOSPITAL HAS  
DEVELOPED A GLOBAL INITIATIVE (ST. JUDE GLOBAL) TO IMPROVE THE SURVIVAL  
RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES  
WORLDWIDE. ST. JUDE GLOBAL ACCOMPLISHES THIS BY SHARING KNOWLEDGE,  
TECHNOLOGY AND ORGANIZATIONAL SKILLS, HELPING TO IMPLEMENT NEW  
APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND DEVELOPING REGIONAL  
NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. THIS MISSION WILL  
BE ACHIEVED BY FOCUSING ON THREE OVERRIDING GOALS: (1) TO TRAIN THE  
CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR MISSION, (2) TO  
DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED INITIATIVES  
THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR CHILDREN WITH  
CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES, AND (3) TO ADVANCE

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **890,309,329.**

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b> X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b> X	
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 1394		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 5185		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

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

☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 43		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 41		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	X	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		X
<b>7a</b> 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?	<b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	X	
<b>9</b> 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	<b>9</b>		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **TN**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **SHARON HENDRIX - (901) 595-3903**  
**262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GABRIEL (GABY) HADDAD, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(19) PAUL K. HAJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(20) CHUCK HAJJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(21) FOUAD HAJJAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(22) FREDERICK R. HARRIS, JR., MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(23) BRUCE B. HOPKINS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(24) J. DAVID KARAM II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(25) SHARON L. MCCOLLAM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(26) MICHAEL D. MCCOY VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								10,327,205.	794,032.	1,550,976.
<b>d Total (add lines 1b and 1c)</b>								10,327,205.	794,032.	1,550,976.

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

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- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>	X	
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO LLC 2179 HILLSHIRE CIRCLE, MEMPHIS, TN 38133	CONSTRUCTION CONTRACTOR	16,730,625.
BELZ CONSTRUCTION SERVICES, 100 PEABODY PLACE, SUITE 1400, MEMPHIS, TN 38103	CONSTRUCTION CONTRACTOR	12,946,531.
THE CRUMP FIRM, INC., 81 MONROE AVE., SUITE 100, MEMPHIS, TN 38103	ARCHITECT	10,091,203.
CERNER CORP., 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	SOFTWARE SUPPORT	8,346,513.
METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE., MEMPHIS, TN 38104	MEDICAL SERVICES	8,045,433.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT T. MOLINET, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(28) RAMZI NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(29) THOMAS PENN, III VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(30) CHRISTINA M. RASHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(31) CAMILLE F. SARROUF, JR., ESQ. VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(32) JOSEPH C. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(33) JOSEPH G. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(34) GEORGE A. SIMON II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(35) MICHAEL SIMON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(36) PAUL J. SIMON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(37) TONY THOMAS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(38) RICHARD M. UNES VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(39) PAUL H. WEIN, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(40) THOMAS WERTZ VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(41) TAMA ZAYDON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(42) RICHARD SHADYAC, JR. EX-OFFICIO DIRECTOR	1.00 55.00	X						0.	794,032.	99,557.
(43) JAMES R. DOWNING PRESIDENT/CEO	55.00 1.00	X		X				1,058,448.	0.	144,500.
(44) PATRICIA A. KEEL SVP/CFO	55.00 0.00			X				633,157.	0.	84,957.
(45) JAMES I. MORGAN EVP/SCIENTIFIC DIRECTOR	55.00 0.00			X				540,847.	0.	57,000.
(46) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	55.00 0.00			X				811,492.	0.	117,999.
Total to Part VII, Section A, line 1c .....										

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	757,401,831.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	82,755,154.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	11,646,316.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		2,017,179.				
	<b>h Total.</b> Add lines 1a-1f .....		851,803,301.				
	<b>Program Service Revenue</b>	<b>2 a</b> PATIENT CARE .....	<b>Business Code</b>	621110	117,420,862.	117,420,862.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			117,420,862.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			11,469.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			11,297,052.			11,297,052.
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....			-7,475,174.	-7,552,294.		77,120.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
	<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> CAFETERIA/VENDING .....		722514	4,288,072.			4,288,072.	
<b>b</b> CHGME/CHCA .....		900099	2,351,842.	2,351,842.			
<b>c</b> HHMI .....		900099	327,751.	327,751.			
<b>d</b> All other revenue .....		900099	631,144.	631,144.			
<b>e Total.</b> Add lines 11a-11d .....			7,598,809.				
<b>12 Total revenue.</b> See instructions. ....			980,656,319.	113,179,305.	0.	15,673,713.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,311,573.	4,311,573.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	500.	500.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,085,991.	3,217,948.	2,868,043.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	799,828.	722,828.	77,000.	
<b>7</b> Other salaries and wages	387,908,704.	358,975,889.	28,932,815.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,815,628.	22,039,300.	1,776,328.	
<b>9</b> Other employee benefits	60,458,204.	55,948,828.	4,509,376.	
<b>10</b> Payroll taxes	26,498,659.	24,522,213.	1,976,446.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	24,129,726.	22,548,266.	1,581,460.	
<b>b</b> Legal	2,499,010.	2,335,225.	163,785.	
<b>c</b> Accounting	320,997.	299,959.	21,038.	
<b>d</b> Lobbying	82,616.		82,616.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	92,493,428.	81,585,900.	10,907,528.	
<b>12</b> Advertising and promotion	729,512.	681,700.	47,812.	
<b>13</b> Office expenses	2,541,058.	2,495,428.	45,630.	
<b>14</b> Information technology	32,959,451.	30,799,292.	2,160,159.	
<b>15</b> Royalties				
<b>16</b> Occupancy	35,929,278.	30,447,214.	5,482,064.	
<b>17</b> Travel	12,417,773.	11,675,859.	741,914.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,204,122.	1,680,718.	523,404.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	86,661,284.	77,373,949.	9,287,335.	
<b>23</b> Insurance	1,926,949.	1,409,067.	517,882.	
<b>24</b> 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.)				
<b>a</b> PHARMACEUTICAL SUPPLIES	52,287,399.	51,348,474.	938,925.	
<b>b</b> LABORATORY SUPPLIES	49,243,057.	48,358,799.	884,258.	
<b>c</b> TELEPHONE	1,453,871.	1,246,308.	207,563.	
<b>d</b> ALLOCATION ADJUSTMENTS	0.	18,503,310.	-18,503,310.	
<b>e</b> All other expenses	42,957,014.	37,780,782.	5,176,232.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	950,715,632.	890,309,329.	60,406,303.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	21,110.	<b>1</b>	1,110,291.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	20,889,800.	<b>3</b>	22,491,694.
	<b>4</b> Accounts receivable, net .....	19,183,301.	<b>4</b>	21,703,486.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	7,505,346.	<b>8</b>	7,732,327.
	<b>9</b> Prepaid expenses and deferred charges .....	16,177,850.	<b>9</b>	13,941,837.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,520,270,198.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 851,159,790.		
		638,878,938.	<b>10c</b>	669,110,408.
	<b>11</b> Investments - publicly traded securities .....	2,045,240.	<b>11</b>	2,222,796.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
<b>15</b> Other assets. See Part IV, line 11 .....	4,082,933,949.	<b>15</b>	4,695,858,063.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,787,635,534.	<b>16</b>	5,434,170,902.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	113,161,164.	<b>17</b>	112,276,799.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	11,299,828.	<b>19</b>	15,399,715.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,257,366.	<b>25</b>	3,621,636.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	127,718,358.	<b>26</b>	131,298,150.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	3,620,941,222.	<b>27</b>	4,201,630,278.
	<b>28</b> Temporarily restricted net assets .....	73,722,532.	<b>28</b>	76,544,144.
	<b>29</b> Permanently restricted net assets .....	965,253,422.	<b>29</b>	1,024,698,330.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b> .....	4,659,917,176.	<b>33</b>	5,302,872,752.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	4,787,635,534.	<b>34</b>	5,434,170,902.

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	980,656,319.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	950,715,632.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	29,940,687.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,659,917,176.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	90,775.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	612,924,114.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	5,302,872,752.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	X
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	X
<b>b</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 _____	<b>3b</b>	X

Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Employer identification number**  
62-0646012

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	611,432,510.	674,808,276.	895,523,715.	753,145,680.	851,803,301.	3786713482.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	611,432,510.	674,808,276.	895,523,715.	753,145,680.	851,803,301.	3786713482.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3786713482.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	611,432,510.	674,808,276.	895,523,715.	753,145,680.	851,803,301.	3786713482.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	24,413,935.	7,579,828.	11,681,881.	4,641,541.	11,308,521.	59,625,706.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	8,697,307.	7,390,478.	6,775,862.	20,138,461.	7,598,809.	50,600,917.
<b>11 Total support.</b> Add lines 7 through 10						3896940105.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	558,989,512.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						▶ <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.17 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	97.19 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		▶ <input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		▶ <input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		▶ <input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		▶ <input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		▶ <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>		
<b>7</b> <input type="checkbox"/> 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) 2017

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

Section D - Distributions			Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2017 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

## PART II, SECTION B, LINE 10:

## EXPLANATION FOR OTHER INCOME:

2013

\$ 3,314,275 - CAFETERIA/VENDING

\$ 1,955,292 - CHGME/CHCA

\$ 3,427,740 - OTHER REVENUE

\$ 8,697,307 - TOTAL OTHER INCOME

2014

\$ 3,534,638 - CAFETERIA/VENDING

\$ 1,454,365 - CHGME/CHCA

\$ 2,401,475 - OTHER REVENUE

\$ 7,390,478 - TOTAL OTHER INCOME

2015

\$ 3,709,328 - CAFETERIA/VENDING

\$ 1,683,327 - CHGME/CHCA

\$ 1,383,207 - OTHER REVENUE

\$ 6,775,862 - TOTAL OTHER INCOME

2016

\$ 8,152,422 - BOND DEFEASANCE GAIN

\$ 4,086,280 - CAFETERIA/VENDING

\$ 2,058,124 - CHGME/CHCA

\$ 5,841,635 - OTHER REVENUE

\$ 20,136,461 - TOTAL OTHER INCOME

**Part VI**

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

2017

\$ 4,288,072 - CAFETERIA/VENDING

\$ 2,351,842 - CHGME/CHCA

\$ 327,751 - HHMI

\$ 631,144 - OTHER REVENUE

\$ 7,598,809 - TOTAL OTHER INCOME



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017****Name of the organization**ST. JUDE CHILDREN'S RESEARCH HOSPITAL,  
INC.**Employer identification number**

62-0646012

**Organization type**(check one):**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)**

<b>Name of organization</b> ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	<b>Employer identification number</b>  62-0646012
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. ("ALSAC")  501 ST. JUDE PLACE  MEMPHIS, TN 38105	\$ 757,401,831.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

62-0646012

## Part II

[illegible]

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

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

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

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number	62-0646012
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$ .....

3 Volunteer hours for political campaign activities ..... ▶ .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ .....

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ .....

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ .....

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527  
exempt function activities ..... ▶ \$ .....

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,  
line 17b ..... ▶ \$ .....

4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....															
<b>d</b> Other exempt purpose expenditures .....															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....															
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		20,605.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		62,011.
<b>j</b> Total. Add lines 1c through 1i			82,616.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1B) ST. JUDE EMPLOYS A DIRECTOR OF GOVERNMENT AFFAIRS; LINE 1G)

AMOUNT LISTED IS PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS PLUS

TRAVEL EXPENSES; LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED RETAINER

FEES FOR DIRECT AND STATE LEGISLATIVE CONTACTS AS WELL AS PROFESSIONAL

DUES ATTRIBUTABLE TO LOBBYING FOR THE CHGME PROGRAM.

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017****Open to Public Inspection****Name of the organization** ST. JUDE CHILDREN'S RESEARCH HOSPITAL,  
INC.**Employer identification number**  
62-0646012**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ .....

4 Number of states where property subject to conservation easement is located ▶ .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ .....

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**b** ☐ Scholarly research

**c** ☐ Preservation for future generations

**d** ☐ Loan or exchange programs

**e** ☐ Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	965,253,422.	873,056,599.	873,885,134.	915,104,075.	843,843,273.
<b>b</b> Contributions	21,281,957.	12,552,432.	2,341,719.	2,970,640.	1,097,137.
<b>c</b> Net investment earnings, gains, and losses	92,690,065.	103,475,245.	-72,118.	8,222,632.	121,617,552.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	54,527,114.	23,830,854.	3,098,136.	52,412,213.	51,453,887.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,024,698,330.	965,253,422.	873,056,599.	873,885,134.	915,104,075.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ \_\_\_\_\_ %

**b** Permanent endowment ☐ 100.00 %

**c** Temporarily restricted endowment ☐ \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>	X	
<b>3b</b>	X	

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		1,072,930,987.	551,379,204.	521,551,783.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		435,519,226.	293,417,281.	142,101,945.
<b>e</b> Other		11,819,985.	6,363,305.	5,456,680.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				669,110,408.

Schedule D (Form 990) 2017



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	4,695,858,063.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	4,695,858,063.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SELF INSURANCE LIABILITY	2,433,543.	
(3) WORKERS COMPENSATION	1,188,093.	
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	3,621,636.	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	774,002,857.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	90,775.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	550,657,594.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	550,748,369.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	223,254,488.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	757,401,831.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	757,401,831.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	980,656,319.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	950,715,632.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	950,715,632.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	950,715,632.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED

CHARITIES, INC., A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE

FUTURE NEEDS OF ST. JUDE.

PART X, LINE 2:

AS OF JUNE 30, 2018, THE ORGANIZATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX

POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS

COMBINED FINANCIAL STATEMENTS. IN THE EVENT THE ORGANIZATION WERE TO

RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT

WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS A GENERAL

EXPENSE. GENERALLY, TAX YEARS ENDING IN 2015 THROUGH 2018 ARE OPEN TO

Part XIII

Supplemental Information (continued)

EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY.

THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF ALSAC	550,657,594.
--	--------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC	755,384,652.
--	--------------

NET ASSETS TRANSFERRED FROM ALSAC	2,017,179.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	757,401,831.
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**SCHEDULE F  
(Form 990)**

 Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

 Open to Public  
Inspection

Name of the organization

 ST. JUDE CHILDREN'S RESEARCH HOSPITAL,  
INC.

Employer identification number

62-0646012

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ Yes ☐ No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	2,059,852.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	3,880,595.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	480,768.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	4,294,023.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	562,337.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	18,889.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,185,385.
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,612.
<b>3 a</b> Sub-total .....	0	0			12,483,461.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			12,483,461.

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

Schedule F (Form 990) 2017

**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.

<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter .....

**3** Enter total number of other organizations or entities .....

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ..... ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* ..... ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ..... ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ..... ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2017

**Part V** Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS. PAYMENTS ARE ISSUED BASED

ON CONTRACTUAL OBLIGATIONS UPON RECEIPT OF SUPPORTING DOCUMENTATION.



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	X	
<b>b</b> If "Yes," was it a written policy? .....	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ..... <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		X
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ..... <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....		X
<b>b</b> If "Yes," did the organization make it available to the public? .....		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			82,232,400.	437,689.	81,794,711.	8.60%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			142,079,478.	31,173,380.	110,906,098.	11.67%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			11,276,642.	2,524,151.	8,752,491.	.92%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			235,588,520.	34,135,220.	201,453,300.	21.19%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			20,383,627.		20,383,627.	2.14%
<b>f</b> Health professions education (from Worksheet 5) .....			12,659,463.	273,821.	12,385,642.	1.30%
<b>g</b> Subsidized health services (from Worksheet 6) .....			28,089,119.		28,089,119.	2.95%
<b>h</b> Research (from Worksheet 7) .....			374,887,708.	82,891,685.	291,996,023.	30.71%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			2,142,358.		2,142,358.	.23%
<b>j Total.</b> Other Benefits .....			438,162,275.	83,165,506.	354,996,769.	37.33%
<b>k Total.</b> Add lines 7d and 7j .....			673,750,795.	117,300,726.	556,450,069.	58.52%





Part V Facility Information (continued)		Yes	No
<b>Section B. Facility Policies and Practices</b>			
(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	
<b>Community Health Needs Assessment</b>			
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?		1	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
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12		3	X
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA:		20	15
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		5	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 C		6b	X
7 Did the hospital facility make its CHNA report widely available to the public?		7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): SEE PART V, SECTION C			
b <input type="checkbox"/> Other website (list url):			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11		8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy:		20	15
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?		10	X
a If "Yes," (list url): SEE PART V, SECTION C			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>13</b> X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of _____ % and FPG family income limit for eligibility for discounted care of _____ %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>14</b> X	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>15</b> X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>16</b> X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017

**Part V Facility Information** (continued)

**Billing and Collections**

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

	Yes	No	
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	<b>17</b>	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....	<b>19</b>		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	<b>21</b>	X	
If "No," indicate why:			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

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

	Yes	No
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b> <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	<b>23</b>	X
If "Yes," explain in Section C.		
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	<b>24</b>	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2017

**Part V Facility Information** (continued)

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 5: ST. JUDE'S 2016 CHNA BUILDS UPON THE 2013

CHNA AND REFLECTS THE ACTIVITIES IDENTIFIED IN ST. JUDE'S 2013 COMMUNITY

BENEFIT IMPLEMENTATION PLAN. THE 2016 CHNA WAS LED BY AN INTERNAL TEAM OF

ST. JUDE STAFF MEMBERS. THE LEADERSHIP OF THIS TEAM ENGAGED HEALTH

RESOURCES IN ACTION (HRIA), A NON-PROFIT PUBLIC HEALTH CONSULTANCY

ORGANIZATION, TO CONDUCT THE CHNA.

IN AN EFFORT TO DEVELOP A SOCIAL, ECONOMIC, AND HEALTH PORTRAIT OF THE

COMMUNITY SERVED BY ST. JUDE FOR THE GREATER MEMPHIS AREA AND NATIONALLY,

HRIA REVIEWED EXISTING DATA DRAWN FROM LOCAL, STATE, AND NATIONAL SOURCES.

HRIA CONDUCTED QUALITATIVE RESEARCH WITH INTERNAL AND EXTERNAL ST. JUDE

STAKEHOLDERS AS WELL AS PATIENTS AND FAMILY MEMBERS SERVED IN ORDER TO

SUPPLEMENT QUANTITATIVE FINDINGS WITH PERCEPTIONS OF COMMUNITY STRENGTHS

AND ASSETS, THEIR PRIORITY HEALTH CONCERNS, AND SUGGESTIONS FOR FUTURE

PROGRAMMING AND SERVICES.

FOCUS GROUPS

FOCUS GROUPS WERE CONDUCTED WITH CURRENT AND FORMER ST. JUDE PATIENTS,

PATIENT CAREGIVERS, AND ST. JUDE CLINICAL, RESEARCH, AND ADMINISTRATIVE

STAFF. DIFFERENT TOPIC AREAS WERE EXPLORED BASED ON THE UNIQUE EXPERIENCES

OF EACH OF THE GROUPS. THE PATIENT AND CAREGIVER FOCUS GROUPS, CONDUCTED

WITH CURRENT PATIENTS AND REPRESENTATIVES OF THE FAMILY ADVISORY AND

QUALITY OF LIFE/PALLIATIVE CARE STEERING COUNCILS, EXPLORED THE EXTENT TO

WHICH ST. JUDE IS MEETING THE NEEDS OF CHILDREN WITH CATASTROPHIC

ILLNESSES AND OPPORTUNITIES TO BRIDGE PATIENT NEEDS IN THE FUTURE. THE



**Part V Facility Information** (continued)

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

CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF FOCUS GROUP EXPLORED THESE

TOPICS AS WELL AS SPECIFIC ISSUES RELATED TO THE GREATER MEMPHIS

COMMUNITY. A SEMI-STRUCTURED MODERATOR'S GUIDE WAS USED ACROSS ALL

DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED. WHILE SIMILAR,

SEPARATE GUIDES WERE USED FOR THE CAREGIVER AND PATIENT FOCUS GROUPS SO

THAT THEY WERE AGE AND DEVELOPMENTALLY APPROPRIATE.

EACH FOCUS GROUP WAS FACILITATED BY AN EXPERIENCED HRIA STAFF MEMBER,

WHILE A NOTE-TAKER TOOK DETAILED NOTES DURING THE DISCUSSION. ON AVERAGE,

FOCUS GROUPS LASTED 30-90 MINUTES. BEFORE THE START OF THE GROUPS, HRIA

EXPLAINED THE PURPOSE OF THE STUDY TO PARTICIPANTS AND PARTICIPANTS HAD AN

OPPORTUNITY TO ASK QUESTIONS. THEY WERE ALSO NOTIFIED VERBALLY THAT GROUP

DISCUSSIONS WOULD REMAIN CONFIDENTIAL, AND NO RESPONSES WOULD BE CONNECTED

TO THEM PERSONALLY. PATIENT FOCUS GROUP PARTICIPANTS RECEIVED A \$30 GIFT

CERTIFICATE AS WELL AS FOOD AND BEVERAGES IN APPRECIATION FOR THEIR TIME.

PARTICIPANTS WERE RECRUITED BY ST. JUDE STAFF, WHO ARRANGED ALL LOGISTICS

FOR THE ONSITE FOCUS GROUPS.

MEDICAL EXECUTIVE COMMITTEE/CLINICAL COUNCIL (INTERNAL)

- EMILY BROWNE, DIRECTOR, PROFESSIONAL DEVELOPMENT AND APP

- ANDREW M. DAVIDOFF, MD, CHAIR, SURGERY DEPARTMENT

- PAM DOTSON, SVP, PATIENT CARE SERVICES/CNO

- JANICE ENGLISH, DIRECTOR, NURSING

- PATRICIA FLYNN, MD, MEMBER, SVP, MEDICAL DIRECTOR QUALITY AND PATIENT

CARE

- WILLIAM L. GREENE, PHARM D, CHIEF PHARMACEUTICAL OFFICER

- LIZA JOHNSON, MD, STAFF PHYSICIAN, HOSPITALIST

**Part V Facility Information** (continued)

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

- PAT KEEL, SVP, CHIEF FINANCIAL OFFICER

- CINDY LEKHY, VP, CLINICAL OPERATIONS

- MONIKA METZGER, MD, REGIONAL DIRECTOR, CENTRAL AND SOUTH AMERICA

REGIONS, INTERNATIONAL OUTREACH PROGRAM

- SEAN PHIPPS, PHD, CHAIR, PSYCHOLOGY DEPARTMENT

- ULRIKE REISS, MD, DIRECTOR, CLINICAL HEMATOLOGY DIVISION

- GILES W. ROBINSON, MD, ASSISTANT MEMBER, ONCOLOGY DEPARTMENT

- VICTOR SANTANA, MD, MEMBER, VP, CLINICAL TRIALS ADMINISTRATION

- RON SMITH, VP, SCIENTIFIC OPERATIONS

- ELAINE TUOMANEN, MD, CHAIR, DEPARTMENT OF INFECTIOUS DISEASES

FAMILY ADVISORY COUNCIL AND QUALITY OF LIFE/PALLIATIVE CARE STEERING

COUNCIL (INTERNAL AND EXTERNAL, SOME FAMILY MEMBERS AND FORMER PATIENTS

ARE ALSO ST. JUDE EMPLOYEES), N=5

ADOLESCENT PATIENTS, N=4

KEY INFORMANT INTERVIEWS

HRIA CONDUCTED 16 INTERVIEWS; 6 WERE INTERNAL TO THE ST. JUDE HOSPITAL AND

10 WERE EXTERNAL REPRESENTATIVES. INTERVIEWEES REPRESENT A RANGE OF

SECTORS, INCLUDING LEADERS IN HEALTH CARE AND HEALTH RESEARCH, GOVERNMENT,

AND SOCIAL SERVICE ORGANIZATIONS FOCUSING ON VULNERABLE POPULATIONS.

SIMILAR TO THE FOCUS GROUPS, A SEMI-STRUCTURED INTERVIEW GUIDE WAS USED

ACROSS ALL DISCUSSIONS TO ENSURE CONSISTENCY IN THE TOPICS COVERED.

INTERVIEWS WERE APPROXIMATELY 30 MINUTES IN LENGTH.

INTERNAL KEY INFORMANT INTERVIEWS

**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.

- CAROLYN RUSSO, MD, MEDICAL DIRECTOR AFFILIATE PROGRAM

- JUSTIN BAKER, CHIEF, DIVISION OF QUALITY OF LIFE AND PALLIATIVE CARE

- MARTHA PERINE BEARD, CHAIR, ST. JUDE BOARD OF GOVERNORS

- FRAN GREESON, DIRECTOR OF SOCIAL WORK AND JANA KING, DIRECTOR OF

DOMICILIARY SERVICES

- MICHAEL LINK, MD, CHAIR, ST. JUDE SCIENTIFIC ADVISORY BOARD

- ALICIA HUETTEL, DIRECTOR OF FAMILY CENTERED CARE

EXTERNAL KEY INFORMANT INTERVIEWS

- DR. JOHNATHAN MCCULLERS, CHAIR, DEPARTMENT OF PEDIATRICS, UTHSC/LE

BONHEUR CHILDREN'S HOSPITAL

- JENNIFER MARSHALL PEPPER, HIV/Ryan White, Shelby County

- DR. DAVID STERN, DEAN UTHSC College of Medicine

- DR. BARRY GOLDSPIEL, ACTING CHIEF, PHARMACY DEPARTMENT, CHIEF, CLINICAL

PHARMACY SPECIALIST SECTION, NIH

- DRS. NADA ELMAGBOUL AND ROBIN WOMEODU, Sickle Cell Disease Program

METHODIST LE BONHEUR HEALTHCARE

- VALERIE NAGOSHINER, DEPUTY COMMISSIONER, TN Department of Health

- ANGELA MOORE, PH Coordinator, Community Health Planning, Shelby County

HEALTH DEPARTMENT

- JENNIFER MYRICK, Health Systems Manager, American Cancer Society

MID-SOUTH

- DEE WIMBERLY, CAROL WEIDENHOFER, HUGH JONES, ZACHARY HIDINGER, ANDREA

TUTOR, METHODIST LE BONHEUR HEALTHCARE CHNA TEAM

- DR. MARTIN WHITSIDE, Tennessee Cancer Coalition

**Part V Facility Information** (continued)

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

ACTIONS DESCRIBED IN PART V, SECTION B, LINE 19 BECAUSE ST. JUDE COVERS

ALL TREATMENTS, COPAYS, DEDUCTIBLES, COINSURANCE AND ANY OTHER COST

SHARING OBLIGATIONS THAT ARE NOT COVERED BY INSURANCE. ST. JUDE TAKES NO

ACTION TO COLLECT FROM PATIENTS OR THEIR FAMILIES AND DOES NOT REPORT TO

CREDIT AGENCIES.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN UPDATE

(06/30/18)

ST. JUDE: PATIENT POPULATION AND CLINICAL FOCUS

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

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

**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.

IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CANCER AND BLOOD  
DISORDERS, AND CHILDREN AND ADOLESCENTS WITH HIV INFECTION. IT SERVES  
AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CANCER AS WELL AS A  
LOCAL REFERRAL CENTER FOR CHILDREN WITH CANCER, BLOOD DISORDERS, AND  
HIV/AIDS. ST. JUDE TREATS CHILDREN AND YOUNG ADULTS WITH NEWLY  
DIAGNOSED OR SUSPECTED PEDIATRIC CANCER, HIV INFECTIONS, OR CERTAIN  
HEMATOLOGIC OR GENETIC DISEASES. WE ACCEPT MOST PATIENTS OUTSIDE OUR  
PRIMARY MARKET ON THE BASIS OF A REFERRAL FROM THEIR PHYSICIAN OR AN  
AFFILIATE CLINIC, THEIR AGE, AND THEIR ABILITY TO ENROLL IN AN OPEN  
CLINICAL TRIAL. IN ADDITION TO BEING TREATED AT ST. JUDE, PATIENTS MAY  
HAVE THE OPTION TO RECEIVE CARE AT ONE OF OUR EIGHT REGIONAL AFFILIATE  
CLINICS.

ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING  
GROUND-BREAKING, RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND  
OTHER CATASTROPHIC DISEASES IN CHILDREN. MORE SPECIFICALLY,  
APPROXIMATELY 7,800 PATIENTS ARE SEEN AT ST. JUDE ANNUALLY FOR ACTIVE  
THERAPY, TREATMENT-COMPLETION MONITORING, SURVIVORSHIP SUPPORT, OR  
PARTICIPATION IN RESEARCH PROGRAMS. THE HOSPITAL IS LICENSED FOR 80  
INPATIENT BEDS AND CURRENTLY STAFFS 69 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  
WHO MAY HAVE BEEN ADMITTED AS INPATIENTS AT MOST HOSPITALS TO BE  
TREATED AS OUTPATIENTS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING  
DEDICATED SOLELY TO ST. JUDE PATIENT FAMILIES, DESIGNED WITH INFECTION  
CONTROL MEASURES SUCH AS HEPA AIR FILTRATION, INFECTION-RESISTANT  
SURFACES, AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS

**Part V Facility Information** *(continued)*

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

OR PATIENTS' HOMES.

THE ST. JUDE AFFILIATE PROGRAM MAKES TREATMENTS DEVELOPED AS CLINICAL

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

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

AFFILIATE PROGRAM IS A NETWORK OF PEDIATRIC HEMATOLOGY-ONCOLOGY

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

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

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

CARE AND INNOVATIVE CLINICAL TRIALS TO CHILDREN WITH CANCER AND BLOOD

DISORDERS.

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

SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES

WORLDWIDE THROUGH THE SHARING OF KNOWLEDGE, TECHNOLOGY, AND

ORGANIZATIONAL SKILLS. THERE ARE 3 OVERRIDING GOALS:

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

MISSION

- TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED

INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR

CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES

- TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY

THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND

QUALITY OF CARE DELIVERED AROUND THE GLOBE.

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

RESEARCH DISCOVERIES PERTAIN TO DISEASES THAT ARE BEYOND THE SCOPE OF

**Part V Facility Information** (continued)

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

DISEASES TREATED AS A PRIMARY DIAGNOSIS AT ST. JUDE.

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

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

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

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

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

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

HEALTH STATUS OF THE MEMPHIS COMMUNITY, AND ADDITIONAL GAPS FOR THE

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

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

COORDINATION OF CARE, AND IMPROVING CHILD HEALTH STATUS THROUGH HEALTHY

LIFESTYLE EDUCATION AND PREVENTION FOR CHILDREN. THESE INITIATIVES,

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

BECAUSE THEY ARE ALIGNED WITH OUR MISSION AND OUR CAPABILITIES. BELOW

ARE THE THREE FOCUS AREAS, INITIATIVES, AND CORRESPONDING ISSUES FOR

THE NEXT YEAR.

AIM #1 IMPROVING ACCESS TO CARE

PEDIATRIC HEATH NEED:

ACCESS TO AFFORDABLE HEALTH INSURANCE COVERAGE

HEALTH FACILITIES INVOLVED:

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

**Part V Facility Information** (continued)

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

ANTICIPATED OUTCOME:

ASSIST UNINSURED PATIENTS WITH ENROLLING IN FUNDING FOR WHICH THEY

QUALIFY.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. RENEW CONTRACT WITH VENDOR TO PROVIDE CERTIFIED APPLICATION

COUNSELOR SERVICES TO ASSIST PATIENT FAMILIES APPLYING FOR HEALTH

INSURANCE COVERAGE THROUGH THE FEDERALLY FACILITATED MARKETPLACE.

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

MAKE PROCESS ADJUSTMENTS AS NEEDED.

SELECTED ACCOMPLISHMENTS:

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

RENEWED ANNUALLY. MEDASSIST IS THE VENDOR USED TO PROVIDE CERTIFIED

APPLICATION COUNSELOR SERVICES TO UNINSURED PATIENTS.

- AN AUDIT OF THE SCREENING PROCESS IS CONDUCTED MONTHLY TO ENSURE THAT

ALL FAMILIES ARE GIVEN ASSISTANCE WITH THE SCREENING AND ENROLLMENT

PROCESS. IN FY18, 87% OF UNINSURED PATIENTS WERE OFFERED ASSISTANCE,

AND FOURTEEN UNINSURED PATIENTS WERE ENROLLED IN HEALTH PLANS. THE

REMAINING 13% WERE NOT CONTACTED BECAUSE THEY WERE IN THE AFTER

COMPLETION OF THERAPY PROGRAM AND WERE NOT HERE LONG.

PEDIATRIC HEALTH NEED:

PALLIATIVE CARE

HEALTH FACILITIES INVOLVED:

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



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.

OF QUALITY OF LIFE AND PALLIATIVE CARE

ANTICIPATED OUTCOME:

INCREASE THE NUMBER OF CLINICIANS TRAINED IN PALLIATIVE CARE MEDICINE

(PCM) AND EDUCATIONAL OPPORTUNITIES FOR PCM.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

2. PROVIDE TRAINING IN PALLIATIVE CARE FOR ADVANCED PRACTICE HEALTHCARE PERSONNEL THROUGH TARGETED CONFERENCES AND OTHER EDUCATIONAL OPPORTUNITIES, INCLUDING THE END-OF-LIFE NURSING EDUCATION CONSORTIUM (ELNEC) CONFERENCE, AN INSTITUTION-DEVELOPED QUALITY OF LIFE SEMINAR (QOLA), AND A 2-DAY PEDIATRIC ONCOLOGY PALLIATIVE CARE CONFERENCE.

3. EDUCATE COMMUNITY PROVIDERS ABOUT PCM THROUGH COMMUNITY-BASED BRIDGING PROGRAMS FOR HOME HEALTH AND HOSPICE CARE THROUGH THE QUALITY OF LIFE FOR ALL KIDS PROGRAM VIA A THREE-HOUR DIDACTIC CURRICULUM.

4. ENHANCE TRAINING OPPORTUNITIES WITH ST. JUDE AFFILIATES.

SELECTED ACCOMPLISHMENTS:

- IN COMBINATION WITH THE UTHSC PALLIATIVE CARE FELLOWSHIP, WE ARE TRAINING THREE PEDIATRIC PALLIATIVE CARE PHYSICIAN FELLOWS IN ACADEMIC YEAR 2018-2019.

- ENROLLMENT:	FY16	FY17	FY18
ELNEC	32	78	38
QOLA	37	29	25
PPOS		325	300+

**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.

\*PPOS - PEDIATRIC PALLIATIVE ONCOLOGY CARE CONFERENCE

- BEDSIDE NURSES ARE REQUIRED TO COMPLETE ELNEC WITHIN THREE YEARS.

INPATIENT AND OUTPATIENT NURSES ARE REQUIRED AND SUPPORTED TO COMPLETE

BOTH SEMINARS, A TOTAL OF 24.5 CEUS IN PCM.

- A THREE-HOUR DIDACTIC CURRICULUM HAS BEEN HELD TWICE MONTHLY THROUGH

OUR COMBINED FELLOWSHIP PROGRAM. AN AVERAGE OF 10 ATTENDEES, INCLUDING

GRADUATE STUDENTS, MEDICAL STUDENTS, ADVANCED CLINICIANS, AND OTHERS,

ARE PRESENT FOR EACH SESSION.

- THE DIVISION OF QUALITY OF LIFE AND PALLIATIVE CARE FACULTY HOSTED A

TOTAL OF 5 POE STUDENTS THROUGHOUT THE SUMMER, INVOLVING THEM IN

ONGOING EDUCATIONAL EFFORTS. IN ADDITION, WE HOSTED APPROXIMATELY 8

GRADUATE STUDENTS FOR PALLIATIVE CARE ROTATIONS.

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

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

ARE INCLUDED IN THE NUMBERS CITED ABOVE.

PEDIATRIC HEALTH NEED:

HEALTHCARE OF CHILDHOOD CANCER SURVIVORS

HEALTH FACILITIES INVOLVED:

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

OF CANCER SURVIVORSHIP

ANTICIPATED OUTCOME:

PROVIDE CANCER SURVIVORSHIP INFORMATION TO BOTH CAREGIVERS AND

SURVIVORS VIA SURVIVORS' DAY CONFERENCE AND ST. JUDE LIFE

**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. PROVIDE WORKSHOPS AND SPEAKERS THAT OFFER INFORMATION ABOUT

**AVAILABLE RESOURCES.**

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

**OTHER SURVIVORS.**

3. ENSURE THAT SURVIVORS UNDERSTAND HOW TO APPROACH POST TREATMENT

**HEALTHCARE.**

4. OFFER AN ONLINE RESOURCE FOLLOWING THE CONFERENCE FOR A CONTINUOUS

**FLOW OF SURVIVORSHIP INFORMATION.**

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

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

**LATE EFFECTS AND ASSESS INTERVENTIONS.**

**SELECTED ACCOMPLISHMENTS:**

1. PROVIDE WORKSHOPS AND SPEAKERS THAT OFFER INFORMATION ABOUT

**AVAILABLE RESOURCES:**

THE ST. JUDE FACULTY PROVIDE LECTURES AND PARTICIPATE IN WORKSHOPS

RELATED TO A VARIETY OF SURVIVORSHIP ISSUES. AUDIENCES INCLUDE

SURVIVORS' HEALTHCARE PROVIDERS, SURVIVORS, AND SURVIVORS' FAMILIES.

**LECTURES/WORKSHOPS PROVIDED BY MELISSA M. HUDSON:**

- YOU ARE THE KEY TO HPV CANCER PREVENTION. SHELBY COUNTY SCHOOL SYSTEM

HEALTH ADVISORY COUNCIL MEETING, JANUARY 18, 2018

- CANCER OUTCOMES AND SURVIVORSHIP (ICOS) AND THE CENTER FOR OUTCOMES

AND EFFECTIVENESS RESEARCH AND EDUCATION (COERE), "THE ROLE OF

SURVIVORSHIP RESEARCH IN ADVANCING CHILDHOOD CANCER CARE AND QUALITY OF

SURVIVAL," UNIVERSITY OF ALABAMA, BIRMINGHAM, BIRMINGHAM, ALABAMA,

**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.

FEBRUARY 19, 2018

- ST. JUDE PEDIATRIC HEMATOLOGY-ONCOLOGY FELLOWS' ROUNDS, "THE ROLE OF  
SURVIVORSHIP RESEARCH IN ADVANCING CHILDHOOD CANCER CARE AND QUALITY OF  
SURVIVAL," MEMPHIS, TENNESSEE, APRIL 2, 2018

LECTURES/WORKSHOPS PROVIDED BY DANIEL MULROONEY:

- CARDIOVASCULAR SEQUELAE OF CHILDHOOD CANCER THERAPY AND IMPLICATIONS  
FOR ADULT HEALTH, RADIATION RESEARCH SOCIETY, CANCUN, MEXICO, OCTOBER  
16, 2017

- THE PAST, PRESENT, AND FUTURE OF CANCER SURVIVORSHIP, AFFILIATE  
PHYSICIANS' CONFERENCE, ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS,  
TENNESSEE, APRIL 7, 2018

- CARING FOR AND LEARNING FROM SURVIVORS OF CHILDHOOD CANCER, MINNESOTA  
CHILDHOOD CANCER SURVIVORSHIP SYMPOSIUM, UNIVERSITY OF MINNESOTA,  
MINNEAPOLIS, MINNESOTA, APRIL 27, 2018

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

OTHER SURVIVORS:

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 9, 2017:

INSPIRATIONAL CANCER SURVIVOR DR. WENDY HARPHAM SHARED HER  
SURVIVORSHIP EXPERIENCES IN THE KEYNOTE ADDRESS ENTITLED "HAPPINESS IN

**Part V Facility Information** (continued)

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

A STORM." SURVIVORSHIP STAFF AND DR. HARPHAM LED WORKSHOPS FOCUSING ON  
HOPE AND RESILIENCY IN OVERCOMING THE OBSTACLES ASSOCIATED WITH THE  
CANCER EXPERIENCE AND ITS AFTERMATH.

3. ENSURE THAT SURVIVORS UNDERSTAND HOW TO APPROACH HEALTHCARE POST

TREATMENT:

SURVIVORS AND THEIR FAMILIES ATTENDING THE AFTER COMPLETION OF THERAPY  
AND ST. JUDE LIFETIME COHORT CLINICS ROUTINELY RECEIVE COUNSELING ABOUT  
THEIR HEALTH HISTORY, CANCER-RELATED HEALTH RISKS, 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.

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. THEIR EFFORTS ARE REFLECTED IN THE NEWLY  
DEVELOPED TRANSITION ONCOLOGY PROGRAM.

4. OFFER AN ONLINE RESOURCE FOLLOWING THE CONFERENCE FOR A CONTINUOUS

**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.

FLOW OF SURVIVORSHIP INFORMATION:

PERIODIC BRIEF PUBLICATIONS FEATURE SURVIVOR STORIES AND EDUCATIONAL

TOPICS:

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

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

- LIFELINE NEWSLETTERS (AVAILABLE AT

[HTTPS://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-](https://www.stjude.org/treatment/survivorship/participate-in-st-jude-life-study/lifeline-newsletter.html)

[LIFE-STUDY/LIFELINE-NEWSLETTER.HTML](https://www.stjude.org/treatment/survivorship/participate-in-st-jude-life-study/lifeline-newsletter.html)) ARE PUBLISHED SEMIANNUALLY.

- OTHER SURVIVORSHIP RESOURCES ARE AVAILABLE AT:

[HTTPS://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-](https://www.stjude.org/treatment/survivorship/participate-in-st-jude-life-study/handouts.html)

[LIFE-STUDY/HANDOUTS.HTML](https://www.stjude.org/treatment/survivorship/participate-in-st-jude-life-study/handouts.html)

[HTTPS://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/LIFE-AFTER-CANCER.HTML](https://www.stjude.org/treatment/survivorship/participate-in-st-jude-life-study/handouts.html)

MORTON LM, SAMPSON JN, ARMSTRONG GT, CHEN TH, HUDSON MM, KARLINS E,

DAGNALL CL, LI SA, WILSON CL, SRIVASTAVA DK, LIU W, KANG G, OEFFINGER

KC, HENDERSON TO, MOSKOWITZ CS, GIBSON TM, MERINO DM, WONG JR, HAMMOND

S, NEGLIA JP, TURCOTTE LM, MILLER J, BOWEN L, WHEELER WA, LEISENRING

WM, WHITTON JA, BURDETTE L, CHUNG C, HICKS BD, JONES K, MACHIELA MJ,

VOGT A, WANG Z, YEAGER M, NEALE G, LEAR M, STRONG LC, YASUI Y, STOVALL

M, WEATHERS RE, SMITH SA, HOWELL R, DAVIES SM, RADLOFF GA, ONEL K,

BERRINGTON DE GONZALEZ A, INSKIP PD, RAJARAMAN P, FRAUMENI JF, BHATIA

S, CHANOCK SJ, TUCKER MA, ROBISON LL. GENOME-WIDE ASSOCIATION STUDY TO

IDENTIFY SUSCEPTIBILITY LOCI THAT MODIFY RADIATION-RELATED RISK FOR

BREAST CANCER AFTER CHILDHOOD CANCER. J NATL CANCER INST. 2017 NOV

1;109(11).

**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.

CHEUNG YT, BRINKMAN TM, MULROONEY DA, MZAYEK Y, LIU W, BANERJEE P,

PANOSKALTSIS-MORTARI A, SRIVASTAVA DK, PUI CH, ROBISON LL, HUDSON MM,

KRULL KR. IMPACT OF SLEEP, FATIGUE AND SYSTEMIC INFLAMMATION ON

NEUROCOGNITIVE AND BEHAVIORAL OUTCOMES IN LONG-TERM SURVIVORS OF

CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA. CANCER. 2017 SEP

1;123(17):3410-3419.

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

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

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

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

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

ENDOCRINOL METAB. 2017 JUL 1;102(7):2242-2250.

MULROONEY DA, SOLIMAN EZ, LU L, EHRHARDT MJ, DUPREZ DA, LUEPKER RV,

ARMSTRONG GT, JOSHI VM, GREEN DM, SRIVASTAVA DK, KRASIN MJ, MORRIS GS,

ROBISON LL, HUDSON MM, NESS KK. ELECTROCARDIOGRAPHIC ABNORMALITIES IN

ADULT SURVIVORS OF CHILDHOOD CANCER: A CROSS-SECTIONAL STUDY FROM THE

ST. JUDE LIFETIME COHORT. AM HEART J. 2017 JUL;189:19-27

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. PSYCHO-ONCOLOGY. 2018 JAN;27(1):216-222

ARMSTRONG GT, TOLE JJ, PIANA R, SANTUCCI A, LEATHERS J, NESS KK,

**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.

MULROONEY DA, GREEN DM, JOSHI, VM, ROBISON LL, HUDSON MM, LENIHAN D.

EXERCISE RIGHT HEART CATHETERIZATION FOR PULMONARY HYPERTENSION

IDENTIFIED ON SCREENING ECHOCARDIOGRAPHY IN ADULT SURVIVORS OF

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

BLOOD CANCER. 2018 JAN;65(1).

STUDAWAY A, OJHA RP, BRINKMAN TM, ZHANG N, BAASSIRI M, BANERJEE P,

EHRHARDT MJ, SRIVASTAVA D, ROBISON LL, HUDSON MM, KRULL KR. CHRONIC

HEPATITIS C VIRUS INFECTION AND NEUROCOGNITIVE FUNCTION IN ADULT

SURVIVORS OF CHILDHOOD CANCER. CANCER. 2017 NOV 15;123(22):4498-4505.

INTERIANO RB, KASTE SC, LI C, SRIVASTAVA DK, RAO BN, WARNER WC JR,

GREEN DM, KRASIN MJ, ROBISON LL, DAVIDOFF AM, HUDSON MM,

FERNANDEZ-PINEDA I, NESS KK. ASSOCIATIONS BETWEEN TREATMENT, SCOLIOSIS,

PULMONARY FUNCTION, AND PHYSICAL PERFORMANCE IN LONG-TERM SURVIVORS OF

SARCOMA. J CANCER SURVIV. 2017 OCT;11(5):553-561.

EHRHARDT MJ, MULROONEY DA, LI C, BAASSIRI MJ, BJORNARD K, SANDLUND JT,

BRINKMAN TM, HUANG IC, SRIVASTAVA DK, NESS KK, ROBISON LL, HUDSON MM,

KRULL KR. NEUROCOGNITIVE, PSYCHOSOCIAL, AND QUALITY-OF-LIFE OUTCOMES IN

ADULT SURVIVORS OF CHILDHOOD NON-HODGKIN LYMPHOMA. CANCER. 2018 JAN

15;124(2):417-425.

BHAKTA N, LIU Q, NESS KK, BAASSIRI M, EISSA H, YEO F, CHEMAITILLY W,

EHRHARDT MJ, BASS J, BISHOP MW, SHELTON K, LU L, HUANG S, LI Z, CARON

E, LANCTOT J, HOWELL C, FOLSE T, JOSHI V, GREEN DM, MULROONEY DA,

ARMSTRONG GT, KRULL KR, BRINKMAN TM, KHAN RB, SRIVASTAVA DK, HUDSON MM,



**Part V Facility Information** (continued)

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

YASUI Y, ROBISON LL. THE CUMULATIVE BURDEN OF SURVIVING CHILDHOOD

CANCER: AN INITIAL REPORT FROM THE ST. JUDE LIFETIME COHORT STUDY

(SJLIFE). LANCET. 2017 DEC 9;390(10112):2569-2582

EISSA HM, LU L, BAASSIRI M, BHAKTA N, EHRHARDT MJ, TRIPLETT BM, GREEN

DM, MULROONEY DA, ROBISON LL, HUDSON MM, NESS KK. CHRONIC DISEASE

BURDEN AND FRAILTY IN SURVIVORS OF CHILDHOOD HSCT: A REPORT FROM THE

ST. JUDE LIFETIME COHORT STUDY. BLOOD ADV. 2017 NOV 7;1(24):2243-2246.

LIU W, CHEUNG YT, BRINKMAN TM, BANERJEE P, SRIVASTAVA D, NOLAN VG, ZHANG H,

GURNEY JG, PUI CH, ROBISON LL, HUDSON MM, KRULL KR. BEHAVIORAL SYMPTOMS

AND PSYCHIATRIC DISORDERS IN CHILD AND ADOLESCENT LONG-TERM SURVIVORS

OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA TREATED WITH CHEMOTHERAPY

ONLY. PSYCHO-ONCOLOGY. 2018 JUN;27(6):1597-1607.

LIU W, CHEUNG YT, CONKLIN HM, JACOLA LM, SRIVASTAVA D, NOLAN VG, ZHANG

H, GURNEY JG, HUANG IC, ROBISON LL, PUI CH, HUDSON MM, KRULL KR.

EVOLUTION OF NEUROCOGNITIVE FUNCTION IN LONG-TERM SURVIVORS OF

CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA TREATED WITH CHEMOTHERAPY ONLY.

J CANCER SURVIV. 2018 JUN;12(3):398-406.

IM C, NESS KK, KASTE SC, CHEMAITILLY W, MOON W, SAPKOTA Y, BROOKE RJ,

HUDSON MM, ROBISON LL, YASUI Y, WILSON CL. GENOME-WIDE SEARCH FOR

HIGHER ORDER EPISTASIS AS MODIFIERS OF TREATMENT EFFECTS ON BONE

MINERAL DENSITY IN CHILDHOOD CANCER SURVIVORS. EUR J HUM GENET. 2018

FEB;26(2):275-286.

**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.

HOWELL CR, WILSON CL, EHRHARDT MJ, PARTIN RE, KASTE SC, LANCTOT JQ, PUI

CH, ROBISON LL, HUDSON MM, NESS KK. CLINICAL IMPACT OF SEDENTARY

BEHAVIORS IN ADULT SURVIVORS OF ACUTE LYMPHOBLASTIC LEUKEMIA: A REPORT

FROM THE ST. JUDE LIFETIME COHORT STUDY. CANCER. 2018 MAR

1;124(5):1036-1043

GIBSON TM, LI Z, GREEN DM, ARMSTRONG GT, MULROONEY DA, SRIVASTAVA D,

BHAKTA N, NESS KK, HUDSON MM, ROBISON LL. BLOOD PRESSURE STATUS IN

ADULT SURVIVORS OF CHILDHOOD CANCER: A REPORT FROM THE ST. JUDE

LIFETIME COHORT STUDY. CANCER EPIDEMIOL BIOMARKERS PREV. 2017

DEC;26(12):1705-1713.

ALLEN J, WILLARD VW, KLOSKY JL, LI C, SRIVASTAVA DK, ROBISON LL, HUDSON

MM, PHIPPS S. POSTTRAUMATIC STRESS-RELATED PSYCHOLOGICAL FUNCTIONING IN

ADULT SURVIVORS OF CHILDHOOD CANCER. J CANCER SURVIV. 2018

APR;12(2):216-223.

CHOW EJ, CHEN Y, HUDSON MM, FEIJEN EAM, KREMER LC, BORDER WL, GREEN DM,

MEACHAM LR, MULROONEY DA, NESS KK, OEFFINGER KC, RONCKERS CM, SKLAR CA,

STOVALL M, VAN DER PAL HJ, VAN DIJK IWEM, VAN LEEUWEN FE, WEATHERS RE,

ROBISON LL, ARMSTRONG GT, YASUI Y. PREDICTION OF ISCHEMIC HEART DISEASE

AND STROKE IN SURVIVORS OF CHILDHOOD CANCER. J CLIN ONCOL. 2018 JAN

1;36(1):44-52.

FELLAH S, CHEUNG YT, SCOGGINS MA, ZOU P, SABIN ND, PUI CH, ROBISON LL,

HUDSON MM, OGG RJ, KRULL KR. BRAIN ACTIVITY ASSOCIATED WITH ATTENTION

DEFICITS FOLLOWING CHEMOTHERAPY FOR CHILDHOOD ACUTE LYMPHOBLASTIC

**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.

LEUKEMIA. J NATL CANCER INST. 2018 MAY 21. [EPUB AHEAD OF PRINT].

HUANG IC, KLOSKY JL, YOUNG CM, MURPHY SE, KRULL KR, SRIVASTAVA DK,

HUDSON MM, ROBISON LL. MISCLASSIFICATION OF SELF-REPORTED SMOKING.

PEDIATR BLOOD CANCER. 2018; E27240.

FERNANDEZ-PINEDA I, DAVIDOFF AM, LU L, RAO BN, WILSON CL, SRIVASTAVA

DK, KLOSKY JL, METZGER ML, KRASIN MJ, NESS KK, PUI CH, ROBISON LL,

HUDSON MM, SKLAR CA, GREEN DM, CHEMAITILLY W. IMPACT OF OVARIAN

TRANSPOSITION BEFORE PELVIC IRRADIATION ON OVARIAN FUNCTION AMONG

LONG-TERM SURVIVORS OF CHILDHOOD HODGKIN LYMPHOMA: A REPORT FROM THE

ST. JUDE LIFETIME COHORT STUDY. PEDIATRI BLOOD CANCER. 2018 MAY 11:

E27232.

HUANG IC, BRINKMAN TM, MULLINS L, PUI CH, ROBISON LL, HUDSON MM, KRULL

KR. CHILD SYMPTOMS, PARENT BEHAVIORS, AND FAMILY STRAIN IN LONG-TERM

SURVIVORS OF CHILDHOOD ACUTE LYMPHOBLASTIC LEUKEMIA. PSYCHO-ONCOLOGY

2018;27(8):2031-8.

MONAHAN K, LENIHAN D, BRITTAIN EL, SALIBA L, PIANA RN, ROBISON LL,

HUDSON MM, ARMSTRONG GT. THE RELATIONSHIP BETWEEN PULMONARY ARTERY

WEDGE PRESSURE AND PULMONARY BLOOD VOLUME DERIVED FROM CONTRAST

ECHOCARDIOGRAPHY: A PROOF-OF-CONCEPT STUDY. ECHOCARDIOGRAPHY. 2018 MAY

14. [EPUB AHEAD OF PRINT].

5 & 6. AS OF SEPTEMBER 30, 2018, 5,657 SURVIVORS HAVE BEEN ENROLLED ON

THE ST. JUDE LIFETIME COHORT STUDY. AMONG 3,866 ENROLLED 10+ YEAR

**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.

SURVIVORS 18+ YEARS OF AGE, 3,489 SURVIVORS HAVE COMPLETED ONE OR MORE

COMPREHENSIVE EVALUATION WITH PARTICIPATION RATES REMAINING HIGH (92%

OF THOSE CONTACTED AND 85% OF TOTAL ELIGIBLE). AMONG 5-YEAR SURVIVORS

IN THE EXPANDED ELIGIBLE COHORT, 1,791 PARTICIPANTS HAVE BEEN RECRUITED

(AVERAGING 29 SURVIVOR REGISTRATIONS PER MONTH IN LAST YEAR). IN

ADDITION, 652 CONTROL SUBJECTS HAVE BEEN RECRUITED, OF WHOM 600 HAVE

COMPLETED COMPREHENSIVE EVALUATIONS.

PEDIATRIC HEALTH NEED:

COMMUNITY EDUCATION

HEALTH FACILITIES INVOLVED:

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

RELATIONS DEPARTMENT

ANTICIPATED OUTCOME:

IMPROVED HEALTH OUTCOMES AND COMMUNITY UNDERSTANDING OF HEALTH CARE

RESOURCES AND HEALTH CARE CAREERS

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:

**Part V Facility Information** (continued)

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

ST. JUDE PROFESSIONALS PROVIDING INFORMATION AND RESOURCES:

- ST. JUDE CONDUCTED MORE THAN 75 30-SECOND EDUCATIONAL RADIO SPOTS IN

FY18. TOPICS INCLUDED THE HIV VOICES PROJECT, AIDS SUPPORT, SICKLE CELL

TRANSITION E-LEARNING PROGRAM (STEP), BLOOD DONOR CENTER, AND THE HPV

VACCINE FOR CANCER PREVENTION.

- IN ADDITION, ST. JUDE DISTRIBUTED PUBLIC SERVICE ANNOUNCEMENT SCRIPTS

TO INCREASE AWARENESS ABOUT THE HPV VACCINE TO LOCAL MEMPHIS AND

REGIONAL RADIO STATIONS IN FY18.

- ALSO, ST. JUDE SUBMITTED A PUBLIC SERVICE ANNOUNCEMENT IN MAY 2018 TO

INVITE THE COMMUNITY TO A SYMPOSIUM ABOUT SICKLE CELL DISEASE.

- MEDIA RELATIONS EFFORTS RESULTED IN A NUMBER OF ST. JUDE

PROFESSIONALS BEING INTERVIEWED THIS YEAR ON COMMUNITY SUBJECTS,

INCLUDING FLU AWARENESS AND REMINDERS TO GET THE FLU VACCINE.

INFORMATION FROM DR. RICHARD WEBBY AND HIS TEAM ABOUT THE FLU VACCINE

APPEARED IN MORE THAN 1,000 NEWS PIECES, INCLUDING 13 LOCAL MEMPHIS

STORIES.

- "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. EACH QUARTER, "PROMISE" IS

MAILED TO BETWEEN 250,000 AND 300,000 READERS, INCLUDING 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 E-NEWSLETTER VERSION OF "PROMISE" IS ALSO SENT TO NEARLY

10,000 SUBSCRIBERS QUARTERLY.

A FEW OF THE EDUCATIONAL ARTICLES IN "PROMISE" MAGAZINE ARE LISTED:

**Part V Facility Information** (continued)

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

- THE SUMMER 2018 "PROMISE" INCLUDED A STORY ON HOW ST. JUDE PARTNERS

WITH THE COMMUNITY TO BRING CUTTING-EDGE HIV PREVENTION AND EDUCATION

TO AT-RISK YOUTH.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/SUMMER-](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2018/partners-for-hiv-prevention.html)

[2018/PARTNERS-FOR-HIV-PREVENTION,HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2018/partners-for-hiv-prevention.html)

- THE SPRING 2018 "PROMISE" FEATURED AN ARTICLE ON OUR SCHOOL LIAISON

SERVICES THAT HELP PATIENTS MAKE A SEAMLESS TRANSITION BACK TO THE

CLASSROOM. THE ARTICLE FEATURED A LOCAL BOY WHO HAD COMPLETED TREATMENT

AND RETURNED TO HIS MEMPHIS CLASSROOM.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/SPRING-](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2018/school-liaison-services-help-kids-go-back-to-school.html)

[2018/SCHOOL-LIAISON-SERVICES-HELP-KIDS-GO-BACK-TO-SCHOOL,HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2018/school-liaison-services-help-kids-go-back-to-school.html)

- THE SPRING 2018 ISSUE ALSO INCLUDED AN ARTICLE ABOUT USING VIRTUAL

REALITY FOR RELIEF OF PAIN FROM SICKLE CELL DISEASE.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/SPRING-](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2018/virtual-reality-a-distraction-from-sickle-cell-pain.html)

[2018/VIRTUAL-REALITY-A-DISTRACTION-FROM-SICKLE-CELL-PAIN,HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2018/virtual-reality-a-distraction-from-sickle-cell-pain.html)

- THE WINTER 2018 ISSUE FEATURED AN ARTICLE ABOUT HYDROXYUREA TREATMENT

FOR KIDS WITH SICKLE CELL DISEASE.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/WINTER-](https://www.stjude.org/about-st-jude/stories/promise-magazine/winter-2018/hydroxyurea-when-more-is-better.html)

[2018/HYDROXYUREA-WHEN-MORE-IS-BETTER,HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/winter-2018/hydroxyurea-when-more-is-better.html)

- THE AUTUMN 2017 "PROMISE" INCLUDED A FEATURE ON FLU SURVEILLANCE.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/AUTUMN-](https://www.stjude.org/about-st-jude/stories/promise-magazine/autumn-2017/keeping-flu-at-bay.html)

[2017/KEEPING-FLU-AT-BAY,HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/autumn-2017/keeping-flu-at-bay.html)

- ST. JUDE HAS A PRESENCE ON SOCIAL MEDIA AS @STJUDERESEARCH ACROSS

EIGHT PLATFORMS, WITH A TOTAL OF MORE THAN 38,000 FOLLOWERS. THE GOAL

FOR SOCIAL MEDIA IS TO INCREASE THE RECOGNITION AND UNDERSTANDING OF

ST. JUDE SCIENCE, MEDICINE, AND TRANSLATIONAL RESEARCH BY HIGHLIGHTING

SCIENTIFIC AND MEDICAL STUDIES, SUCCESSES, PROJECTS, AND PROGRAMS. THE

**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.

PLATFORMS ALSO FEATURE CAREER OPPORTUNITIES FOR RESEARCH AND CLINICAL

CARE STAFF. THE AUDIENCE IS CURRENT AND POTENTIAL PHYSICIANS,

SCIENTISTS, CLINICIANS, POSTDOCS, REFERRING PHYSICIANS, AND PATIENTS

AND THEIR FAMILIES. WITHIN THE LAST YEAR, FEATURED TOPICS HAVE RANGED

FROM CHILDHOOD CANCER FACTS TO PALLIATIVE CARE AWARENESS TO OPENINGS

FOR SPECIALTY CANCER CLINICS.

EDUCATIONAL OPPORTUNITIES ABOUT HEALTH CARE CAREERS:

- THE SUMMER 2018 EDITION OF "PROMISE" INCLUDED AN UPDATE ON THE ST.

JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL

SCIENCES, THE FIRST DEGREE-GRANTING PROGRAM EVER ESTABLISHED ON THE ST.

JUDE CAMPUS.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/SUMMER-](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2018/from-student-to-scientist-st-jude-graduate-school.html)

[2018/FROM-STUDENT-TO-SCIENTIST-ST-JUDE-GRADUATE-SCHOOL.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/summer-2018/from-student-to-scientist-st-jude-graduate-school.html)

- THE SPRING 2018 ISSUE OF "PROMISE" INCLUDED AN ARTICLE ON ST. JUDE AS

AN EMPLOYER AND WHY EMPLOYEES ENJOY THEIR CAREERS IN HEALTH CARE.

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/SPRING-](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2018/st-jude-employees-the-heartbeat-of-the-hospital.html)

[2018/ST-JUDE-EMPLOYEES-THE-HEARTBEAT-OF-THE-HOSPITAL.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/spring-2018/st-jude-employees-the-heartbeat-of-the-hospital.html)

- APPROXIMATELY 120 LOCAL HIGH SCHOOL STUDENTS AND TEACHERS VISITED ST.

JUDE IN MARCH 2018 FOR THE THIRD ANNUAL SCIENCE SCHOLARS OF TOMORROW

SYMPOSIUM. THE DAY-LONG EVENT FEATURED SCIENTIFIC PRESENTATIONS AND

TOURS OF LABORATORIES, CLINICS, AND CORE FACILITIES, ENABLING STUDENTS

TO INTERACT WITH SCIENTISTS AND CLINICIANS.

- MORE THAN 300 CANCER SURVIVORS, INCLUDING LOCAL MEMPHIS RESIDENTS,

ATTENDED SURVIVORS DAY IN SEPTEMBER 2017, WHERE THEY RECEIVED

INFORMATION ABOUT CANCER SURVIVORSHIP, SOCIAL WORK, EDUCATION, AND

MORE.

**Part V Facility Information** (continued)

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PEDIATRIC HEALTH NEED:

ST. JUDE AFFILIATE NETWORK

HEALTH FACILITIES INVOLVED:

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

ANTICIPATED OUTCOME:

THE ST. JUDE AFFILIATE NETWORK SHOULD BE MAINTAINED TO EXPAND

OPPORTUNITIES FOR SERVICES TO A LARGER NUMBER OF CHILDREN.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. EVALUATE OPPORTUNITIES TO EXPAND TO ADDITIONAL LOCATIONS.
2. ENHANCE OPERATIONS AND INCREASE PATIENT VISITS AT ALL CLINICS.
3. INCREASE ACCRUALS ON ST. JUDE CLINICAL TRIALS.
4. ENHANCE THE PATIENT EXPERIENCE AND ENSURE HIGH-QUALITY CARE.

SELECTED ACCOMPLISHMENTS:

- THE NUMBER OF PATIENTS ENROLLED IN ST. JUDE PRIMARY THERAPEUTIC

PROTOCOLS FROM THE AFFILIATE CLINICS HAS INCREASED EACH YEAR:

FY15	62	
FY16	69	(+11%)
FY17	106	(+54%)
FY18	107	(+.01%)

- THE SICKLE CELL CLINICAL RESEARCH AND INTERVENTION PROGRAM HAS BEEN

ACTIVELY ENROLLING AT THE BATON ROUGE, CHARLOTTE, AND PEORIA AFFILIATE

CLINICS, WITH =20% OF ACCRUALS FROM THE AFFILIATE AREAS.



**Part V Facility Information** (continued)

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- THE REDUCTION IN TIME-TO-ANTIBIOTICS IN IMMUNOCOMPROMISED CHILDREN

QUALITY IMPROVEMENT PROJECT WAS SUCCESSFULLY COMPLETED.

- AN AMBULATORY IMPLANTED CATHETER CARE BUNDLE WAS INSTITUTED AT ALL

EIGHT AFFILIATES, WITH REDUCTIONS IN CENTRAL LINE INFECTIONS.

- A PATIENT NAVIGATOR POSITION WAS ESTABLISHED TO IMPROVE THE PATIENT

EXPERIENCE.

AIM #2 ENHANCING COORDINATION OF CARE

PEDIATRIC HEALTH NEED:

PHYSICIAN COORDINATION OF CARE

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

ST. JUDE AFFILIATE INSTITUTIONS

ALL DOMESTIC AND INTERNATIONAL REFERRING CLINICIANS AND CENTERS

ANTICIPATED OUTCOME:

IMPROVE CONTINUITY OF CARE BY ENHANCING COMMUNICATION TOOLS AND EFFORTS

TO PROVIDE PHYSICIANS WITH UNPARALLELED ACCESS TO PATIENT INFORMATION.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

AFFILIATED PHYSICIANS' CONVENIENT ACCESS TO PATIENT INFORMATION, IN

ACCORDANCE WITH APPLICABLE LAW.

SELECTED ACCOMPLISHMENTS:

**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.

- PROVIDERS IN THE AFFILIATE PROGRAM NOW HAVE FULL ACCESS TO THE ST.

JUDE ELECTRONIC MEDICAL RECORD.

- CLINICIAN PORTAL WORK IS ONGOING. A VENDOR HAS BEEN SELECTED TO BEGIN

DEVELOPMENT OF PATIENTSAFE. PROCESSES ARE UNDERWAY TO INVITE PHYSICIANS

TO HAVE ACCOUNTS AND ASSIGN THEM USERNAMES AND PASSWORDS. THERE IS AN

ON-GOING REVIEW PROCESS TO FINALIZE THAT PHYSICIANS CONTINUE TO HAVE

ACTIVE PATIENT CARE RELATIONSHIPS WITH ST. JUDE PATIENTS.

- DESIGNED AND TESTED A WEB PORTAL TO BE USED BY REFERRING AND

AFFILIATED PHYSICIANS TO ACCESS PATIENT RECORDS AND IMPROVE

COMMUNICATION. POLICIES AND PROCEDURES ARE BEING DRAFTED, AND AN

IMPLEMENTATION COMMITTEE HAS BEEN FORMED.

- METRICS TO QUALIFY TIMELY ENTRY AND CLINICIAN USAGE ARE ALSO BEING

DEFINED. A REFERRING PHYSICIAN TASK FORCE (COMPRISED OF CLINICAL

DIRECTOR, CLINICAL SERVICE LEADERS, FACULTY MEMBERS, AND CLINICAL AND

ADMINISTRATIVE PROCESS LEADERS [INFORMATION SCIENCES, HEALTH

INFORMATION MANAGEMENT, PHYSICIAN/PATIENT REFERRAL OFFICE]) IS

CURRENTLY REVIEWING COMMUNICATION PROCESSES BY CLINICAL SERVICES TO

ENSURE COMPLIANCE WITH THE COMMUNICATION POLICY FOR EXTERNAL

CLINICIANS. THERE HAS ALSO BEEN AN EFFORT TO EXTEND AN INVITATION TO

THE AFFILIATE PHYSICIANS TO PARTICIPATE REMOTELY IN WEEKLY

MULTIDISCIPLINARY CONFERENCES TO AID IN COMMUNICATION AND SERVE AS AN

OPPORTUNITY FOR TRAINING.

PEDIATRIC HEALTH NEED:

TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE SERVICES

HEALTH FACILITIES INVOLVED:

**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.

SICKLE CELL DISEASE PROGRAM - ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

DEPARTMENT OF HEMATOLOGY, CLINICAL HEMATOLOGY DIVISION

DIGGS-KRAUS SICKLE CELL CENTER AT REGIONAL ONE HEALTH

METHODIST HEALTHCARE COMPREHENSIVE SICKLE CELL CENTER (MCSCC)

ANTICIPATED OUTCOME:

INCREASE THE NUMBER OF PATIENTS WITH SICKLE CELL DISEASE WHO ESTABLISH

SUSTAINED ADULT CARE AFTER LEAVING PEDIATRIC CARE AT ST. JUDE.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

ENHANCE A SEAMLESS TRANSITION FROM PEDIATRIC CARE.

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

CO-LOCATION OF PEDIATRIC AND ADULT HEMATOLOGY PROVIDERS.

3. AUGMENT FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS

WITH HEMATOLOGIC AND ONCOLOGIC DISEASES BY DEVELOPING DISEASE

EDUCATIONAL CURRICULUM AND TRAINING MODULES TO FOSTER INCREASED

ADOLESCENT AUTONOMY AND MEDICAL LITERACY.

SELECTED ACCOMPLISHMENTS:

- FY18 - 59 PATIENTS TRANSITIONED TO ADULT CARE.

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

ENHANCE A SEAMLESS TRANSITION FROM PEDIATRIC CARE. WE CONTINUE TO

PROVIDE THE QUARTERLY TEEN TRANSITION TOUR TO THE ADULT PROVIDERS IN

MEMPHIS. LAST YEAR, 27 PATIENTS WITH SICKLE CELL DISEASE PARTICIPATED.

**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.

A MONTHLY TRANSITION SKILLS LAB WAS IMPLEMENTED TO EQUIP YOUNG ADULTS

WITH LIFE SKILLS THAT ARE NECESSARY AS THEY MOVE INTO THE ADULT REALM.

LAST YEAR, 15 PATIENTS WITH SICKLE CELL DISEASE PARTICIPATED.

DURING SKILLS LAB - THE TEENAGERS LEARN:

A. HOW TO SCHEDULE A DOCTOR'S APPOINTMENT

B. HOW TO ORDER MEDICATION REFILL

C. HOW TO ACCESS INSURANCE BENEFITS

D. WHAT A CO-PAY IS

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

CO-LOCATION OF PEDIATRIC AND ADULT HEMATOLOGY PROVIDERS. WE CONTINUE TO

PROVIDE CO-LOCATION OF CARE FOR RECENTLY TRANSITIONED PATIENTS WITH

SICKLE CELL DISEASE WHO CHOOSE TO CONTINUE CARE AT THE METHODIST

COMPREHENSIVE SICKLE CELL CENTER.

3. AUGMENT FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS

WITH HEMATOLOGIC AND ONCOLOGIC DISEASES BY DEVELOPING DISEASE

EDUCATIONAL CURRICULUM AND TRAINING MODULES TO FOSTER INCREASED

ADOLESCENT AUTONOMY AND MEDICAL LITERACY.

SINCE 2017, EDUCATION HAS BEEN DEVELOPED ON VARIOUS TOPICS, WITH THE

GOAL OF INCREASING THE MEDICAL LITERACY AMONG PATIENTS WITH SICKLE CELL

DISEASE.

THE FOLLOWING TOPICS ARE PROVIDED TO ALL TRANSITIONING PATIENTS:

A. COMPLICATIONS OF SICKLE CELL DISEASE AND HOW TO MANAGE THEM.

**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.

B. WHAT ARE BLOOD COUNTS?

C. WHAT IS BONE MARROW TRANSPLANT?

AIM #3 IMPROVING CHILD HEALTH STATUS THROUGH HEALTHY LIFESTYLE

EDUCATION AND PREVENTION FOR CHILDREN

PEDIATRIC HEALTH NEED:

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

ACTIVITY

HEALTH FACILITIES INVOLVED:

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

ANTICIPATED OUTCOME:

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

CANCER AND HEALTHY LIVING EDUCATION PROGRAM.

INCREASE THE KNOWLEDGE THAT CHILDREN HAVE ON CANCER AND HEALTHY LIVING

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

WITH PRE AND POST QUIZZES.

IMPROVE ATTITUDES OF CHILDREN TOWARD HEALTHY LIVING PRACTICES (AVOIDING

SMOKING, BETTER NUTRITION HABITS, MORE EXERCISE, AVOIDING EXCESSIVE

SUN) USING SURVEY INSTRUMENTS.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

**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.

CHILDREN CURRICULUM AT INCREASING CHILDREN'S KNOWLEDGE OF CANCER AND

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

TOBACCO).

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

CHILDREN CURRICULUM AT IMPROVING CHILDREN'S ATTITUDES TOWARDS HEALTHY

LIVING PRACTICES (AVOIDING SMOKING, BETTER NUTRITION HABITS, MORE

EXERCISE, AVOIDING EXCESSIVE SUN).

3. PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE CANCER AND

HEALTHY LIVING EDUCATIONAL PROGRAMS.

SELECTED ACCOMPLISHMENTS:

1. DEVELOP A FORMAL PROFESSIONAL DEVELOPMENT TRAINING SERIES FOR K-12

EDUCATORS INTERESTED IN INCORPORATING CANCER EDUCATION CONCEPTS INTO

THEIR CLASSROOM CURRICULUM.

THE ST. JUDE CANCER EDUCATORS CLASSROOM (SJCEC) IS A YEAR-LONG WORKSHOP

SERIES THAT AIMS TO PROVIDE K-12 LEADERS AND EDUCATORS WITH VARIOUS

FRAMEWORKS AND STRATEGIES FOR IMPROVING SCIENCE EDUCATION PEDAGOGY AND

REDUCING STEREOTYPE THREATS THAT PREVENT INDIVIDUALS FROM

UNDERREPRESENTED BACKGROUNDS FROM PURSUING CAREERS IN BIOMEDICAL

RESEARCH. IN THIS INNOVATIVE APPROACH TO PROFESSIONAL DEVELOPMENT,

PARTICIPANTS EXPLORED WAYS TO WEAVE TOGETHER SOCIAL AND EMOTIONAL

LEARNING WITH SCIENCE EDUCATION IN A WAY THAT ENCOURAGES STUDENTS TO

THINK CRITICALLY AND CREATIVELY, FOSTERS A FEARLESSNESS TO TACKLE WHAT

ARE OFTEN BELIEVED TO BE UNSOLVABLE PROBLEMS, AND PROMOTES POSITIVE

SELF-IDENTITIES THAT ENCOURAGE STUDENTS FROM UNDERREPRESENTED

BACKGROUNDS TO PURSUE CAREERS IN BIOMEDICAL RESEARCH.

**Part V Facility Information** (continued)

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

THE SJCEC PILOT PROGRAM TOOK PLACE DURING THE 2017-2018 ACADEMIC YEAR

WITH A GROUP OF 15 K-12 EDUCATORS AND 2 PROFESSIONAL LEARNING COACHES

(PLCS) FROM 7 SCHOOLS THAT PREDOMINANTLY SERVE STUDENTS FROM LOW

SOCIOECONOMIC BACKGROUNDS AND STUDENTS OF COLOR. ALL PARTICIPANTS WERE

EMPLOYEES IN THE SHELBY COUNTY SCHOOL DISTRICT. LEARNING IN THIS PILOT

PROGRAM TOOK PLACE THROUGH FOUR ONE-DAY INTERACTIVE WORKSHOPS AND A

WEEK-LONG SUMMER COLLABORATIVE WORKSHOP.

WORKSHOP 1: ENSURING A HIGH-QUALITY SCIENCE EDUCATION FOR ALL STUDENTS

THIS WORKSHOP INTRODUCED TEACHERS TO PRACTICES AND METHODS THAT MAKE

SCIENCE CONCEPTS RELEVANT TO ALL STUDENTS. PARTICIPANTS CONSIDERED SOME

OF THE CHALLENGES AND BARRIERS TO STUDENT LEARNING IN RACIALLY

IDENTIFIABLE SCHOOLS AND HIGH-POVERTY SCHOOLS AND BRAINSTORMED METHODS

FOR OVERCOMING THESE BARRIERS.

WORKSHOP 2: FOSTERING THINKING IN THE SCIENCE CLASSROOM

THIS WORKSHOP INTRODUCED EDUCATORS TO METHODS FOR FOSTERING THINKING IN

THE SCIENCE CLASSROOM. PARTICIPANTS WERE ASKED TO REFLECT ON THEIR OWN

CLASSROOM ENVIRONMENT AND TO IDENTIFY AREAS OF STRENGTH AND WEAKNESS.

WORKSHOP 3: 3-DIMENSIONAL LESSON PLANNING

THIS WORKSHOP GUIDED TEACHERS THROUGH THE NATIONAL ACADEMIES OF

SCIENCES' A FRAMEWORK FOR K-12 SCIENCE EDUCATION TO EXPLORE CURRENT

SHIFTS IN SCIENCE EDUCATION. PARTICIPANTS WORKED IN GRADE-LEVEL TEAMS

TO IDENTIFY 3-DIMENSIONAL LESSONS WITHIN CANCER RESEARCH THEMES.

**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.

WORKSHOP 4: CURRICULUM MAPPING AND ASSESSMENT PLANNING

THIS WORKSHOP GUIDED TEACHERS THROUGH THE PROCESS OF CURRICULUM MAPPING

AND ASSESSMENT PLANNING. PARTICIPANTS MODIFIED EXISTING CURRICULUM MAPS

TO INCORPORATE 3-DIMENSIONAL LESSONS WITHIN CANCER RESEARCH THEMES AND

CONNECT THEM TO TENNESSEE STATE SCIENCE STANDARDS.

SUMMER COLLABORATIVE:

THE SUMMER COLLABORATIVE WAS AN INTENSIVE, WEEK-LONG CURRICULUM

DEVELOPMENT WORKSHOP. PARTICIPANTS WORKED IN SCHOOL TEAMS TO DESIGN

3-DIMENSIONAL LESSON PLANS FOCUSED ON CANCER EDUCATION THEMES. LESSONS

INTEGRATED CONCEPTS FROM THE CULTURE OF THINKING (COT) PEDAGOGY WITH

THE SCIENCE SCHOLARS OF TOMORROW (SSOT) CURRICULAR ITEMS.

SEVERAL THEMES EMERGED THROUGHOUT THESE WORKSHOPS THAT DIRECTLY TIE TO

NEGATIVE SELF-STEREOTYPES THAT CAN INHIBIT STUDENTS FROM

UNDERREPRESENTED POPULATIONS FROM PURSUING CAREERS IN SCIENCE. THESE

INCLUDE:

- STUDENTS' FEELINGS OF HOPELESSNESS

- FIXED MINDSETS (AND HOPELESSNESS) FORMED AS A RESULT OF LOW INCOME

MOBILITY RATES IN MEMPHIS AND GENERATIONAL POVERTY

- STUDENTS FEEL AS THOUGH THE SCHOOL IS PREPARING THEM FOR PRISON (THE

SCHOOL-TO-PRISON PIPELINE WAS MENTIONED)

- THE INVENTION OF COUNTER-CULTURES THAT PROVIDE A SPACE WHERE STUDENTS

FEEL THAT THEY CAN SUCCEED (COUNTER-CULTURES ARE SUBCULTURES WHOSE

VALUES AND NORMS OF BEHAVIOR ARE SUBSTANTIALLY DIFFERENT FROM THOSE OF

MAINSTREAM SOCIETY, OFTEN IN OPPOSITION TO MAINSTREAM CULTURAL MORES)

- STUDENTS OFTEN FAIL TO SEE HOW SCIENCE IS RELATED TO SOCIAL CHANGE



**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.

AND WILL OFTEN WORK HARDER IN SOCIAL STUDIES AND HISTORY CLASSES THAN

MATH AND SCIENCE CLASSES AS A RESULT. (THIS TIES TO A LACK OF

UNDERSTANDING OF HOW SCIENCE IS RELEVANT TO THEM AND THEIR COMMUNITY,

WHICH HAS SEVERAL IMPLICATIONS FOR CHALLENGES IN MINORITY INCLUSION ON

CLINICAL TRIALS AS WELL.)

PARTICIPANTS ALSO BRAINSTORMED PROGRAMMATIC EFFORTS TO REDUCE

STEREOTYPE THREAT IN THEIR CLASSROOMS. THROUGH THESE CONVERSATIONS,

FOUR ESSENTIAL COMPONENTS TO PROGRAMMATIC EFFORTS WERE IDENTIFIED:

- PROVIDE COUNTER-STEREOTYPES: STUDENTS NEED TO SEE EXAMPLES OF UNDER

REPRESENTED MINORITIES (URMS) PARTICIPATING IN SCIENTIFIC RESEARCH.

- SUSTAIN INTERACTION: WHETHER THROUGH ONLINE/VIRTUAL INTERACTIONS,

SCIENTIST VISITS TO THE CLASSROOM, OR FIELD TRIPS, STUDENTS NEED

SUSTAINED INTERACTION WITH ST. JUDE/SCIENCE IN ORDER TO VIEW IT AS A

POSSIBLE CAREER OPTION.

- START YOUNG: STEREOTYPE THREAT BEGINS EARLY. MOST STUDENTS HAVE

DECIDED WHETHER OR NOT THEY ARE GOOD AT/LIKE SOMETHING BY MIDDLE

SCHOOL. WE NEED TO ENGAGE STUDENTS THROUGHOUT THE K-12 SPECTRUM WITH

SUSTAINED EFFORTS THAT COUNTER STEREOTYPE THREATS.

- ENGAGE ALL SCHOOL STAKEHOLDERS: SCHOOL ADMINISTRATORS NEED EDUCATION

ON WHY SCIENCE AND STEM SHOULD BE AN IMPORTANT FOCUS IN K-5 CLASSROOMS

IN ADDITION TO NUMERACY AND LITERACY. PARENTS NEED EDUCATION ON HOW TO

SUPPORT A CHILD INTERESTED IN STEM CAREERS AS WELL AS

COUNTER-STEREOTYPES THAT DEMONSTRATE THAT URM CHILDREN CAN HAVE

SUCCESSFUL CAREERS IN SCIENCE. TEACHERS NEED GRADE-LEVEL PROFESSIONAL

DEVELOPMENT RELATED TO HIGH-LEVEL SCIENCE CONCEPTS AND RESOURCES FOR

TEACHING STUDENTS HIGH-LEVEL SCIENCE.

**Part V Facility Information** (continued)

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

THE SUMMER COLLABORATIVE YIELDED A VARIETY OF IDEAS AND STRATEGIES FOR  
IMPLEMENTING 3-DIMENSIONAL SCIENCE LESSONS IN THE CLASSROOM. THESE  
VARIED BASED ON GRADE-LEVEL AND SUBJECT TAUGHT, BUT ALL INVOLVED THE  
INCORPORATION OF CASE-BASED/PROBLEM-BASED LESSONS THAT CENTER AROUND A  
REAL-WORLD SCENARIO. THE ST. JUDE CANCER EDUCATION AND OUTREACH TEAM  
WILL CONTINUE TO WORK WITH THESE EDUCATORS FOR AT LEAST 3 YEARS  
FOLLOWING THE WORKSHOP SERIES TO CONTINUE TO HELP GROW AND FOSTER A  
CULTURE OF THINKING IN THE CLASSROOM, PROVIDE NECESSARY RESOURCES TO  
PROMOTE HIGH-QUALITY SCIENCE IN THE CLASSROOM THROUGH THE CANCER  
EDUCATION IN THE CLASSROOM LOAN KIT PROGRAM, AND COORDINATE SCIENTIST  
VISITS TO THE CLASSROOM THROUGH THE ST. JUDE SCIENCE AMBASSADORS  
PROGRAM.

2. PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE CANCER AND  
HEALTHY LIVING EDUCATIONAL PROGRAMS.

THE ST. JUDE CANCER EDUCATION AND OUTREACH PROGRAM IS A SCHOOL-BASED  
OUTREACH PROGRAM THAT USES EDUCATION AND POSITIVE REINFORCEMENT TO HELP  
PROMOTE HEALTHY LIFESTYLE CHOICES AND TO REDUCE A CHILD'S LIFETIME RISK  
OF DEVELOPING CANCER. THE PROGRAM'S EDUCATIONAL OBJECTIVES ARE TO (A)  
EDUCATE ELEMENTARY SCHOOL CHILDREN ABOUT CANCER AND DISPEL COMMON  
MISCONCEPTIONS, (B) EDUCATE ABOUT AND PROMOTE HEALTHY LIFESTYLE CHOICES  
THAT CAN HELP CHILDREN REDUCE THEIR RISK OF CANCER IN ADULTHOOD, AND  
(C) INSPIRE AN INTEREST IN SCIENCE AND SCIENTIFIC CAREERS. IT  
SPECIFICALLY ADDRESSES OBESITY, NUTRITION, SMOKING, AND SUN EXPOSURE,  
IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND PRIMARY CANCER

**Part V Facility Information** (continued)

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

PREVENTION. DURING THE 2017-2018 SCHOOL YEAR, THE SCHOOL OUTREACH TEAM

PARTNERED WITH 19 SCHOOLS TO DELIVER EDUCATIONAL CONTENT TO OVER 5,000

K-12 STUDENTS IN THE MEMPHIS AREA.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

AT THE FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

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

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

Part V

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.

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

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

ASSISTANCE-STATEMENT.HTML) AND FINANCIAL ASSISTANCE POLICY

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

JUDE DOES NOT HAVE AN APPLICATION FORM.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

AVAILABLE AT THE FOLLOWING URL:

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

## Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 0

[illegible]

Schedule H (Form 990) 2017

**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. WE DO NOT NEED TO DETERMINE

ELIGIBILITY FOR THIS ASSISTANCE. BY DEFAULT, ALL PATIENTS ARE ELIGIBLE TO

RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST. ALL PATIENTS

ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE WHETHER OR NOT THEY OR THEIR

FAMILIES CAN PAY FOR IT. ST. JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS

DO NOT RECEIVE BILLS. IF THE PATIENT HAS INSURANCE, ST. JUDE BILLS THE

INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS. BILLING

INSURANCE FOR THE COSTS THAT WOULD BE DUE AT ANY OTHER HOSPITAL ALLOWS ST.

JUDE TO CONTINUE DOING SOME OF THE MOST ADVANCED RESEARCH IN THE WORLD. IT

ALSO ALLOWS ST. JUDE TO PAY FOR TREATMENTS, COPAYMENTS, DEDUCTIBLES,

COINSURANCE, AND ANY OTHER COSTS INSURANCE DOES NOT COVER.

TO ENSURE FAMILIES ARE MAKING USE OF ALL RESOURCES FOR WHICH THEY ARE

ELIGIBLE, WE HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS

PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT

LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY. DOING

SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT

**Part VI** Supplemental Information (Continuation)

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 MARKETPLACES.

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

SERVICES SUPPORT FOR EIGHT AFFILIATE CLINICS TOTALING APPROXIMATELY \$10.8

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

**Part VI** Supplemental Information (Continuation)

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.

THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL CEO IS A MEMBER OF THE  
CHAIRMAN'S CIRCLE. THE CHAIRMAN'S CIRCLE ENGAGES MEMPHIS BUSINESS LEADERS  
ON ISSUES THAT AFFECT MEMPHIS AND THE MID-SOUTH. THE CHAIRMAN'S CIRCLE'S  
100+ MEMBERS REPRESENT MORE THAN 100,000+ EMPLOYEES IN THE MEMPHIS  
BUSINESS COMMUNITY. ITS MISSION IS TO MAKE MEMPHIS GREAT BY USING OUR  
COLLECTIVE STRENGTHS AS COMMUNITY AND BUSINESS LEADERS TO CREATE A CLEAR  
PATH TO POSITIVE CHANGE IN MEMPHIS AND THE MID-SOUTH.

ST. JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX)  
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 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



**Part VI** Supplemental Information (Continuation)

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 FORTY TO FIFTY STUDENTS

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

OF TRAINING AND ARE FROM UNDERGRADUATE COLLEGES OR PROFESSIONAL HEALTHCARE

SCHOOLS INCLUDING MEDICAL SCHOOLS. THE OBSERVERS ARE DECIDING ON OR

CONFIRMING A DESIRE TO PURSUE A CAREER IN HEALTHCARE. THE FAMILY, GUEST,

AND 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 DRAFTING 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.

IN ADDITION, MEMBERS OF THE OFFICE OF LEGAL SERVICES ENGAGED IN THE

FOLLOWING ACTIVITIES WITHIN THE MEMPHIS AND LARGER TENNESSEE COMMUNITIES:

**Part VI** Supplemental Information (Continuation)

- FIVE LAWYERS VOLUNTEERED AT A SATURDAY LEGAL CLINIC ORGANIZED BY MEMPHIS

AREA LEGAL SERVICES.

- CO-PRESENTED ON "PEDIATRIC BIOETHICS AND THE LAW," AT THE UNIVERSITY OF

MEMPHIS'S CECIL C. HUMPHREYS SCHOOL OF LAW, FEBRUARY 2018.

- PRESENTED ON FUNDAMENTALS OF PROTECTION OF HUMAN SUBJECTS IN RESEARCH AT

A PROGRAM BY THE HEALTH LAW SOCIETY AT THE UNIVERSITY OF MEMPHIS'S CECIL

C. HUMPHREYS SCHOOL OF LAW IN NOVEMBER 2017.

- PRESENTED AT THE TENNESSEE BAR ASSOCIATION ANNUAL HEALTH LAW PRIMER IN

OCTOBER 2017.

- PRESENTED A WEBINAR FOR THE TENNESSEE BAR ASSOCIATION ON "CONTROLLED

SUBSTANCE PRESCRIBING: EVOLVING STANDARDS DURING THE OPIOID EPIDEMIC" IN

SEPTEMBER 2017.

- SERVED AS A PANELIST AT THE SOCIETY FOR HUMAN RESOURCE MANAGEMENT -

MEMPHIS MEETING IN MARCH 2018.

- PLANNED A HEALTH LAW NETWORKING EVENT AT THE UNIVERSITY OF MEMPHIS'S

CECIL C. HUMPHREYS SCHOOL OF LAW.

- SERVED ON THE TENNESSEE BAR ASSOCIATION HEALTH LAW SECTION EXECUTIVE

COUNCIL.

FINALLY, THE CHIEF GOVERNMENT AFFAIRS OFFICER WORKED IN COLLABORATION WITH

LEGAL STAFF AND OUTSIDE ADVOCACY GROUPS TO SUPPORT EFFORTS TO CREATE A

STATE PALLIATIVE CARE/QUALITY OF LIFE ADVISORY COUNCIL.

THE ST. JUDE CHIEF GOVERNMENT AFFAIRS OFFICER CONTINUES TO SERVE ON THE

BOARD OF DIRECTORS OF THE MEMPHIS RIVER PARKS PARTNERSHIP (MRPP), FORMERLY

KNOWN AS THE RIVERFRONT DEVELOPMENT CORPORATION (RDC). THE MRPP IS A

NON-PROFIT ORGANIZATION THAT, UNDER A LONG-TERM CONTRACT WITH THE CITY OF

MEMPHIS, MANAGES ALL THE PARKS ALONG A 5-MILE STRETCH OF THE MEMPHIS

**Part VI** Supplemental Information (Continuation)

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 MRPP IS ALSO WORKING WITH THE

CITY OF MEMPHIS TO IMPLEMENT A SERIES OF IMPROVEMENTS DESIGNED TO TIE THE

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.

THIS PAST YEAR THE CHIEF GOVERNMENT AFFAIRS OFFICER WAS ALSO APPOINTED TO

SERVE ON THE BOARD OF COMMISSIONERS OF THE MEMPHIS AREA TRANSIT AUTHORITY

(MATA) BY MEMPHIS MAYOR JIM STRICKLAND. IN THIS CAPACITY, HE HELPS TO

PROMOTE THE HEALTH OF THE COMMUNITY BY ADVOCATING FOR POLICIES THAT ENABLE

ENHANCED MOBILITY FOR A LARGER PERCENTAGE OF THE POPULATION OF MEMPHIS AND

SHELBY COUNTY.

THE CHIEF LEGAL OFFICER PARTICIPATES ON COMMITTEES OF THE MEMPHIS CHILD

ADVOCACY CENTER, WHICH HELPS LOCAL CHILDREN FIND SAFETY AND HEALING

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

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

COMMUNITY VOLUNTEERS AND PARENTS.

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

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

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

OF THE LOCAL COMMUNITY AND WORK WITH COMMUNITY LEADERS TO PROACTIVELY

ADDRESS HEALTH POLICY NEEDS.

**Part VI** Supplemental Information (Continuation)

THE SENIOR ASSOCIATE COUNSEL IS THE MEMPHIS BAR ASSOCIATION HEALTH LAW  
SECTION'S ELECTED REPRESENTATIVE TO THE BOARD OF THE MEMPHIS BAR  
ASSOCIATION. THE ASSOCIATE COUNSEL SERVES ON THE MEMPHIS BAR ASSOCIATION  
HEALTH LAW SECTION BOARD. THE ASSOCIATE COUNSEL CHAIRS THE COMMUNITY  
AFFAIRS COMMITTEE OF THAT SECTION AND THE CHIEF LEGAL OFFICER IS AN ACTIVE  
MEMBER OF THE COMMITTEE, WHICH ANNUALLY SPONSORS A SATURDAY LEGAL CLINIC  
PROVIDING UNREPRESENTED MEMBERS OF THE COMMUNITY AN OPPORTUNITY TO MEET  
WITH A VOLUNTEER ATTORNEY AND DISCUSS LEGAL ISSUES, INCLUDING THOSE THAT  
HAVE AN IMPACT ON PERSONAL HEALTH.

THE MANAGER OF THE CANCER EDUCATION PROGRAM IN THE DEPARTMENT OF GLOBAL  
PEDIATRIC MEDICINE (GPM) DEDICATES 80% OF HER TIME, AND THE COORDINATOR  
FOR CANCER EDUCATION DEDICATES 100% OF HER TIME TO CANCER EDUCATION  
OUTREACH, INCLUDING ACTIVITIES SUCH AS K-12 CURRICULUM DEVELOPMENT, SCHOOL  
VISITS FOR CANCER AND HEALTHY LIVING EDUCATION, CAREER TALKS, TEACHER  
TRAINING WORKSHOPS AND PUBLIC-ACCESS WEBSITE DEVELOPMENT.

PART III, LINE 2:

BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE  
UNCOLLECTIBLE. SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE  
ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

PART III, LINE 4:

BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS  
FOLLOWS:  
NET PATIENT SERVICE REVENUES AND RECEIVABLES - NO FAMILY EVER PAYS THE  
HOSPITAL FOR THE CARE THEIR CHILD RECEIVES. ACCORDINGLY, NET PATIENT

**Part VI** Supplemental Information (Continuation)

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 AS AMOUNTS 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 \$773,000 AND \$512,000 IN 2018 AND 2017,  
RESPECTIVELY.

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

## PART III, LINE 8:

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

## PART III, LINE 9B:

ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE WHETHER OR NOT  
THEY OR THEIR FAMILIES CAN PAY FOR IT. ST. JUDE DOES HAVE A BILLING  
SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS. IF THE PATIENT HAS INSURANCE,  
ST. JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH  
COSTS. THIS IS SET FORTH IN OUR FINANCIAL ASSISTANCE STATEMENT  
([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)) AND  
FINANCIAL ASSISTANCE POLICY ([HTTPS://WWW.STJUDE.ORG/  
LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)).

**Part VI** Supplemental Information (Continuation)

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

PEDIATRIC CANCERS ARE RARE COMPARED TO ADULT CANCERS. ONLY 10,590 NEW  
CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN  
2018; HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN  
U.S. CHILDREN (FOOTNOTE 1). THE PRINCIPAL 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. AS THE FIRST  
AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER  
FOCUSED EXCLUSIVELY ON CHILDREN, ST. JUDE SERVES AS A NATIONAL RESOURCE  
FOR RESEARCH AND TREATMENT OF PEDIATRIC CANCERS. OUR INITIATIVES ARE  
DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A LOCAL, REGIONAL,  
NATIONAL AND GLOBAL SCALE.

OUR CANCER PATIENTS COME FROM ALL OVER THE UNITED STATES AND ABROAD;  
HOWEVER, 66% OF THE NEW CANCER PATIENTS WE REGISTER 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,  
MO, AND PEORIA, IL. THE CATCHMENT POPULATION IS GENERALLY CHARACTERIZED BY

**Part VI** Supplemental Information (Continuation)

A HIGHER PROPORTION OF NON-HISPANIC BLACK/AFRICAN-AMERICAN RACE, LOWER  
PROPORTION OF HISPANIC ETHNICITY, LOWER HOUSEHOLD INCOMES AND HOME VALUES,  
AND LOWER PROPORTION WITH AN EDUCATION BEYOND HIGH SCHOOL. APPROXIMATELY  
4.9% OF THE POPULATION LIVE IN RURAL AREAS (BY RUCA CODE 10). TAKEN  
TOGETHER, THIS DIVERSE POPULATION INCLUDES MANY WITH LIMITED RESOURCES WHO  
ARE MEDICALLY UNDERSERVED. THROUGH ST. JUDE'S FOUNDING POLICY--THAT NO  
PATIENT BE DENIED TREATMENT BASED ON RACE, ETHNICITY, RELIGION, OR A  
FAMILY'S INABILITY TO PAY--AND WITH THE PROVISION OF RESOURCES TO OFFSET  
THE COSTS OF TRANSPORTATION AND HOUSING DURING CLINIC VISITS AND  
TREATMENT, WE REMOVE BARRIERS IN ACCESS TO OUR CUTTING-EDGE CLINICAL  
RESEARCH TRIALS AND EXCEPTIONAL CLINICAL CARE. ALL PEDIATRIC PATIENTS IN  
OUR CATCHMENT AREA ARE ACCEPTED TO ST. JUDE FOR TREATMENT OF THEIR CANCER.

THE DEMOGRAPHICS OF THE PEDIATRIC CANCER POPULATION TREATED AT ST. JUDE  
CLOSELY MATCH THOSE OF OUR CATCHMENT AREA (BASED ON 2010 DATA FROM THE US  
CENSUS BUREAU) AND ALIGN WITH THE ESTIMATED INCIDENCE OF PEDIATRIC CANCER  
IN REPRESENTED RACIAL AND ETHNIC GROUPS (BASED ON SURVEILLANCE  
EPIDEMIOLOGY AND END RESULTS [SEER] 2009 DATA), CONFIRMING THAT ST. JUDE  
IS CLOSELY ALIGNED WITH THE NEEDS OF THE POPULATION IT SERVES.  
DEMOGRAPHICS FROM THE ST. JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH  
THE DEMOGRAPHICS OF THE CATCHMENT AREA ANNUALLY TO MONITOR DEMOGRAPHIC  
REPRESENTATION OF OUR CANCER PATIENTS IN RELATION TO THE AREA THAT WE  
SERVE.

THERE ARE NO KNOWN DIFFERENCES IN PEDIATRIC CANCER INCIDENCE BY GEOGRAPHIC  
REGION IN THE U.S. CONSEQUENTLY, IT IS NOT POSSIBLE TO CATER OUR CLINICAL  
TRIALS TO TARGET PEDIATRIC CANCERS SPECIFICALLY PREVALENT IN OUR CATCHMENT  
AREA. WHILE NUMEROUS ADULT CANCERS HAVE BEEN SHOWN TO HAVE HIGH VARIATION

**Part VI** Supplemental Information (Continuation)

IN INCIDENCE RATES ACROSS RACES AND ETHNICITIES, THE SITUATION IS LESS  
CLEAR IN PEDIATRIC CANCER, WHERE FEWER DISCREPANCIES HAVE BEEN IDENTIFIED.  
ALTHOUGH OUR CATCHMENT AREA HAS A HIGHER PROPORTION OF AFRICAN-AMERICAN  
PATIENTS THAN THE GENERAL U.S. POPULATION, THERE ARE VERY FEW EXAMPLES OF  
PEDIATRIC CANCERS IN WHICH THE INCIDENCE IS HIGHER IN RACIAL AND/OR ETHNIC  
MINORITIES (FOOTNOTES 2 AND 3). CONSEQUENTLY OUR RESEARCH AND CLINICAL  
TRIALS ADDRESS THE MOST PRESSING PROBLEMS IN PEDIATRIC CANCER. ST. JUDE  
OFFERS THERAPEUTIC TRIALS FOR THE TOP PEDIATRIC CANCERS (FOOTNOTE 1)  
INCLUDING ACUTE LYMPHOBLASTIC LEUKEMIA, MEDULLOBLASTOMA, NEUROBLASTOMA,  
HODGKIN LYMPHOMA, RETINOBLASTOMA, RHABDOMYOSARCOMA AND OTHERS. MANY OF  
THESE TRIALS ARE INSTITUTIONALLY SPONSORED; HOWEVER, ST. JUDE ALSO  
PARTICIPATES IN A NUMBER OF CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER  
PATIENTS ACCESS TO A 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.

WHEN CONSIDERING HEALTH-RELATED FACTORS, OUR CATCHMENT POPULATION IS  
CHARACTERIZED AS HAVING HIGH RATES OF TOBACCO USE, HIGH PREVALENCE OF  
OVERWEIGHT/OBESITY, AND LOW PHYSICAL ACTIVITY LEVEL. ALTHOUGH THESE  
FEATURES ARE NOT KNOWN TO AFFECT THE INCIDENCE OF ANY TYPE OF PEDIATRIC  
CANCER, THEY ARE IMPORTANT FOR HEALTH OUTCOMES.

ANOTHER KEY AREA THAT ST. JUDE IS PROMOTING IN OUR CATCHMENT AREA AND  
BEYOND IS PREVENTION OF HPV-RELATED CANCERS. THE AMERICAN CANCER SOCIETY  
AND OTHER ORGANIZATIONS HAVE PUT FORTH THE GOAL TO ERADICATE HPV-RELATED



**Part VI** Supplemental Information (Continuation)

CANCERS THROUGH VACCINATION AND SCREENING. NEARLY 80 MILLION INDIVIDUALS

IN THE U.S. - 1 OUT OF EVERY 4 PEOPLE - ARE INFECTED WITH HUMAN

PAPILLOMAVIRUS (HPV). APPROXIMATELY 31,500 CANCERS ATTRIBUTABLE TO HPV

OCCUR EACH YEAR (FOOTNOTE 4). U.S. VACCINATION RATES REMAIN SIGNIFICANTLY

LOWER FOR HPV THAN FOR OTHER RECOMMENDED ADOLESCENT VACCINES. IN 2017,

TENNESSEE'S COMBINED HPV VACCINATION COVERAGE FOR MALES AND FEMALES AGES

13-17 IS ONLY 56%, WHICH RANKS 46TH IN THE NATION. BY GENDER, FEWER THAN

50% OF GIRLS AND APPROXIMATELY 30% OF BOYS AGES 13-17 ARE UP-TO-DATE ON

THE HPV VACCINE SERIES (FOOTNOTE 5). RESIDENTS OF TENNESSEE AND THE

MID-SOUTH HAVE AMONG THE HIGHEST INCIDENCES OF HPV-RELATED CANCERS IN THE

COUNTRY (FOOTNOTE 6). AS THE ONLY NCI-DESIGNATED CANCER CENTER DEVOTED

SOLELY TO CHILDREN, ST. JUDE IS COMMITTED TO TAKING ON A NEW LEADERSHIP

ROLE IN PROTECTING YOUNG PEOPLE FROM PREVENTABLE HPV-ASSOCIATED CANCERS

LATER IN LIFE. RECENTLY, ST. JUDE LAUNCHED HPV AWARENESS EFFORTS INCLUDING

EDUCATION AT LOCAL SCHOOLS, OUTREACH TO NEWS MEDIA, DEVELOPMENT OF WEB

CONTENT, AND PARTNERING WITH OTHER NCI-DESIGNATED CANCER CENTERS TO

ENDORSE A GOAL OF ELIMINATING HPV-ASSOCIATED CANCERS IN THE UNITED STATES.

OVER THE NEXT 5 YEARS, OUR PLAN IS TO SIGNIFICANTLY EXPAND OUR EFFORTS TO

HAVE A GREATER IMPACT IN THE PROMOTION OF HPV VACCINATION IN OUR LOCAL

CATCHMENT AREA, IN THE STATE OF TENNESSEE, AND NATIONALLY.

ACCORDING TO THE AMERICAN CANCER SOCIETY, INDIVIDUALS WITH LOWER

SOCIOECONOMIC STATUS HAVE HIGHER CANCER INCIDENCE RATES DUE TO ENGAGING IN

LIFESTYLE BEHAVIORS THAT INCREASE CANCER RISK (FOOTNOTE 1). 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,

**Part VI** Supplemental Information (Continuation)

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  
TO STATE AND NATIONAL EDUCATION STANDARDS. DURING THE 2017-2018 SCHOOL  
YEAR, THE SCHOOL OUTREACH TEAM WORKED WITH THE SHELBY COUNTY SCHOOL  
DISTRICT TO DELIVER CANCER AND HEALTHY LIVING EDUCATION PROGRAMS TO OVER  
5,000 K-12 STUDENTS.

(NOTE: THIS NARRATIVE FOR PART VI, LINE 2 IS CONTINUED BELOW.) - SEE PAGE  
109/116

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. FAMILIES ALSO HAVE ACCESS TO AN ONLINE EDUCATIONAL  
RESOURCE TITLED "YOU AND THE AFFORDABLE CARE ACT" ([HTTPS://WWW.STJUDE.ORG/  
TREATMENT/PATIENT-RESOURCES/CAREGIVER-RESOURCES/PATIENT-FAMILY-EDUCATION-  
SHEETS/LEGAL-FINANCIAL/YOU-AND-THE-AFFORDABLE-CARE-ACT.HTML](https://www.stjude.org/treatment/patient-resources/caregiver-resources/patient-family-education-sheets/legal-financial/you-and-the-affordable-care-act.html)). THIS 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.

THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT ([HTTPS://WWW.STJUDE.ORG/](https://www.stjude.org/)

**Part VI** Supplemental Information (Continuation)

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. THE DOCUMENTS ARE

AVAILABLE IN ENGLISH AND SPANISH. FOR FAMILIES SPEAKING OTHER LANGUAGES,

WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED

INTERPRETATION AND 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.

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.

**Part VI** Supplemental Information (Continuation)

ST. JUDE DOES NOT HAVE AN EMERGENCY ROOM (ER). A REFERRAL FROM A MEDICAL  
PROFESSIONAL EXTERNAL TO ST. JUDE, TYPICALLY THE CHILD'S PEDIATRICIAN OR A  
PEDIATRIC SUBSPECIALIST, IS NECESSARY PRIOR TO ACCEPTING A PATIENT FOR  
TREATMENT TO ST. JUDE.

ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING,  
RESEARCH-DRIVEN TREATMENTS. SPECIFICALLY, MORE THAN 7,800 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 69 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 IN GLOBAL  
PEDIATRIC MEDICINE (GPM), AIMED AT IMPROVING SURVIVAL RATES OF CHILDREN  
WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE  
ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL

**Part VI** Supplemental Information (Continuation)

SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY,  
AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN  
CHILDREN. THERE ARE AN ESTIMATED 175,000 NEWLY DIAGNOSED CASES OF  
CHILDHOOD CANCER WORLDWIDE EACH YEAR, AND 84% OCCUR IN LOW- AND  
MIDDLE-INCOME COUNTRIES. CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD  
DEATH IN ALL DEVELOPING COUNTRIES, REPLACING OTHER CAUSES OF CHILDHOOD  
MORTALITY (E.G. HIV, MALNUTRITION, INFECTIONS). DESPITE VAST IMPROVEMENTS  
IN THERAPY AND SURVIVAL IN HIGH-INCOME COUNTRIES OVER THE PAST 30 YEARS,  
AN ESTIMATED 60% DO NOT HAVE ACCESS TO ADEQUATE DIAGNOSIS AND MODERN CARE.  
ST. JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN IN COUNTRIES THAT  
LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN BURDEN OF CASES  
EFFECTIVELY.

WHILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OUR HOSPITAL IN  
MEMPHIS, RECEIVING TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND  
LESS DISRUPTIVE FOR THEM AND THEIR FAMILIES. AS A RESULT OF OUR  
INTERNATIONAL EFFORTS, WE ARE ABLE TO REACH FAR MORE CHILDREN THAN WOULD  
EVER BE ABLE TO COME TO MEMPHIS. A BASIC HEALTHCARE INFRASTRUCTURE IS  
NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER  
IMPROVES THE DEVELOPMENT OF BASIC HEALTHCARE. AT THE LOCAL LEVEL, GPM  
DEVELOPS PARTNERSHIPS WITH MEDICAL INSTITUTIONS AND FUND-RAISING  
ORGANIZATIONS AND FACILITATES THE INVOLVEMENT OF OTHER AND GOVERNMENT  
ORGANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LOCAL  
PERSONNEL. AT THE REGIONAL LEVEL, GPM DEVELOPS PROGRAMS THROUGH THE USE OF  
TECHNOLOGY AND FOSTERS REGIONAL AND INTERNATIONAL COLLABORATIONS WITH  
OTHER PEDIATRIC MEDICAL INSTITUTIONS. THE PRIMARY GOAL IS TO DEVELOP LOCAL  
AND REGIONAL SELF-SUFFICIENCY. THIS MODEL RESULTS IN SIGNIFICANT OVERALL  
IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE

**Part VI** Supplemental Information (Continuation)

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

JUDE EMPHASIZES THE BUILDING OF REGIONAL EXPERTISE AND DIAGNOSTIC

CAPABILITIES, WHICH PROVIDE A CRITICAL MASS OF PROFESSIONALS WHO

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

REALIZED BECAUSE OF SHARED RESOURCES.

ST. JUDE HAS PARTNERSHIPS WITH 28 MEDICAL INSTITUTIONS ACROSS 17 DIFFERENT

COUNTRIES - BRAZIL, CHILE, CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR,

EL SALVADOR, GUATEMALA, HAITI, HONDURAS, JORDAN, LEBANON, MEXICO,

NICARAGUA, PHILIPPINES, URUGUAY AND VENEZUELA.

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 1,600 ONLINE

SEMINARS, 18 SELF-PACED COURSES, AND 40 INSTRUCTOR-LED COURSES, C4K

PROVIDES ONLINE MEETING AND CONFERENCE SPACE. IN FY18, C4K HAD 45,585

CONTENT VIEWS WITH 7,640 UNIQUE REGISTERED USERS, AND HOSTED 2,274

MEETINGS WITH 2,104 UNIQUE PARTICIPANTS FROM 150 DIFFERENT COUNTRIES;

THERE ARE 64 NCI CENTERS THAT PARTICIPATE IN C4K. FINALLY, ST. JUDE

PARTNERS WITH LOCAL FUNDRAISING ORGANIZATIONS THAT SUPPORT THE MEDICAL

PROGRAMS. THIS MODEL HAS PROVEN TO BE HIGHLY EFFECTIVE IN PROVIDING POOR

**Part VI** Supplemental Information (Continuation)

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.

THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL MARKET, AFFILIATE INSTITUTIONS,  
OTHER AREAS OF THE UNITED STATES/U.S. TERRITORIES, AND THE INTERNATIONAL  
COMMUNITY. THE LOCAL MARKET ENCOMPASSES MEMPHIS, TENNESSEE AND THE  
SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 25% OF NEW ONCOLOGY  
PATIENTS RESIDING WITHIN THIS AREA.

FY18 NEW CANCER PATIENTS

PATIENT ORIGIN	% OF TOTAL
MEMPHIS, TN AND SURROUNDING AREA	25%
AFFILIATE REFERRAL	39%
NATIONAL REFERRAL (OTHER AREAS OF U.S.)	28%
INTERNATIONAL REFERRAL	8%
GRAND TOTAL	100%

THE ST. JUDE AFFILIATE PROGRAM (AP) IS 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 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,

**Part VI** Supplemental Information (Continuation)

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.

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

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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  
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 OUTCOME, 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



**Part VI** Supplemental Information (Continuation)

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

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

INVESTIGATION OF DISEASE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC

RESEARCH.

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

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

RESEARCH ACTIVITIES ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD

COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS.

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

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

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

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

STATES PROVIDED PATIENTS WITH THIS LEVEL OF TREATMENT, WHICH ALLOWS

IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES. IMRI EQUIPMENT ALLOWS

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

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

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

TREATMENT AVAILABLE.

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

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

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

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

NUMBER OF CHILDHOOD CANCERS INCLUDING RETINOBLASTOMA, MEDULLOBLASTOMA,

NEUROBLASTOMA, DIFFUSE INTRINSIC PONTINE GLIOMA, TWO AGGRESSIVE FORMS OF

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

**Part VI** Supplemental Information (Continuation)

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  
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 CHILDHOOD CANCER SURVIVORS  
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 TRACERS.

**Part VI** Supplemental Information (Continuation)

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 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.

ST. JUDE IS HOME TO THE ONLY PROTON BEAM RADIATION THERAPY CENTER DEVOTED SOLELY TO 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 ENABLES 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.

**Part VI** Supplemental Information (Continuation)

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

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

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

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.

**Part VI** Supplemental Information (Continuation)

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 \$755 MILLION IN FY18 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.

PART VI, LINE 2 (CONTINUATION FROM 98/116):

HEMATOLOGY

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

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

**Part VI** Supplemental Information (Continuation)

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 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

**Part VI** Supplemental Information (Continuation)

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 FEDERALLY RECOGNIZED PEDIATRIC  
HEMOPHILIA TREATMENT CENTERS AND PROVIDES STATE-OF-THE-ART  
COMPREHENSIVE CARE TO APPROXIMATELY 300 CHILDREN WITH BLEEDING AND  
THROMBOSIS DISORDERS.

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  
IMMUNODEFICIENCY (X LINKED SCID) DISEASE WHICH HAS SHOWN PROMISE AS A  
CURE FOR THE DISEASE. FUTURE EFFORTS WILL CONTINUE TO FOCUS ON FINDING

**Part VI** Supplemental Information (Continuation)

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 DESPITE ADVANCES IN TREATMENT, AVAILABILITY OF RAPID HIV TESTING,

AND THE INCREASE IN EVIDENCE-BASED PREVENTION INTERVENTIONS, NEW

INFECTION RATES REMAIN HIGH FOR MINORITIES, MALES (79%), AND YOUNG

ADULTS AGES 15-34 (63%). SINCE ITS BEGINNING, THE HIV CLINICAL AND

RESEARCH PROGRAM HAS PROVIDED EXCEPTIONAL CARE TO PERINATALLY-INFECTED

INFANTS AND CHILDREN AND AN EXCELLENT YOUTH-FOCUSED HIV PROGRAM FOR

YOUTH AGES 13 TO 21. THE SERVICES INCLUDE A STANDALONE LABORATORY THAT

SUPPORTS THE HIV/AIDS CLINICAL & RESEARCH PROGRAMS, COMPREHENSIVE

MEDICAL CARE, CASE MANAGEMENT SERVICES, A FULL PHARMACY, PATIENT

ADVOCACY, PSYCHOSOCIAL, AND SPIRITUAL SUPPORT FOR PATIENTS AND THEIR

FAMILIES. OUR STRONG COMMUNITY INFRASTRUCTURE, FORMALLY ESTABLISHED 12

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 23 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



**Part VI** Supplemental Information (Continuation)

AND/OR PARTICIPATED IN APPROXIMATELY 95 OUTREACH EVENTS, TRAININGS, AND  
SPEAKING ENGAGEMENTS REACHING ABOUT 2,688 PEOPLE FOR THE YEAR OF 2018.

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  
INITIATIVE FOR LINKAGE AND ENGAGEMENT (SMILE) INTO CARE EFFORTS  
RESULTED IN APPROXIMATELY 71% (88/124) OF NEWLY DIAGNOSED HIV+ YOUTH  
BEING ENGAGED IN MEDICAL CARE AND 92% (81/88) 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 COMMUNITY BASED PREVENTATIVE RESEARCH PROTOCOL, HIV PREVENTION  
TRIALS NETWORK (HPTN) 083, IMPORES A COMMUNITY BASED PARTICIPATORY  
RESEARCH (CBPR) APPROACH TO HELP REACH ELIGIBLE AT-RISK YOUTH AND YOUNG  
ADULTS. WE RECEIVED BUY-IN AND SUPPORT FROM VARIOUS STAKEHOLDERS BY  
HOSTING COMMUNITY BASED HIV TESTING EVENTS THAT OFFER LINKAGE INTO CARE

**Part VI** Supplemental Information (Continuation)

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 25 STAKEHOLDER/GATEKEEPER MEETINGS  
THAT FOCUSED ON PLANNING AND COORDINATING SPECIFIC OUTREACH AND  
EDUCATIONAL STRATEGIES. THIS YIELDED EIGHT (6 SMALL AND 2 LARGE SCALE  
EVENTS (E.G., TRANS AWARENESS PANEL DISCUSSION AND GALA, MINI BALL  
EVENTS, A KARAOKE DAY PARTY, AND A COMMUNITY KICKBALL GAME) THAT  
REACHED OVER 599 YOUTH AND YOUNG ADULTS. AS A RESULT, THERE HAVE BEEN  
APPROXIMATELY 75 INDIVIDUALS APPROACHED AS ELIGIBLE STUDY PARTICIPANTS  
AND APPROXIMATELY 45 ENROLLED THIS CALENDAR YEAR. THIS BRINGS OUR TOTAL  
NUMBER OF HPTN STUDY PARTICIPANTS TO 86.

LASTLY, WE HAVE STARTED A RETENTION IN CARE PROGRAM THAT WORKS  
SIMULTANEOUSLY WITH THE SOCIAL WORK TEAM TO FORMULATE A CARE PLAN IN  
PREPARATION FOR TRANSITIONING PATIENTS FROM ADOLESCENT CARE TO ADULT  
CARE. THE PRIMARY NURSE PRACTITIONER, ASSIGNED SOCIAL WORKER, AND  
RETENTION IN CARE COORDINATOR REVIEW BEHAVIORS, BARRIERS, AND AREAS IN  
NEED OF SPECIAL ATTENTION TO HELP PROMOTE AND ENCOURAGE SUCCESSFUL  
TRANSITION. THIS CALENDAR YEAR, THE COORDINATOR ASSISTED WITH AND IS  
CURRENTLY FOLLOWING APPROXIMATELY 32 PATIENTS WITH TRANSITION AND  
CURRENTLY WORKS WITH 120 PATIENTS TO SUCCESSFULLY ASSURE THEY ARE  
RETAINED IN MEDICAL CARE.

1. AMERICAN CANCER SOCIETY. CANCER FACTS & FIGURES 2018. ATLANTA:

AMERICAN CANCER SOCIETY; 2018.

2. LIU ET AL. J CLIN ONCOL 34(14):1634-43, 2016.

3. BHATIA ET AL. CANCER 122(15):2426-2439, 2016.

4. HOW MANY CANCERS ARE LINKED WITH HPV EACH YEAR? CENTERS FOR DISEASE

**Part VI** Supplemental Information (Continuation)

CONTROL AND PREVENTION. [ONLINE]

[HTTPS://WWW.CDC.GOV/CANCER/HPV/STATISTICS/CASES.HTM](https://www.cdc.gov/cancer/hpv/statistics/cases.htm).

5. TEENVAXVIEW: 2017 ADOLESCENT HUMAN PAPILLOMAVIRUS (HPV) VACCINATION

COVERAGE REPORT. CENTERS FOR DISEASE CONTROL AND PREVENTION. [ONLINE]

[HTTPS://WWW.CDC.GOV/VACCINES/IMZ-MANAGERS/COVERAGE/TEENVAXVIEW/DATA-  
REPORTS/HPV/DASHBOARD/2017.HTML](https://www.cdc.gov/vaccines/imz-managers/coverage/teenvaxview/data-reports/hpv/dashboard/2017.html).

6. HPV-ASSOCIATED CANCER RATES BY STATE. CENTERS FOR DISEASE CONTROL

AND PREVENTION. [ONLINE]

[HTTPS://WWW.CDC.GOV/CANCER/HPV/STATISTICS/STATE/INDEX.HTM](https://www.cdc.gov/cancer/hpv/statistics/state/index.htm).

PART VI, LINE 4 (CONTINUATION FROM 104/116):

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 EDUCATIONAL OFFERINGS AND MENTORING FOR

AFFILIATE STAFF. IN ADDITION, ST. JUDE HAS MANY PROCESSES TO ENSURE

GOOD CONTINUITY OF CARE BETWEEN THE AFFILIATES AND ST. JUDE. THE

AFFILIATES' CLINICAL RECORDS FOR SHARED PATIENTS ARE AVAILABLE IN ST.

JUDE MEDICAL RECORDS AND EVERY AFFILIATE HAS ACCESS TO ST. JUDE

ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS. THE AFFILIATES ALSO HAVE

ACCESS TO ALL ELECTRONIC RESOURCES, E.G. PATIENT EDUCATION MATERIALS,

RESEARCH PROTOCOLS, CLINICAL GUIDELINES AND RESOURCES; EVERYTHING ON

THE ST. JUDE INTRANET.

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

Part VI

Supplemental Information (Continuation)

SERVICES FOR MORE THAN 3,000 NATIONAL AND 900 INTERNATIONAL PHYSICIAN  
REQUESTS. FOR FY18 PATIENT CONSULTATIONS BY CONTINENT TOTALED 3,937 AS  
FOLLOWS:

CONTINENT	NUMBER OF PATIENT CONSULTATIONS
NORTH AMERICA (INCL. CENTRAL AMERICA AND CARIBBEAN)	3,234
SOUTH AMERICA	134
EUROPE	153
AFRICA	29
ASIA	320
AUSTRALIA	55
UNKNOWN LOCATION	12
TOTAL	3,937

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

**Employer identification number**  
**62-0646012**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☐ **Yes** ☒ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF TENNESSEE 50 NORTH DUNLAP MEMPHIS, TN 38105	62-6001636	GOVERNMENT ENTITY	1,144,497.	0.			COLLABORATION AND SUPPORT AGREEMENT
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE. PEORIA, IL 61637	37-0662569	501(C)(3)	490,909.	0.			OPERATION OF ST. JUDE CLINIC
CHURCH HEALTH CENTER OF MEMPHIS 1350 CONCOURSE AVE., SUITE 142 MEMPHIS, TN 38104	58-1716113	501(C)(3)	100,000.	0.			FINANCIAL SUPPORT
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS - 600 13TH STREET NW, SUITE 500 - WASHINGTON, DC 20005	58-2176067	501(C)(6)	7,800.	0.			CONTRIBUTION
OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER - 777 HENNESY BLVD. - BATON ROUGE, LA 70808	72-0423651	501(C)(3)	2,000,000.	0.			FINANCIAL SUPPORT
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892-1502	26-0150662	501(C)(3)	6,000.	0.			INTRINSICALLY DISORDERED PROTEINS AND DNA TOPOISOMERASES IN BIOLOGY AND MEDICINE CONFERENCES

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

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

**Schedule I (Form 990) (2017)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HEALTH SHREVEPORT 1505 KINGS HIGHWAY SHREVEPORT, LA 71103	80-0944985	501(C)(3)	517,464.	0.			COLLABORATION AND SUPPORT AGREEMENT
BELMONT UNIVERSITY 1900 BELMONT BLVD. NASHVILLE, TN 37212	62-0465076	501(C)(3)	8,950.	0.			TN HEALTH CARE HALL OF FAME CONFERENCE
CENTER FOR MEDICAL TECHNOLOGY POLICY - 401 E. PRATT STREET, SUITE 631 - BALTIMORE, MD 21202	27-1203017	501(C)(3)	10,000.	0.			FINANCIAL SUPPORT

Schedule I (Form 990)

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

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

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

PART I, LINE 2:

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

THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE

THE SUPPORT IS USED APPROPRIATELY.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

Employer identification number  
**62-0646012**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....

**c** Participate in, or receive payment from, an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD SHADYAC, JR. EX-OFFICIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	790,468.	0.	3,564.	80,445.	19,112.	893,589.	0.
(2) JAMES R. DOWNING PRESIDENT/CEO	(i)	978,811.	150.	79,487.	119,700.	24,800.	1,202,948.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA A. KEEL SVP/CFO	(i)	564,121.	50,350.	18,686.	57,658.	27,299.	718,114.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES I. MORGAN EVP/SCIENTIFIC DIRECTOR	(i)	531,766.	150.	8,931.	29,700.	27,300.	597,847.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	(i)	582,932.	190,150.	38,410.	89,583.	28,416.	929,491.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARY ANNA QUINN EVP/CHIEF ADMIN OFFICER	(i)	436,558.	150.	8,931.	375,000.	24,741.	845,380.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	(i)	736,703.	150.	43,770.	141,100.	22,841.	944,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	(i)	598,887.	150.	3,622.	134,700.	11,498.	748,857.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREW DAVIDOFF CHAIR	(i)	713,319.	17,850.	572,953.	29,700.	31,857.	1,365,679.	189,272.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CHARALAMPOS KALODIMOS CHAIR	(i)	281,458.	540,150.	41,361.	2,167.	18,869.	884,005.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) THOMAS E. MERCHANT CHAIR	(i)	734,883.	17,850.	69,590.	29,700.	37,916.	889,939.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) RAUL C. RIBEIRO FACULTY	(i)	382,851.	17,850.	573,887.	29,700.	12,361.	1,016,649.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STEPHEN W. WHITE CHAIR	(i)	360,041.	27,850.	421,155.	29,700.	73,915.	912,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) WILLIAM E. EVANS FACULTY/FORMER PRESIDENT/CEO	(i)	654,652.	17,850.	8,790.	29,700.	11,498.	722,490.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

## PART I, LINE 1A:

FIRST-CLASS TRAVEL: ONE FORMER OFFICER PURCHASED ONE FIRST CLASS TICKET,  
THE ECONOMY PORTION WAS REIMBURSED BY THE HOST AND ONLY THE UPGRADE PORTION  
OF \$598.67 WAS PAID WITH ST. JUDE FUNDS. TRAVEL EXPENSES ARE  
REIMBURSED UNDER AN ACCOUNTABLE PLAN AND NOT RECORDED AS COMPENSATION.

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 TWO OFFICERS. THE APPLICABLE EXPENSE WAS GROSSED-UP  
AND INCLUDED IN THE EMPLOYEE'S W-2 AS ADDITIONAL TAXABLE COMPENSATION.

## PART I, LINE 4B:

THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN  
PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN  
AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE  
ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

**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.

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

NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE YEAR:

RAUL C. RIBEIRO - \$565,425

STEPHEN W. WHITE - \$412,456

SCHEDULE J, PART II:

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

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

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

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

AS CEO OF ALSAC.

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

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

**Employer identification number**  
**62-0646012**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ..... ▶ \$

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2017

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
MARY RELING	SEE PART V	528,041.	EMPLOYMENT		X
SUSANNA DOWNING	SEE PART V	59,348.	EMPLOYMENT		X
DIANE ROBERTS	SEE PART V	212,895.	EMPLOYMENT		X
JEREMY QUINN	SEE PART V	73,845.	EMPLOYMENT		X

**Part V Supplemental Information**

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

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

(A) NAME OF INTERESTED PERSON: MARY RELING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

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

(C) AMOUNT OF TRANSACTION: \$528,041

(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: \$59,348

(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: \$212,895

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

Part V

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF INTERESTED PERSON: JEREMY QUINN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, MARY ANNA QUINN.

(C) AMOUNT OF TRANSACTION: \$73,845

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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

**Employer identification number**  
62-0646012

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....	X	1	2,017,179.	COST OR SELLING PRICE
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

**29** Number of Forms 8283 received by the organization during the tax year for contributions  
for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 0

	Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

**Schedule M (Form 990) 2017**

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REFERS TO THE NUMBER OF CONTRIBUTIONS.



**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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Open to Public  
Inspection

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND

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

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

TO PAY.

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

RELIGION OR A FAMILY'S ABILITY TO PAY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY THROUGH RESEARCH

TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND QUALITY OF CARE

DELIVERED AROUND THE GLOBE. THESE INITIATIVES ARE SPEARHEADED BY ST.

JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE PROFESSIONALS AT OUR

PARTNER SITES. IN ADDITION, A GRADUATE PROGRAM IS OFFERED THROUGH A

WHOLLY-OWNED SUBSIDIARY, ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE

SCHOOL OF BIOMEDICAL SCIENCES, LLC, TO EDUCATE AND TRAIN FUTURE

GENERATIONS OF SCIENTISTS SEEKING TO UNDERSTAND THE MOLECULAR BASIS OF

HUMAN DISEASE AND DEVELOP NOVEL THERAPIES BASED ON THAT UNDERSTANDING.

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.

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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FORM 990, PART VI, SECTION A, LINE 4:

ON JUNE 23, 2018, ST. JUDE CHILDREN'S RESEARCH HOSPITAL AMENDED ARTICLE IV,  
SECTION 3, PARAGRAPH 1 OF ITS BYLAWS TO REDUCE THE MAXIMUM NUMBER OF  
ELECTED BOARD MEMBERS FROM 55 TO 45 AS OF JULY 1, 2018.

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

IN FEBRUARY OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE  
PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE  
AUDIT COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990  
BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY THE COMPENSATION COMMITTEE OF  
THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE  
FORM 990, AND THE CONFLICT OF INTEREST COMMITTEE OF THE BOARD IS PROVIDED  
WITH A DRAFT COPY OF THE CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR  
REVIEW BEFORE THE FINALIZED DOCUMENT IS FILED WITH THE IRS. EACH VOTING  
MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL  
REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD OF GOVERNOR'S CONFLICT OF  
INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. THERE  
IS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD THAT REVIEWS THE ANNUAL  
CONFLICT OF INTEREST DISCLOSURE STATEMENTS THAT ARE COMPLETED BY EACH BOARD  
MEMBER AND DISCUSSES AND RESOLVES CONFLICTS OF INTEREST, WITH OPPORTUNITY  
FOR APPEAL TO THE FULL BOARD. IN ADDITION, THE ORGANIZATION HAS A CHIEF  
COMPLIANCE OFFICER AND COMPLIANCE DEPARTMENT, WHICH ADMINISTER THE CONFLICT  
OF INTEREST DISCLOSURE PROCESS FOR ALL EMPLOYEES IN CLINICAL, RESEARCH, AND  
SELECT ADMINISTRATIVE DEPARTMENTS, AS WELL AS EMPLOYEES IDENTIFIED AS  
SUPERVISORS OR WHO HAVE PURCHASING AUTHORITY. ALL SUCH EMPLOYEES COMPLETE

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CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE

ANNUALLY. THE COMPLIANCE OFFICER ENSURES EMPLOYEES MEET THESE REQUIREMENTS

AND REVIEWS SUBMITTED DISCLOSURES. DISCLOSURES IDENTIFIED AS AN ACTUAL OR

POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH

INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS

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

MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

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

THE BOARD'S COMPENSATION COMMITTEE COMMISSIONS ANNUAL THIRD PARTY SALARY

SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS: CHIEF

EXECUTIVE OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CHIEF

ADMINISTRATIVE OFFICER, CHIEF FINANCIAL OFFICER, CLINICAL DIRECTOR, CHIEF

GOVERNANCE OFFICER/CORPORATE SECRETARY, CHIEF LEGAL OFFICER, AND CHAIR,

DEPARTMENT OF GLOBAL PEDIATRIC MEDICINE. IN ADDITION, FIVE EMPLOYEES ARE

CONSIDERED "DISQUALIFIED" BECAUSE THEY ARE FORMER EXECUTIVES OR RELATIVES

OF CURRENT OR FORMER EXECUTIVES, AND THEIR COMPENSATION THEREFORE FALLS

WITHIN THE COMPENSATION COMMITTEE'S PURVIEW. ALL CHANGES TO OFFICERS'

SALARIES ARE APPROVED BY THE COMPENSATION COMMITTEE AND REPORTED TO THE

BOARD. THE LAST REVIEW WAS COMPLETED IN DECEMBER 2018.

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

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, GOVERNING DOCUMENTS AND

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

APPLICABLE STATE LAW.

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

CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF ALSAC 550,657,594.

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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CHANGE IN INTEREST IN RESTRICTED NET ASSETS OF ALSAC 62,266,520.

TOTAL TO FORM 990, PART XI, LINE 9 612,924,114.

ADDITIONAL HEALTH NEEDS IDENTIFIED

IN ADDITION TO THE HEALTH NEEDS OUTLINED IN ITS 2015 COMMUNITY HEALTH

NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN, ST. JUDE HAS ALSO CHOSEN

TO ADDRESS THE FOLLOWING HEALTH NEEDS:

PEDIATRIC HEALTH NEED (ALIGNING WITH AIM #1 OF THE CHNA):

TRANSITION ONCOLOGY PROGRAM

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ACT CLINIC, TRANSITION ONCOLOGY

PROGRAM (TOP)

ANTICIPATED OUTCOME:

PROVIDE PROSPECTIVE, SYSTEMATIC, TRANSITION-RELATED SERVICES FOR

ONCOLOGY PATIENTS ACROSS THE CONTINUUM OF CARE THAT WILL SUPPORT

TRANSITIONS FROM ACTIVE THERAPY TO TREATMENT AND FROM TREATMENT

COMPLETION TO ACT.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. IDENTIFY AND IMPLEMENT APPROPRIATE MANAGEMENT AND OPERATIONS

STRUCTURE, AND BEGIN STAFFING THE PROGRAM.

2. CLOSELY MONITOR RESOURCES TO STAFF THE CLINIC TO ITS FULLEST FORM,

AND COMPLETE AN ASSESSMENT AFTER THE FIRST 18 MONTHS OF OPERATION TO

ENSURE THAT THE PROGRAM IS MEETING ITS PURPOSE.

3. EVALUATE IMPACT ON INTERPRETER SERVICES, CLINICAL INFORMATICS,

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INC.

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REHABILITATION SERVICES, CLINIC SPACE, HOUSING, AND TRAVEL COSTS.

4. EVALUATE RESOURCES IN ACT IN ANTICIPATION OF AN INCREASE IN ACT

PATIENT VOLUMES.

PEDIATRIC HEALTH NEED (ALIGNING WITH AIM #3 OF THE CHNA):

PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VACCINATION

(HEALTH STATUS OF THE MEMPHIS COMMUNITY)

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL

ANTICIPATED OUTCOME:

INCREASE THE VACCINATION RATES FOR HPV VACCINE LOCALLY AND STATE-WIDE

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. CREATE A TASK FORCE TO GATHER INFORMATION ABOUT CURRENT INITIATIVES

AND PROGRAMS IN MEMPHIS, ACROSS TENNESSEE, AND NATIONALLY AND TO

EVALUATE PUBLISHED STUDIES ON PROGRAM APPROACHES.

2. DEVELOP GOALS, STRATEGIES, AND ACTIONS FOR A HPV VACCINATION

INITIATIVE.

SELECTED ACCOMPLISHMENTS:

1. CREATE A TASK FORCE TO GATHER INFORMATION ABOUT CURRENT INITIATIVES

AND PROGRAMS IN MEMPHIS, ACROSS TENNESSEE, AND NATIONALLY AND TO

EVALUATE PUBLISHED STUDIES ON PROGRAM APPROACHES.

OVER THE PAST YEAR, A TASK FORCE WAS CREATED BY THE CANCER CENTER AT

ST. JUDE. LEADERSHIP INCLUDED MELISSA HUDSON, MD, AND MELISSA JONES.

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SEVERAL ACTIONS WERE COMPLETED TO GATHER INFORMATION AND LEARN ABOUT  
PROGRAMS IN PLACE AND THE IMPACT THESE PROGRAMS HAVE ON HPV VACCINATION  
RATES. INFORMATION WAS ALSO GATHERED TO UNDERSTAND POTENTIAL BARRIERS  
AS WELL AS LOCAL AND STATE-WIDE SUPPORT FOR A BROADER INITIATIVE.

## ACTIONS COMPLETED INCLUDE:

- PARTICIPATED IN STATEWIDE HPV MEETING IN NASHVILLE
- ENGAGED SHELBY COUNTY SCHOOLS, TNAAP, AND HPV CANCER FREE TENNESSEE  
(TN DEPT OF HEALTH)
- HOSTED WEST TN CHAPTER MEETING
- MET WITH AND LOBBIED SENATORS, HEALTH COMMISSIONER, AND GOVERNOR ON  
IMPORTANCE OF VACCINE
- ATTENDED THE NCI CANCER CENTER HPV VACCINE MEETING IN JUNE
- COMPLETED PUBLIC RELATIONS EFFORTS TO RAISE AWARENESS
- COMPLETED A REVIEW OF THE LITERATURE
- INTERVIEWED AND GATHERED INFORMATION ON NATIONAL PROGRAMS

2. DEVELOP GOALS, STRATEGIES, AND ACTIONS FOR A HPV VACCINATION  
INITIATIVE.

THE TASK FORCE ALSO WORKED OVER THIS PAST YEAR TO DEVELOP A MORE  
COMPREHENSIVE PROGRAM AND STRATEGY. A LARGER CONCEPT HAS BEEN DEVELOPED  
THAT WILL BE REVIEWED AND EVALUATED FOR IMPLEMENTATION IN FY20. THE  
PROPOSAL IS FOCUSED ON ACHIEVING THE AMERICAN CANCER SOCIETY'S AND  
OTHER ORGANIZATIONS' GOAL OF ELIMINATING HPV-RELATED CANCERS THROUGH  
VACCINATION AND SCREENING. THIS GOAL AND VISION WAS ENDORSED BY ALL  
NCI-DESIGNATED CANCER CENTERS IN JUNE 2018.

THE PROGRAM IS FOCUSED ON DEVELOPING AND DEPLOYING STRATEGICALLY

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ALIGNED INITIATIVES IN THREE CRITICAL AND INTERCONNECTED DOMAINS OF  
COMMUNITY, HEALTHCARE PROVIDERS AND SYSTEMS, AND PUBLIC POLICY. THERE  
ARE EIGHT GOALS OUTLINED IN THE PLAN. FURTHER REVIEW OF THE PLAN WILL  
OCCUR EARLY IN FY19, WITH ANTICIPATED INCLUSION IN THE FY20 BUDGET.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILDREN'S GMP, LLC - 47-4475625 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	VACCINE MANUFACTURER	TENNESSEE	433,875.	1,312,451.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
THANKS & GIVING, LLC - 20-1310435 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	ROYALTY INCOME FROM RECORD SALES	TENNESSEE	0.	10,632.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
THE RIGHT WORDS, LLC - 95-4878579 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	ROYALTY INCOME FROM BOOK SALES	NEW YORK	0.	0.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678	HIGHER EDUCATION	TENNESSEE	7,319.	827,699.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

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

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

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

Schedule R (Form 990) 2017

SEE PART VII FOR CONTINUATIONS



## Part III

**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.

Schedule R (Form 990) 2017

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	X
<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

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

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

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

[illegible]

Part VII

Supplemental Information.

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF  
BIOMEDICAL SCIENCES

EIN: 81-3240987

262 DANNY THOMAS PLACE

MEMPHIS, TN 38105-3678

PRIMARY ACTIVITY: HIGHER EDUCATION

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

# St. Jude Children's Research Hospital, Inc. and Subsidiaries

Consolidated Financial Statements as of and  
for the Years Ended June 30, 2018 and 2017, and  
Independent Auditors' Report

# **ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES**

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## **INDEPENDENT AUDITORS' REPORT**

To the Board of Governors of  
St. Jude Children's Research Hospital, Inc.  
Memphis, Tennessee

We have audited the accompanying consolidated financial statements of St. Jude Children's Research Hospital, Inc. and its wholly owned subsidiaries (collectively, the "Hospital"), which comprise the consolidated statements of financial position as of June 30, 2018 and 2017, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

### **Management's Responsibility for the Consolidated Financial Statements**

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Hospital's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of St. Jude Children's Research Hospital, Inc. and its wholly owned subsidiaries as of June 30, 2018 and 2017, and the changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Deloitte & Touche LLP". The signature is written in a cursive, flowing style.

October 5, 2018



# ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2018 AND 2017

	2018	2017
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash	\$ 1,110,291	\$ 21,110
Accounts receivable:		
Patient care services—net	18,945,273	18,883,540
Grants and contracts	22,491,694	20,889,800
Other	2,758,213	299,761
Inventories	7,732,327	7,505,346
Prepaid expenses and other assets	<u>13,941,837</u>	<u>16,177,850</u>
Total current assets	66,979,635	63,777,407
ASSETS LIMITED AS TO USE	2,222,796	2,045,240
INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	4,695,858,063	4,082,933,949
PROPERTY AND EQUIPMENT—Net	<u>669,110,408</u>	<u>638,878,938</u>
TOTAL	<u>\$5,434,170,902</u>	<u>\$4,787,635,534</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Accounts payable	\$ 66,806,509	\$ 72,691,019
Accrued payroll costs	41,525,290	36,338,145
Employee health liability costs	<u>3,945,000</u>	<u>4,132,000</u>
Total current liabilities	112,276,799	113,161,164
DEFERRED REVENUES FROM GRANTS AND CONTRACTS	15,399,715	11,299,828
OTHER LONG-TERM LIABILITIES	<u>3,621,636</u>	<u>3,257,366</u>
Total liabilities	<u>131,298,150</u>	<u>127,718,358</u>
NET ASSETS:		
Unrestricted	4,201,630,278	3,620,941,222
Temporarily restricted	76,544,144	73,722,532
Permanently restricted	<u>1,024,698,330</u>	<u>965,253,422</u>
Total net assets	<u>5,302,872,752</u>	<u>4,659,917,176</u>
TOTAL	<u>\$5,434,170,902</u>	<u>\$4,787,635,534</u>

See notes to consolidated financial statements.

# ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	2018				2017			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES, GAINS, AND OTHER SUPPORT:								
Net patient service revenue	\$ 117,420,862	\$ -	\$ -	\$ 117,420,862	\$ 124,099,314	\$ -	\$ -	\$ 124,099,314
Research grants and contracts	94,401,470	-	-	94,401,470	89,430,988	-	-	89,430,988
Net investment income	179,364	-	-	179,364	267,001	-	-	267,001
Other	<u>18,895,861</u>	<u>-</u>	<u>-</u>	<u>18,895,861</u>	<u>16,573,802</u>	<u>-</u>	<u>-</u>	<u>16,573,802</u>
Total revenues, gains, and other support	<u>230,897,557</u>			<u>230,897,557</u>	<u>230,371,105</u>	<u>-</u>	<u>-</u>	<u>230,371,105</u>
EXPENSES:								
Program services:								
Patient care services	457,825,537	-	-	457,825,537	427,944,725	-	-	427,944,725
Research	410,716,516	-	-	410,716,516	368,333,510	-	-	368,333,510
Education, training, and community services	<u>21,767,276</u>	<u>-</u>	<u>-</u>	<u>21,767,276</u>	<u>15,778,174</u>	<u>-</u>	<u>-</u>	<u>15,778,174</u>
Total program services	890,309,329			890,309,329	812,056,409	-	-	812,056,409
Supporting services—administrative and general	<u>60,406,303</u>	<u>-</u>	<u>-</u>	<u>60,406,303</u>	<u>44,965,435</u>	<u>-</u>	<u>-</u>	<u>44,965,435</u>
Total expenses	<u>950,715,632</u>	<u>-</u>	<u>-</u>	<u>950,715,632</u>	<u>857,021,844</u>	<u>-</u>	<u>-</u>	<u>857,021,844</u>
CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF ALSAC	<u>550,657,594</u>	<u>-</u>	<u>-</u>	<u>550,657,594</u>	<u>557,070,266</u>	<u>-</u>	<u>-</u>	<u>557,070,266</u>
LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT	<u>(7,552,294)</u>	<u>-</u>	<u>-</u>	<u>(7,552,294)</u>	<u>(1,300,791)</u>	<u>-</u>	<u>-</u>	<u>(1,300,791)</u>
EXPENSES IN EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT	(176,712,775)	-	-	(176,712,775)	(70,881,264)	-	-	(70,881,264)
NET SUPPORT RECEIVED FROM ALSAC	755,384,652	-	-	755,384,652	663,714,692	-	-	663,714,692
NET ASSETS TRANSFERRED FROM ALSAC	2,017,179	-	-	2,017,179	-	-	-	-
CHANGE IN INTEREST IN RESTRICTED NET ASSETS OF ALSAC	-	2,821,612	59,444,908	62,266,520	-	8,817,576	92,196,823	101,014,399
GAIN ON BOND DEFEASANCE	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>8,152,422</u>	<u>-</u>	<u>-</u>	<u>8,152,422</u>
CHANGES IN NET ASSETS	580,689,056	2,821,612	59,444,908	642,955,576	600,985,850	8,817,576	92,196,823	702,000,249
NET ASSETS—Beginning of year	<u>3,620,941,222</u>	<u>73,722,532</u>	<u>965,253,422</u>	<u>4,659,917,176</u>	<u>3,019,955,372</u>	<u>64,904,956</u>	<u>873,056,599</u>	<u>3,957,916,927</u>
NET ASSETS—End of year	<u>\$ 4,201,630,278</u>	<u>\$ 76,544,144</u>	<u>\$ 1,024,698,330</u>	<u>\$ 5,302,872,752</u>	<u>\$ 3,620,941,222</u>	<u>\$ 73,722,532</u>	<u>\$ 965,253,422</u>	<u>\$ 4,659,917,176</u>

See notes to consolidated financial statements.

# ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	2018			2017		
	Program Services	Supporting Services— Administrative and General	Total Program and Supporting Services	Program Services	Supporting Services— Administrative and General	Total Program and Supporting Services
SALARIES AND BENEFITS	\$ 476,992,101	\$ 28,574,913	\$ 505,567,014	\$ 436,505,509	\$ 25,499,516	\$ 462,005,025
PROFESSIONAL FEES AND CONTRACT SERVICES	143,173,060	10,041,680	153,214,740	119,479,870	6,278,987	125,758,857
SUPPLIES	135,791,691	2,482,999	138,274,690	130,098,199	2,242,981	132,341,180
TELEPHONE	1,267,531	186,340	1,453,871	1,238,965	160,388	1,399,353
OCCUPANCY	29,543,727	5,319,390	34,863,117	26,043,106	3,097,664	29,140,770
TRAVEL AND MEETINGS	11,980,144	437,629	12,417,773	10,932,146	362,853	11,294,999
MISCELLANEOUS	<u>13,926,266</u>	<u>4,336,877</u>	<u>18,263,143</u>	<u>13,399,108</u>	<u>3,872,469</u>	<u>17,271,577</u>
Total before depreciation	812,674,520	51,379,828	864,054,348	737,696,903	41,514,858	779,211,761
DEPRECIATION	<u>77,634,809</u>	<u>9,026,475</u>	<u>86,661,284</u>	<u>74,359,506</u>	<u>3,450,577</u>	<u>77,810,083</u>
TOTAL FUNCTIONAL EXPENSES	<u>\$ 890,309,329</u>	<u>\$ 60,406,303</u>	<u>\$ 950,715,632</u>	<u>\$ 812,056,409</u>	<u>\$ 44,965,435</u>	<u>\$ 857,021,844</u>

See notes to consolidated financial statements.

# ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	2018	2017
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	\$ 642,955,576	\$ 702,000,249
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Support received from ALSAC	(755,384,652)	(663,714,692)
Change in interest in net assets of ALSAC	(612,924,114)	(658,084,665)
Gain from extinguishment of debt	-	(8,152,422)
Depreciation	86,661,284	77,810,083
Net realized and unrealized investment gain	(177,556)	(222,303)
Loss from disposal of property and equipment	7,552,294	1,300,791
Transfer from affiliate	(2,017,179)	-
Changes in operating assets and liabilities:		
Accounts receivable	(4,122,079)	(395,202)
Inventories	(226,981)	(326,419)
Prepaid expenses and other assets	2,236,013	(5,211,692)
Accounts payable and other accrued liabilities	896,013	1,858,519
Deferred revenues from grants and contracts	4,099,887	507,497
Net cash used in operating activities	<u>(630,451,494)</u>	<u>(552,630,256)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Net increase in assets limited as to use	-	207,132,006
Capital expenditures	(123,881,905)	(116,179,857)
Proceeds from the sale of property and equipment	37,928	37,915
Net cash (used in) provided by investing activities	<u>(123,843,977)</u>	<u>90,990,064</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Support received from ALSAC	755,384,652	663,714,692
Bond principal payment	-	(202,080,000)
Net cash provided by financing activities	<u>755,384,652</u>	<u>461,634,692</u>
NET CHANGE IN CASH	1,089,181	(5,500)
CASH—Beginning of year	<u>21,110</u>	<u>26,610</u>
CASH—End of year	<u>\$ 1,110,291</u>	<u>\$ 21,110</u>
NON-CASH INVESTING AND FINANCING ACTIVITIES—Capital expenditures, on account	<u>\$ (1,416,108)</u>	<u>\$ 2,169,394</u>

See notes to consolidated financial statements.

# ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

St. Jude Children's Research Hospital, Inc. and its wholly owned subsidiaries (collectively, the "Hospital") is a research, treatment, and education center whose mission is to save children's lives by finding the causes of catastrophic illnesses, improving related treatments, and finding cures for their diseases. More than 8,700 patients are seen at the Hospital yearly, most of whom are treated on a continuing outpatient basis as part of ongoing research programs and account for approximately 79,000 hospital visits per year. The current basic science and clinical research at the Hospital includes work in gene therapy, chemotherapy, the biochemistry of normal cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, pediatric AIDS, and physiological effects of catastrophic illnesses.

The accompanying consolidated financial statements do not include the individual accounts of the Hospital's affiliate, American Lebanese Syrian Associated Charities, Inc. (ALSAC), which is the fund-raising organization for the Hospital. The bylaws of ALSAC provide that all funds raised, except for funds required for its operations and funds restricted as to other uses by donors, be distributed to or held for the exclusive benefit of the Hospital.

Hospital operations are overseen by a board of governors (the "Board"). The research activities of the Hospital are reviewed annually by a scientific advisory board composed of internationally prominent physicians and scientists.

**Basis of Presentation**—The Hospital's consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Cash**—The Hospital has a cash management arrangement with ALSAC, generally providing for ALSAC's reimbursement of Hospital funds when Hospital expenditures are presented for payment.

**Inventories**—Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (first-in, first-out method) or replacement market value.

**Assets Limited as to Use**—Assets limited as to use include assets set aside by the Board for liability insurance funding, over which the Board retains control and may, at its discretion, subsequently use for other purposes.

**Interest in Net Assets of ALSAC**—The Hospital applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958, *Not-for-Profit Entities*. Because of the Hospital's relationship as ALSAC's sole beneficiary and the overall financial inter-relationship of the Hospital and ALSAC, ASC Topic 958 requires that the Hospital report its interest in the net assets of ALSAC in the consolidated statements of financial position, with corresponding changes in those net assets reported in a "quasi-equity-method" fashion in the accompanying consolidated statements of activities.

For purposes of classification as unrestricted, temporarily restricted, or permanently restricted, the change in the interest in ALSAC's net assets is reported in the accompanying consolidated statements of activities consistent with the reporting of such changes in ALSAC's financial statements.

**Property and Equipment**—Equipment and computer software are recorded at cost and depreciated on a straight-line basis over estimated useful lives of 3 to 20 years, and 3 to 5 years, respectively. Leasehold interests are recorded at cost and are depreciated on a straight-line basis over the term of their lease or their estimated useful lives, whichever is shorter. The Hospital evaluates the carrying value of its property and equipment under the provisions of ASC Topic 360, *Property, Plant, and Equipment*. Under ASC Topic 360, when events, circumstances, and operating results indicate that the carrying value of property and equipment assets may be impaired, the Hospital prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate that the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. There was no impairment in 2018 or 2017.

**Temporarily and Permanently Restricted Net Assets**—Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

**Net Patient Service Revenues and Receivables**—No family ever pays the Hospital for the care their child receives. Accordingly, net patient 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 as amounts 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 \$773,000 and \$512,000 in 2018 and 2017, respectively.

The Hospital has agreements with governmental and other third-party payors that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's billings at established rates for services and amounts reimbursed by third-party payors. Patient care services receivable has been reduced by estimated provisions for contractual adjustments and uncollectible accounts of \$107,700,000 and \$95,700,000 in 2018 and 2017, respectively.

**Charity Care**—The Hospital provides charity care to patients for all charges in excess of those realizable from third-party payors. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

**Grant and Contract Revenue Recognition**—The Hospital is the direct recipient of grant funding from various governmental agencies and nongovernmental sources for designated research projects initiated both internally and by these external entities. Revenue from grants and contracts is earned as related research costs are incurred.

**Other Revenue**—Other revenue includes technology licensing, net of payouts to inventors, and other miscellaneous revenue. Technology licensing included in other revenue was approximately \$11,300,000 and \$4,600,000 for the years ended June 30, 2018 and 2017, respectively.

**Income Taxes**—The Hospital qualifies as tax exempt under existing provisions of the Internal Revenue Code (the “Code”), and its income is generally not subject to federal or state income taxes. The Hospital is not considered a private foundation as defined in Section 509(a) of the Code and, therefore, individual donors are entitled to the maximum charitable deduction under Section 170(c) of the Code.

**Use of Estimates**—The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires that management make estimates and assumptions affecting the reported amounts of assets, liabilities, revenue, and expenses, as well as the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Significant items subject to such estimates and assumptions include the determination of the allowances for contractual adjustments, estimated professional and general liability costs, reserves for workers’ compensation claims, and reserves for employee health care claims. In addition, laws and regulations governing various federal-sponsored and state-sponsored reimbursement programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates related to these programs may change in the near term.

**Principles of Consolidation**—The consolidated financial statements include the accounts of St. Jude Children’s Research Hospital, Inc. and its wholly owned subsidiaries, Children’s GMP, LLC (GMP) and St. Jude Children’s Research Hospital Graduate School of Biomedical Sciences, LLC (SJGS). The purpose of GMP is to lease, manage, and operate a facility that engages in the production of biologics and drugs to be used in research by St. Jude Children’s Research Hospital, Inc. and by other leading biomedical research institutions. The purpose of SJGS is to train the next generation of academic researchers in a multidisciplinary environment. All intercompany transactions have been eliminated in consolidation.

**Subsequent Events**—The Hospital has evaluated the impact of significant subsequent events. There have been no subsequent events through October 5, 2018, the date the consolidated financial statements were available to be issued, that require recognition or disclosure.

**Recent Accounting Pronouncements**—In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers*, which outlines a single comprehensive model for recognizing revenue and supersedes most existing revenue recognition guidance, including guidance specific to the health care industry. This ASU provides companies the option of applying a full or modified retrospective approach upon adoption. This ASU is effective for fiscal years beginning after December 15, 2018. Management is evaluating the impact of adopting this new accounting standard on our consolidated financial statements.

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*. This standard requires all leases that have a term of more than 12 months to be recognized on the statement of financial position with the liability for lease payments and the corresponding right-of-use asset initially measured at the present value of amounts expected to be paid over the term. Recognition of the costs of these leases on the statement of activities will be dependent upon their classification as either an operating or a financing lease. Costs of an operating lease will continue to be recognized as a single operating expense on a straight-line basis over the lease term. Costs for a financing lease will be disaggregated and recognized as both an operating expense (for the amortization of the right-of-use

asset) and interest expense (for interest on the lease liability). This standard is effective for annual periods beginning after December 15, 2019, with early adoption permitted. Management is evaluating the impact of adopting this new accounting standard on the hospital's consolidated financial statements.

In August 2016, the FASB issued ASU No. 2016-14, *Not-for-Profit Entities, (Topic 958) Presentation of Financial Statements of Not-for-Profit Entities*. This comprehensive standard provides guidance on net asset classification, required disclosures on liquidity and availability of resources, requires expanded disclosure about expenses and investment returns, and eliminates the requirement to present or disclose the indirect method reconciliation if using the direct method when presenting cash flows. The standard is effective for annual periods beginning after December 15, 2017. Management is evaluating the impact of adopting this new accounting standard on the hospital's consolidated financial statements.

## **2. ASSETS LIMITED AS TO USE**

Assets limited as to use under self-insurance funding arrangements represent the Hospital's ownership of a percentage of assets in a diversified pooled investment portfolio (the "Portfolio") based on the market value after adjusting for the time-weighted holding period of any contributions and withdrawals to the Portfolio. The Portfolio is administered by a third-party custodian and maintained for the exclusive use of the Hospital. Assets limited as to use were \$2,222,796 and \$2,045,240 for the years ended June 30, 2018 and 2017, respectively.

The composition of net investment income for the years ended June 30, 2018 and 2017, is as follows:

	<b>2018</b>	<b>2017</b>
Interest and dividend income	\$ 11,469	\$ 53,379
Net realized and unrealized investment gain	<u>167,895</u>	<u>213,622</u>
Total investment income	<u>\$179,364</u>	<u>\$267,001</u>



### 3. PROPERTY AND EQUIPMENT

A summary of property and equipment as of June 30, 2018 and 2017, is as follows:

	2018	2017
Leasehold interests:		
Land improvements	\$ 11,819,985	\$ 9,590,373
Buildings and improvements	1,019,203,153	957,596,570
Owned property:		
Equipment	414,713,422	402,800,618
Construction in progress	<u>74,533,638</u>	<u>78,756,299</u>
	1,520,270,198	1,448,743,860
Less accumulated depreciation	<u>(851,159,790)</u>	<u>(809,864,922)</u>
Total	<u>\$ 669,110,408</u>	<u>\$ 638,878,938</u>

Equipment includes computer software costs of approximately \$66,547,000 and \$68,803,000 at June 30, 2018 and 2017, respectively. All land improvements, buildings, and building improvements are leased from ALSAC. The major terms of the lease are described in Note 11. The Hospital has reported land improvements and buildings under lease from ALSAC as a capital lease. Land improvements and buildings have been capitalized at cost, which the Hospital estimates approximated the fair value at the inception of the lease.

Construction in progress at June 30, 2018, was principally composed of \$30,300,000 of costs related to the Advanced Research Center. The Advanced Research Center, with a total estimated cost of \$413 million will be used primarily for laboratory research and scientific collaboration, and is expected to be substantially complete in calendar year 2021.

### 4. NET PATIENT SERVICE REVENUE

The Hospital has agreements with governmental and other third-party payors that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's billings at established rates for services and amounts reimbursed by third-party payors. A summary of the basis of reimbursement with major third-party payors is as follows:

**Commercial**—The Hospital has entered into reimbursement arrangements providing for payment methodologies, which include prospectively determined rates per discharge, per diem amounts, case rates, fee schedules, and discounts from established charges.

**Medicaid**—Inpatient and outpatient services rendered to Medicaid program beneficiaries are generally paid based upon prospective reimbursement methodologies established by the beneficiaries' state of residence.

**Blue Cross**—All acute care services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates.

The components of net patient service revenue as of June 30, 2018 and 2017, consisted of the following:

	<b>2018</b>	<b>2017</b>
Commercial insurance	\$ 48,343,467	\$ 58,654,467
Medicaid	33,127,880	34,482,092
Blue Cross	33,647,026	27,623,148
Other third-party payors	<u>2,302,489</u>	<u>3,339,607</u>
Total	<u>\$ 117,420,862</u>	<u>\$ 124,099,314</u>

## 5. CHARITY CARE

The Hospital's policy is to provide care to patients for all charges in excess of those realizable from third-party payors. Because the Hospital does not pursue the collection of amounts determined to qualify as charity care, such amounts are not reported as revenue. As a result, charges foregone, based on established rates, totaled approximately \$116,000,000 and \$108,900,000 in 2018 and 2017, respectively. Management's estimate of costs incurred to provide charity care were \$89,700,000 and \$81,400,000 in 2018 and 2017, respectively.

In addition to the patient care benefits described above, the Hospital provides significant research benefits to the broader community and other outreach programs.

## 6. BUSINESS AND CREDIT CONCENTRATIONS

The Hospital routinely obtains assignment of (or is otherwise entitled to receive) patients' benefits payable under their health insurance programs, plans, or policies (e.g., Medicaid, Blue Cross, preferred provider arrangements, and commercial insurance policies).

The mix of accounts receivable from third-party payors, net of contractual allowances, as of June 30, 2018 and 2017, is as follows:

	<b>2018</b>	<b>2017</b>
Commercial insurance	52 %	49 %
Medicaid	24	33
Blue Cross	23	16
Other third-party payors	<u>1</u>	<u>2</u>
Total	<u>100 %</u>	<u>100 %</u>

## 7. EMPLOYEE RETIREMENT BENEFIT PLAN

The Hospital sponsors a defined contribution retirement annuity plan, generally covering all employees who have completed one year of service. The plan requires that the Hospital make annual contributions based on participants' base compensation and employment classification. The plan allows individuals to begin making contributions to the plan as a pretax deferral as soon as administratively feasible after the hire date. Hospital contributions are 50% vested after two years of service and 100% vested after three years

of service. Employee contributions are 100% vested immediately. Total cash contributions to the plan were approximately \$23,800,000 and \$22,200,000 for the years ended June 30, 2018 and 2017, respectively.

## 8. ALSAC

The accompanying consolidated financial statements do not include the individual accounts of ALSAC. Because of the Hospital's relationship as ALSAC's sole beneficiary and the overall financial inter-relationship of the Hospital and ALSAC, the Hospital's interest in the net assets of ALSAC is reported in its statements of financial position, with corresponding changes in those net assets reported in a "quasi-equity method" in the statements of activities. A summary of the financial statements of ALSAC as of June 30, 2018 and 2017, and for the years then ended is as follows:

	2018	2017
Assets:		
Cash and investments	\$ 4,540,306,597	\$ 3,994,259,456
Other assets	<u>240,293,315</u>	<u>171,471,710</u>
Total assets	<u>\$ 4,780,599,912</u>	<u>\$ 4,165,731,166</u>
Total liabilities	<u>\$ 84,741,849</u>	<u>\$ 82,797,217</u>
Net assets:		
Unrestricted	3,594,615,589	3,043,957,995
Temporarily restricted	76,544,144	73,722,532
Permanently restricted	<u>1,024,698,330</u>	<u>965,253,422</u>
Total net assets	<u>4,695,858,063</u>	<u>4,082,933,949</u>
Total liabilities and net assets	<u>\$ 4,780,599,912</u>	<u>\$ 4,165,731,166</u>
Revenues, gains, and other support	<u>\$ 1,862,577,976</u>	<u>\$ 1,741,235,350</u>
Expenses:		
Hospital support	755,384,652	663,714,692
Other program services	131,996,753	110,521,672
Supporting services	<u>360,296,688</u>	<u>310,101,099</u>
Total expenses	<u>1,247,678,093</u>	<u>1,084,337,463</u>
Gain from disposal of property and equipment	<u>41,410</u>	<u>1,186,778</u>
Net assets transferred to the Hospital	<u>(2,017,179)</u>	<u>-</u>
Changes in net assets	612,924,114	658,084,665
Net assets—beginning of year	<u>4,082,933,949</u>	<u>3,424,849,284</u>
Net assets—end of year	<u>\$ 4,695,858,063</u>	<u>\$ 4,082,933,949</u>

**Investments**—The composition of ALSAC’s investments as of June 30, 2018 and 2017, is as follows:

	2018	2017
Global equity	\$ 1,679,610,796	\$ 1,475,534,847
Marketable alternative	1,252,489,484	1,125,519,198
Real assets	454,730,352	381,924,095
Private equity	619,305,444	453,443,379
Fixed income	323,314,327	282,977,240
Cash	<u>67,395,956</u>	<u>96,574,714</u>
Total	<u>\$ 4,396,846,359</u>	<u>\$ 3,815,973,473</u>

Marketable alternative investments include hedged equity, distressed debt, and multistrategy investments. ALSAC is obligated under certain investment contracts to periodically advance funding up to contractual levels. Such commitments were approximately \$526,496,000 and \$468,273,000 at June 30, 2018 and 2017, respectively.

The composition of net investment income (loss) for the years ended June 30, 2018 and 2017, is as follows:

	2018	2017
Net realized and unrealized investment gain	\$ 345,313,053	\$ 365,604,838
Interest and dividend income	25,303,360	22,493,770
Investment expenses	<u>(1,379,680)</u>	<u>(1,222,472)</u>
Net investment income	<u>\$ 369,236,733</u>	<u>\$ 386,876,136</u>

**Fair Value Measurement**—ALSAC accounts for assets and liabilities measured at fair value using ASC Topic 820, *Fair Value Measurement*. Certain assets and liabilities are required to be recorded at fair value on a recurring basis, while other assets and liabilities are recorded at fair value on a nonrecurring basis, generally as a result of impairment charges. Under ASC Topic 820, fair value refers to the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Assets measured at fair value on a nonrecurring basis include impairment of long-lived assets.

The guidance enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. The fair value of cash, receivables, accounts payable, accrued expenses and annuity obligations approximate their carrying values. ALSAC considers the carrying amounts of all working capital to approximate fair value because of the short-term and/or nature of the instrument. Investments with readily available actively quoted prices, or for which fair value can be measured from actively quoted prices, generally, will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. In the absence of actively quoted prices and observable inputs, ALSAC estimates prices based on available historical data and near-term future pricing information that reflects its market assumptions.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by ALSAC for investments measured at fair value on a recurring basis:

**Level 1**—Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities that the reporting entity can access at the measurement date.

**Level 2**—Inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

**Level 3**—Inputs are unobservable and significant to the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

**Net Asset Value (NAV)**—For these assets, ASU No. 2015-07, *Fair Value Measurement—Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*, eliminated the requirement that investments for which fair value is measured at NAV per share (or its equivalent) using the practical expedient be categorized in the fair value hierarchy.

Most investments classified within Level 3 and the NAV category consist of the shares/units (or equivalent ownership interest in partner's capital) in investment funds rather than direct ownership in the funds' underlying assets.

ALSAC's assets and investments by asset class and fair value hierarchy level as of June 30, 2018 and 2017, are as follows:

<b>2018</b>					
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Net Asset Value</b>	<b>Total</b>
Global equity	\$ 452,646,916	\$ -	\$ -	\$ 1,226,963,880	\$ 1,679,610,796
Marketable					
alternative	3,597,930	-	3,954,327	1,244,937,227	1,252,489,484
Real assets	224,996,227	-	229,734,125	-	454,730,352
Private equity	-	-	619,305,444	-	619,305,444
Fixed income	26,539,169	-	-	296,775,158	323,314,327
Cash	<u>67,395,956</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>67,395,956</u>
Total	<u>\$ 775,176,198</u>	<u>\$ -</u>	<u>\$ 852,993,896</u>	<u>\$ 2,768,676,265</u>	<u>\$ 4,396,846,359</u>
<b>2017</b>					
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Net Asset Value</b>	<b>Total</b>
Global equity	\$ 440,358,146	\$ -	\$ -	\$ 1,035,176,701	\$ 1,475,534,847
Marketable					
alternative	1,796,976	-	45,242,313	1,078,479,909	1,125,519,198
Real assets	108,179,289	-	239,680,382	34,064,424	381,924,095
Private equity	-	-	453,443,379	-	453,443,379
Fixed income	24,364,261	-	-	258,612,979	282,977,240
Cash	<u>96,574,714</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>96,574,714</u>
Total	<u>\$ 671,273,386</u>	<u>\$ -</u>	<u>\$ 738,366,074</u>	<u>\$ 2,406,334,013</u>	<u>\$ 3,815,973,473</u>

There were no significant transfers between Level 1 and Level 2 (asset-level reclassification) during the years ended June 30, 2018 and 2017.

The changes in assets by asset class measured at fair value for which ALSAC used Level 3 inputs to determine fair value for the years ended June 30, 2018 and 2017, are as follows:

	<b>Marketable Alternative</b>	<b>Real Assets</b>	<b>Private Equity</b>	<b>Total</b>
Ending balance—June 30, 2016	\$ 40,032,373	\$ 191,042,769	\$ 346,579,613	\$ 577,654,755
Transfers into Level 3 <sup>(b)</sup>	-	-	-	-
Purchases	10,638	59,836,289	109,921,915	169,768,842
Sales	(1,076,410)	(213,935)	-	(1,290,345)
Distributions	(229,114)	(52,173,473)	(62,178,521)	(114,581,108)
Interest and dividends	153,521	5,751,489	4,235,675	10,140,685
Realized gain <sup>(a)</sup>	881,976	26,034,184	32,393,952	59,310,112
Unrealized gain (loss) <sup>(a)</sup>	<u>5,469,329</u>	<u>9,403,059</u>	<u>22,490,745</u>	<u>37,363,133</u>
Ending balance—June 30, 2017	45,242,313	239,680,382	453,443,379	738,366,074
Transfers into Level 3 <sup>(b)</sup>	21,101,400	-	-	21,101,400
Transfers out of Level 3 <sup>(b)</sup>	(40,438,140)	-	-	(40,438,140)
Purchases	6,280	25,756,264	139,178,724	164,941,268
Sales	(20,373,716)	(51,517)	-	(20,425,233)
Distributions	(1,772,811)	(62,581,521)	(83,274,324)	(147,628,656)
Interest and dividends	(21,763)	4,729,821	4,589,554	9,297,612
Realized gain <sup>(a)</sup>	4,367,812	33,073,257	51,126,889	88,567,958
Unrealized gain (loss) <sup>(a)</sup>	<u>(4,157,048)</u>	<u>(10,872,561)</u>	<u>54,241,222</u>	<u>39,211,613</u>
Ending balance—June 30, 2018	<u>\$ 3,954,327</u>	<u>\$ 229,734,125</u>	<u>\$ 619,305,444</u>	<u>\$ 852,993,896</u>

<sup>(a)</sup> The total amounts of realized gain and unrealized gain (loss) are included in net investment income (loss) in ALSAC's statements of activities.

<sup>(b)</sup> Transfers into Level 3 relate to two funds which announced their termination as of the June 30, 2018 measurement date. Transfers into Level 3 are measured as of the beginning of the year.

<sup>(c)</sup> Transfers out of Level 3 relate to tranches in eight Marketable Alternative funds not subject liquidation on the same schedule as the remaining tranches in the funds. The value of these tranches have been reclassified as Net Asset Values consistent with the overall funds. Transfers out of Level 3 are measured as of the beginning of the year.

ALSAC uses fund NAV as a practical expedient to estimate the fair value of ALSAC ownership interest for funds that (a) do not have a readily determinable fair value, and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

The investments in investment funds (in partnership format) by major category as of June 30, 2018 and 2017, are as follows:

<b>2018</b>	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Global equity <sup>(a)</sup>	\$ 1,226,963,880	\$ -	Daily, monthly, quarterly	0–60 days
Marketable alternatives <sup>(b)</sup>	1,244,937,227	-	Monthly, quarterly, annually, greater than one year	30–180 days
Real assets <sup>(c)</sup>	-	-	Not redeemable, monthly, quarterly	0–90 days
Fixed income <sup>(d)</sup>	<u>296,775,158</u>	<u>-</u>	Monthly	30 days
Total	<u>\$ 2,768,676,265</u>	<u>\$ -</u>		
<b>2017</b>	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Global equity <sup>(a)</sup>	\$ 1,035,176,701	\$ -	Daily, monthly, quarterly	0–60 days
Marketable alternatives <sup>(b)</sup>	1,078,479,909	-	Monthly, quarterly, annually, greater than one year	30–180 days
Real assets <sup>(c)</sup>	34,064,424	-	Not redeemable, monthly, quarterly	0–90 days
Fixed income <sup>(d)</sup>	<u>258,612,979</u>	<u>-</u>	Monthly	30 days
Total	<u>\$ 2,406,334,013</u>	<u>\$ -</u>		

There is approximately \$14,252,000 across 12 funds undergoing full redemption from which ALSAC receives regular distributions, as stated in the funds' liquidity terms, or through liquidation by fund managers of underlying, illiquid securities. Liquidation of approximately \$10,655,000 is expected to be completed within the next year. Illiquid balances expected to be distributed in the longer term remain from funds terminated in 2016, 2013, and prior years total approximately \$2,677,000, \$406,000, and \$514,000, respectively.

<sup>(a)</sup> Includes investments in global equity and long/short equity hedge funds. The long/short equity funds include short positions as well as long positions and use leverage. Managers in this allocation pursue diversified strategies covering multiple capitalizations, styles and geographic focus. Some funds may be subject to lock-up provisions.

<sup>(b)</sup> Includes hedge fund strategies such as hedged equity, multi-strategy, arbitrage, global macro, distressed securities, and open mandate strategies. Underlying investments are primarily liquid instruments and their derivatives in fixed income, asset backed securities, currencies, trade claims, commodities, and equities. The funds include short positions as well as long positions and use leverage.

<sup>(c)</sup> Includes funds that invest in a variety of real assets that include real estate, real estate related debt and securities, oil and gas and other energy related investments, timber, commodities, precious metals, mining companies.

<sup>(d)</sup> Consists of U.S. Treasury securities employing a constant duration strategy and is liquid on a daily basis.

## 9. FINANCIAL INSTRUMENTS

The carrying amounts of all applicable asset and liability financial instruments reported in the consolidated statements of financial position approximate their estimated fair values due to their short-term nature, in all significant respects, as of June 30, 2018 and 2017.

## **10. SELF-INSURANCE PROGRAMS**

The Hospital is self-insured for the following:

- Comprehensive general and professional liability coverage up to \$1 million per claim and \$3 million in the aggregate, with \$100 million of excess claims-made coverage above the self-insured retentions. The reserve for the estimated ultimate costs of both reported claims and claims incurred, but not reported was approximately \$2,400,000 and \$2,000,000 as of June 30, 2018 and 2017, respectively. The reserve is included in the consolidated statements of financial position as other long-term liabilities.
- Workers' compensation liabilities up to a specific retention of \$500,000, with excess coverage at statutory limits. The reserve for the estimated ultimate costs of both reported claims and claims incurred, but not reported was approximately \$1,200,000 as of June 30, 2018 and 2017. The reserve is included in the consolidated statements of financial position as other long-term liabilities.
- Employee health coverage (medical and prescription drug) up to \$425,000 per covered individual per year with no lifetime limit. The reserve for the estimated ultimate costs of both reported claims and claims incurred, but not reported, was approximately \$3,900,000 and \$4,100,000 as of June 30, 2018 and 2017, respectively. The reserve is included in the consolidated statements of financial position as employee health liability costs.

The Hospital also has substantial excess liability coverage available under the provisions of certain claims-made policies. To the extent that any claims-made coverage is not renewed or replaced with equivalent insurance, claims based on occurrences during the term of such coverage, but reported subsequently, would be uninsured. Management believes, based on incidents identified through the Hospital's incident reporting system, that any such claims would not have a material effect on the Hospital's consolidated results of operations or financial position. In any event, management anticipates that the claims-made coverage currently in place will be renewed or replaced with equivalent insurance as the term of such coverage expires. Excess policies for professional liability coverage, workers' compensation coverage, and employee health coverage expire on May 1, 2019, January 1, 2019, and December 31, 2018, respectively.

## **11. LEASES**

Rental expense for all operating leases was approximately \$2,800,000 and \$2,300,000 for the years ended June 30, 2018 and 2017, respectively.



A schedule by year of future minimum lease payments under operating leases as of June 30, 2018, that have initial or remaining lease terms in excess of one year is as follows:

**Years Ending  
June 30**

2019	\$ 1,457,991
2020	1,289,596
2021	1,086,546
2022	941,539
2023	385,936
Thereafter	<u>626,235</u>
Total	<u>\$ 5,787,843</u>

The Hospital conducts its operations from leased property and facilities, which include certain land, administration facilities, three parking garages, patient care facilities, and research facilities. The term of the lease of the aforementioned property and facilities between the Hospital and ALSAC is 100 years, commencing December 31, 1998, and expiring December 31, 2098. This lease is classified as a capital lease by the Hospital.

An analysis of leased property under the Hospital's capital lease by major classes as of June 30, 2018 and 2017, is as follows:

	<b>2018</b>	<b>2017</b>
Land improvements	\$ 11,819,985	\$ 9,590,373
Buildings and improvements	<u>1,019,203,153</u>	<u>957,596,570</u>
	1,031,023,138	967,186,943
Less accumulated depreciation	<u>(557,742,510)</u>	<u>(517,023,241)</u>
Total	<u>\$ 473,280,628</u>	<u>\$ 450,163,702</u>

There are no future minimum lease payments under this capital lease.

## **12. COMMITMENTS AND CONTINGENCIES**

The Hospital is involved in various claims and matters of litigation that arise in the normal course of business. Although the outcome of these proceedings and claims cannot be determined with certainty, the Hospital's management is of the opinion that the outcome will not have a material adverse effect on the consolidated financial statements.

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