

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

**2018**Open to Public  
Inspection**A** For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.		<b>D</b> Employer identification number 62-0646012
	Doing business as		<b>E</b> Telephone number (901) 595-3903
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	262 DANNY THOMAS PLACE		
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105-3678		<b>G</b> Gross receipts \$ 1,108,891,351.
<b>F</b> Name and address of principal officer: JAMES R. DOWNING SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 <b>J</b> Website: ▶ WWW.STJUDE.ORG <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ <b>L</b> Year of formation: 1959 <b>M</b> State of legal domicile: TN			

**Part I Summary**

Activities & Governance	<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>	44
	<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 2018 (Part V, line 2a)	<b>5</b>	5440
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	4003
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	851,803,301.	974,758,247.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	117,420,862.	109,172,619.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,463,705.	-556,846.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,895,861.	24,595,111.
		980,656,319.	1,107,969,131.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,312,073.	1,538,019.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	505,567,014.	545,749,401.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	440,836,545.	474,154,881.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	950,715,632.	1,021,442,301.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	29,940,687.	86,526,830.	
Net Assets or Fund Balances	<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)	5,434,170,902.	6,214,238,431.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	131,298,150.	154,548,735.
		5,302,872,752.	6,059,689,696.

**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	Preparer's signature	Date	Check if self-employed	PTIN
	FRANCIS J. BEDARD	<i>Francis J. Bedard</i>	07/07/2020	<input type="checkbox"/>	P00752421
<b>Paid Preparer Use Only</b>	Firm's name ▶	Firm's EIN ▶			
	DELOITTE TAX LLP	86-1065772			
<b>Paid Preparer Use Only</b>	Firm's address ▶	Phone no. (615) 259-1800			
	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.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/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  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	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. ►
- 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, 2020, 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, 2018, and ending JUN 30, 2019.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c <b>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.	3c	\$	0.

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

**Part III** Statement of Program Service AccomplishmentsCheck 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 \$ 490,685,639. including grants of \$ 1,291,319. ) (Revenue \$ 113,964,801. )

PATIENT CARE: THE HOSPITAL PROVIDED 19,394 INPATIENT DAYS OF CARE  
DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR  
3,968 OR 20% OF THOSE INPATIENT DAYS. PATIENTS MADE 81,759 CLINIC  
VISITS DURING THE YEAR.

**4b** (Code: ) (Expenses \$ 436,938,714. including grants of \$ 246,700. ) (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 \$ 29,338,061. including grants of \$ ) (Revenue \$ )

EDUCATION AND TRAINING: AS PART OF ITS MISSION, THE HOSPITAL HAS  
DEVELOPED A GLOBAL INITIATIVE (ST. JUDE GLOBAL) TO IMPROVE THE SURVIVAL  
RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES  
WORLDWIDE. ST. JUDE GLOBAL ACCOMPLISHES THIS BY SHARING KNOWLEDGE,  
TECHNOLOGY AND ORGANIZATIONAL SKILLS, 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 956,962,414.

**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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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>	X	

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

	Yes	No
<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> 1352	
<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	

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

		Yes	No
<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> 5440		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	<b>2b</b>	X	
<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>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>		
<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>13a</b>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<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>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....	<b>15</b>		X
If "Yes," see instructions and file Form 4720, Schedule N.			
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....	<b>16</b>		X
If "Yes," complete Form 4720, Schedule O.			

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

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

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

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	44		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	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?	2	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?	3		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
<b>6</b> Did the organization have members or stockholders?	6		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?	7a		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?	7b		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?	8a	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a	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?	10b	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?	11a	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	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	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	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<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?	16a	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?	16b	

**Section C. Disclosure**

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

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

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records **►**  
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> .....								9,726,250.	840,195.	1,211,673.
<b>d Total (add lines 1b and 1c)</b> .....								9,726,250.	840,195.	1,211,673.

**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

1,006

- 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	93,282,711.
CS3, INC. 8634 LADURL DRIVE, BARTLETT, TN 38133	GENERAL CONTRACTOR	7,676,755.
BELZ CONSTRUCTION SERVICES, 100 PEABODY PLACE, SUITE 1400, MEMPHIS, TN 38103	CONSTRUCTION CONTRACTOR	7,621,080.
METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE., MEMPHIS, TN 38104	MEDICAL SERVICES	6,601,217.
MICROSOFT CORPORATION ONE MICROSOFT WAY, REDMOND, WA 98052	SOFTWARE SUPPORT	6,424,547.

**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

270

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (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) SUSAN R. WINDHAM-BANNISTER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(42) TAMA ZAYDON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(43) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR	1.00 55.00	X						0.	840,195.	118,691.
(44) JAMES R. DOWNING PRESIDENT/CEO	55.00 1.00	X		X				1,134,497.	0.	144,053.
(45) PATRICIA A. KEEL SVP/CFO	55.00 0.00			X				595,248.	0.	85,631.
(46) JAMES I. MORGAN EVP/SCIENTIFIC DIRECTOR	55.00 0.00			X				717,786.	0.	56,554.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	55.00 0.00			X				741,883.	0.	163,760.
(48) MARY ANNA QUINN EVP/CHIEF ADMIN. OFFICER	55.00 0.00			X				470,968.	0.	53,994.
(49) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	55.00 0.00			X				774,908.	0.	155,598.
(50) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	55.00 0.00			X				703,187.	0.	71,325.
(51) ANDREW DAVIDOFF CHAIR	55.00 0.00				X			833,933.	0.	60,767.
(52) DAVID ELLISON CHAIR	55.00 0.00				X			735,746.	0.	109,717.
(53) AMAR J. GAJJAR CHAIR	55.00 0.00				X			707,462.	0.	48,386.
(54) THOMAS E. MERCHANT CHAIR	55.00 0.00				X			889,223.	0.	64,327.
(55) CHING-HON PUI CHAIR	55.00 0.00				X			740,117.	0.	37,545.
(56) WILLIAM E. EVANS FACULTY/FORMER PRESIDENT/CEO	55.00 0.00					X		681,292.	0.	41,325.
Total to Part VII, Section A, line 1c								9,726,250.	840,195.	1,211,673.

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<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>	865,122,365.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	93,978,570.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	15,657,312.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			974,758,247.			
	Program Service Revenue	<b>2 a</b> PATIENT CARE .....	Business Code	621110	109,172,619.	109,172,619.	
<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 .....				109,172,619.			
Other Revenue		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			11,974.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			14,721,431.			14,721,431.
	<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				
		298,814.	54,586.				
	<b>b</b> Less: cost or other basis and sales expenses .....			240,612.	681,608.		
	<b>c</b> Gain or (loss) .....			58,202.	-627,022.		
	<b>d</b> Net gain or (loss) .....			-568,820.	-627,022.		58,202.
	<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 .....							
Miscellaneous Revenue			Business Code				
<b>11 a</b> CAFETERIA/VENDING .....		722514	4,454,476.			4,454,476.	
<b>b</b> CHGME/CHCA .....		900099	2,344,673.	2,344,673.			
<b>c</b> HHMI .....		900099	363,869.	363,869.			
<b>d</b> All other revenue .....		900099	2,710,662.	2,710,662.			
<b>e Total.</b> Add lines 11a-11d .....			9,873,680.				
<b>12 Total revenue.</b> See instructions .....			1,107,969,131.	113,964,801.	0.	19,246,083.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,538,019.	1,538,019.		
<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 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	5,957,031.	3,388,304.	2,568,727.	
<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) .....	705,647.	705,647.		
<b>7</b> Other salaries and wages .....	417,581,913.	386,631,522.	30,950,391.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	25,959,964.	24,035,860.	1,924,104.	
<b>9</b> Other employee benefits .....	66,802,869.	61,851,565.	4,951,304.	
<b>10</b> Payroll taxes .....	28,741,977.	26,611,675.	2,130,302.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....	28,661,610.	26,611,090.	2,050,520.	
<b>b</b> Legal .....	1,517,331.	1,408,778.	108,553.	
<b>c</b> Accounting .....	202,470.	187,985.	14,485.	
<b>d</b> Lobbying .....	84,368.		84,368.	
<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.)	99,709,207.	86,684,812.	13,024,395.	
<b>12</b> Advertising and promotion .....	906,842.	841,964.	64,878.	
<b>13</b> Office expenses .....	2,629,666.	2,588,790.	40,876.	
<b>14</b> Information technology .....	36,721,571.	34,094,423.	2,627,148.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	34,371,101.	29,213,940.	5,157,161.	
<b>17</b> Travel .....	14,879,075.	14,052,143.	826,932.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,588,699.	1,171,854.	416,845.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	90,990,394.	80,942,881.	10,047,513.	
<b>23</b> Insurance .....	1,742,428.	1,226,920.	515,508.	
<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	60,477,062.	59,536,996.	940,066.	
<b>b</b> LABORATORY SUPPLIES	51,359,042.	50,560,708.	798,334.	
<b>c</b> UBI TAXES	93,875.	0.	93,875.	
<b>d</b> ALLOCATION ADJUSTMENTS	0.	20,883,545.	-20,883,545.	
<b>e</b> All other expenses	48,220,140.	42,192,993.	6,027,147.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,021,442,301.	956,962,414.	64,479,887.	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 .....	1,110,291.	<b>1</b>	4,118,944.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	22,491,694.	<b>3</b>	29,362,954.
	<b>4</b> Accounts receivable, net .....	21,703,486.	<b>4</b>	21,028,537.
	<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 .....	7,732,327.	<b>8</b>	9,042,686.
	<b>9</b> Prepaid expenses and deferred charges .....	13,941,837.	<b>9</b>	19,016,975.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,678,400,886.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 915,173,701.		
		669,110,408.	<b>10c</b>	763,227,185.
	<b>11</b> Investments - publicly traded securities .....	2,222,796.	<b>11</b>	2,370,565.
	<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 .....	4,695,858,063.	<b>15</b>	5,366,070,585.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	5,434,170,902.	<b>16</b>	6,214,238,431.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	112,276,799.	<b>17</b>	137,164,440.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	15,399,715.	<b>19</b>	14,186,821.
	<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 .....	3,621,636.	<b>25</b>	3,197,474.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	131,298,150.	<b>26</b>	154,548,735.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,201,630,278.	<b>27</b>	4,972,521,523.
	<b>28</b> Temporarily restricted net assets .....	76,544,144.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets .....	1,024,698,330.	<b>29</b>	1,087,168,173.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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> Total net assets or fund balances .....	5,302,872,752.	<b>33</b>	6,059,689,696.
	<b>34</b> Total liabilities and net assets/fund balances .....	5,434,170,902.	<b>34</b>	6,214,238,431.

Form **990** (2018)

**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>	1,107,969,131.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,021,442,301.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	86,526,830.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,302,872,752.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	77,592.
<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>	670,212,522.
<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>	6,059,689,696.

**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** (2018)

**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

**2018**

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	674,808,276.	895,523,715.	753,145,680.	851,803,301.	974,758,247.	4150039219.
<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 .....	674,808,276.	895,523,715.	753,145,680.	851,803,301.	974,758,247.	4150039219.
<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.						4150039219.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	674,808,276.	895,523,715.	753,145,680.	851,803,301.	974,758,247.	4150039219.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	7,579,828.	11,681,881.	4,641,541.	11,308,521.	14,733,405.	49,945,176.
<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.) .....	7,390,478.	6,775,862.	20,138,461.	7,598,809.	9,873,680.	51,777,290.
<b>11 Total support.</b> Add lines 7 through 10						4251761685.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.61	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	97.17	%
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 - 2017.</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) 2018

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.)						
<b>14 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> .....						

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	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</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</b> <b>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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> 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.			
<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.

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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) 2018

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<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 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 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2018

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

## PART II, SECTION B, LINE 10:

## EXPLANATION FOR 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

2017

\$ 4,288,072 - CAFETERIA/VENDING

\$ 2,351,842 - CHGME/CHCA

\$ 327,751 - HHMI

\$ 631,144 - OTHER REVENUE

**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.)

\$ 7,598,809 - TOTAL OTHER INCOME

2018

\$ 4,454,476 - CAFETERIA/VENDING

\$ 2,344,673 - CHGME/CHCA

\$ 363,869 - HHMI

\$ 2,710,662 - OTHER REVENUE

\$ 9,873,680 - 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

**2018**

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 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		\$ 865,122,365.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE 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

**2018**

**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) 2018

LHA

832041 11-08-18

**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? .....															

☐ Yes ☐ No

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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) 2018

**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		21,139.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		63,229.
<b>j</b> Total. Add lines 1c through 1i .....			84,368.
<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 1A) A ST. JUDE PATIENT/FAMILY TRAVELED TO DC ON BEHALF OF ST. JUDE

TO ADVOCATE WITH CONGRESS FOR INCREASED NIH FUNDING; LINE 1B) ST. JUDE

EMPLOYS A DIRECTOR OF GOVERNMENT AFFAIRS; LINE 1G) AMOUNT LISTED IS

PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS PLUS TRAVEL EXPENSES;

LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED RETAINER FEES FOR DIRECT

<b>Part IV</b>	<b>Supplemental Information</b> <i>(continued)</i>
----------------	--

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

**2018****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).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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? .....

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

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

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

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

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

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

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

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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

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

**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	1,024,698,330.	965,253,422.	873,056,599.	873,885,134.	915,104,075.
<b>b</b> Contributions	4,864,242.	21,281,957.	12,552,432.	2,341,719.	2,970,640.
<b>c</b> Net investment earnings, gains, and losses	64,664,085.	92,690,065.	103,475,245.	-72,118.	8,222,632.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	38,875,713.	54,527,114.	23,830,854.	3,098,136.	52,412,213.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,055,350,944.	1,024,698,330.	965,253,422.	873,056,599.	873,885,134.

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

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

**b** Permanent endowment ☐ 100.00 %

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

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

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings		1,208,060,491.	597,826,180.	610,234,311.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		456,298,014.	310,124,244.	146,173,770.
<b>e</b> Other		14,042,381.	7,223,277.	6,819,104.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				763,227,185.



**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	5,366,070,585.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	5,366,070,585.

**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	1,792,643.	
(3) WORKERS COMPENSATION	1,181,465.	
(4) OWNER CONTROLLED INSURANCE PROGRAM	223,366.	
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	3,197,474.	

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>	823,030,750.
<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>	77,592.
<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>	580,106,392.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	580,183,984.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	242,846,766.
<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>	865,122,365.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	865,122,365.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . <i>(This must equal Form 990, Part I, line 12.)</i> .....	<b>5</b>	1,107,969,131.

**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>	1,021,442,301.
<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>	1,021,442,301.
<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> . <i>(This must equal Form 990, Part I, line 18.)</i> .....	<b>5</b>	1,021,442,301.

**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, 2019, 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 2016 THROUGH 2019 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 NET ASSETS OF ALSAC WITHOUT DONOR

RESTRICTIONS 580,106,392.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC 865,122,365.

**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

**2018**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 AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,866,373.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	5,567,836.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,361,828.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	3,975,072.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	847,849.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	144,889.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,353,167.
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	41,604.
<b>3 a Subtotal</b> .....	0	1			15,158,618.
<b>b Total from continuation sheets to Part I</b> .....	0	0			57,716.
<b>c Totals</b> (add lines 3a and 3b) .....	0	1			15,216,334.

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

Schedule F (Form 990) 2018

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	57,716.
<b>Totals</b> .....					57,716.

**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) 2018



**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**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

▶ **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.**

**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) .....			88,740,793.	1,022,538.	87,718,255.	8.59%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			152,707,177.	31,541,618.	121,165,559.	11.86%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			8,545,802.	1,717,417.	6,828,385.	.67%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			249,993,772.	34,281,573.	215,712,199.	21.12%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			25,592,681.	0.	25,592,681.	2.51%
<b>f</b> Health professions education (from Worksheet 5) .....			15,603,972.	280,344.	15,323,628.	1.50%
<b>g</b> Subsidized health services (from Worksheet 6) .....			28,429,296.	0.	28,429,296.	2.78%
<b>h</b> Research (from Worksheet 7) .....			387,337,440.	96,291,900.	291,045,540.	28.49%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			1,840,087.	0.	1,840,087.	.18%
<b>j Total.</b> Other Benefits .....			458,803,476.	96,572,244.	362,231,232.	35.46%
<b>k Total.</b> Add lines 7d and 7j .....			708,797,248.	130,853,817.	577,943,431.	56.58%

<b>Part III</b>	<b>Bad Debt, Medicare, &amp; Collection Practices</b>
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<b>Part IV</b>	<b>Management Companies and Joint Ventures</b>	(owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)
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**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <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)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): .....		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> 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.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> 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:		
a <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 <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <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):		
a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <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		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <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):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <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>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <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)		
f <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)		
g <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		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <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 Limited English Proficiency (LEP) populations		
j <input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2018

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
<div>17</div> <div>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?</div>	X	
<div>18</div> <div>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:</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>Reporting to credit agency(ies)</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>Selling an individual's debt to another party</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>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</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Actions that require a legal or judicial process</div> </div> <div> <div>e</div> <div><input type="checkbox"/></div> <div>Other similar actions (describe in Section C)</div> </div> <div> <div>f</div> <div><input checked="" type="checkbox"/></div> <div>None of these actions or other similar actions were permitted</div> </div>		
<div>19</div> <div>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?</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged:</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>Reporting to credit agency(ies)</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>Selling an individual's debt to another party</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>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</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Actions that require a legal or judicial process</div> </div> <div> <div>e</div> <div><input type="checkbox"/></div> <div>Other similar actions (describe in Section C)</div> </div>		X
<div>20</div> <div>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):</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>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 (if not, describe in Section C)</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>Processed incomplete and complete FAP applications (if not, describe in Section C)</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Made presumptive eligibility determinations (if not, describe in Section C)</div> </div> <div> <div>e</div> <div><input checked="" type="checkbox"/></div> <div>Other (describe in Section C)</div> </div> <div> <div>f</div> <div><input type="checkbox"/></div> <div>None of these efforts were made</div> </div>		

Policy Relating to Emergency Medical Care

<div>21</div> <div>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?</div> <div>If "No," indicate why:</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>The hospital facility did not provide care for any emergency medical conditions</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>The hospital facility's policy was not in writing</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Other (describe in Section C)</div> </div>	X	
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**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? ..... If "Yes," explain in Section C.	<b>23</b>	X
<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? ..... If "Yes," explain in Section C.	<b>24</b>	X

Schedule H (Form 990) 2018



**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, 20a, 20b, 20c, 20d, 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: THE ST. JUDE FISCAL YEAR 2019 CHNA BUILDS

UPON THE FISCAL YEAR 2013 AND 2016 CHNAS' AND REFLECTS THE ACTIVITIES

IDENTIFIED IN THE ST. JUDE FISCAL YEAR 2016 COMMUNITY BENEFIT

IMPLEMENTATION PLAN. THE FISCAL YEAR 2019 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. THE NEW CHNA IDENTIFIED THE IMPORTANCE

OF PARTNERSHIPS AND COLLABORATION WITH OTHER ORGANIZATIONS TO MEET THE

HEALTH NEED AND MEDICAL NEEDS OF CHILDREN, INCLUDING THE SHELBY COUNTY

HEALTH DEPARTMENT, METHODIST LE BONHEUR HEALTHCARE, AND BAPTIST MEMORIAL

HEALTH CARE AND REGIONAL ONE HEALTH. EACH INSTITUTION IS WORKING TO ALIGN

ITS ASSESSMENT AND PLANNING PROCESSES, WHEN APPROPRIATE, AND TO COORDINATE

ACTIVITIES RELATED TO DATA COLLECTION.

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. TO GAIN MORE

LOCAL-LEVEL DATA, ST. JUDE WORKED WITH THE SHELBY COUNTY HEALTH DEPARTMENT

TO OBTAIN DEMOGRAPHIC, ECONOMIC, AND HEALTH DATA FOR SHELBY COUNTY. 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.

**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, 20a, 20b, 20c, 20d, 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.

**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 PATIENT FAMILY ADVISORY  
COUNCIL, 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 CLINICAL, RESEARCH, AND ADMINISTRATIVE STAFF  
FOCUS GROUPS 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. PARTICIPANTS WERE RECRUITED BY ST. JUDE STAFF, WHO  
ARRANGED ALL LOGISTICS FOR THE ONSITE FOCUS GROUPS.

**MEDICAL EXECUTIVE COMMITTEE**

- ELIZABETH ADDERSON, MD, INFECTIOUS DISEASES
- DORALINA ANGHELESCU, MD, ANESTHESIOLOGY

**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, 20a, 20b, 20c, 20d, 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.

- MICHAEL BISHOP, MD, ONCOLOGY, SOLID TUMOR

- ROBIN DIAZ, JD, CHIEF LEGAL COUNSEL

- SARA FEDERICO, MD, ONCOLOGY, SOLID TUMOR

- WILLIAM GREENE, PHARM, VICE PRESIDENT, PHARMACEUTICAL SERVICES

- RAY MORRISON, MD, ICU, CRITICAL CARE-PULMONARY MEDICINE

- ROBIN MUTZ, RN, SVP, CHIEF NURSING EXECUTIVE

- TRACY PARKS, DIRECTOR, QUALITY MANAGEMENT

- RICHARD ROCHESTER, MANAGER BMT/CT CLINIC

- JOHN SANDLUND, MD, ONCOLOGY, LEUKEMIA/LYMPHOMA

- BRANDON TRIPLETT, MD, BONE MARROW TRANSPLANT AND CELL THERAPY

- JOSHUA WOLF, MD, INFECTIOUS DISEASES

**NURSING**

- MIKE BURGESS, PEDIATRIC ONCOLOGY NURSE III WKD, INPATIENT, BONE MARROW

**TRANSPLANT**

- LORI CHRISTION, INPATIENT UNIT MANAGER

- JASMIN ELIZARRARAS, PEDIATRIC ONCOLOGY NURSE I, INPATIENT

- CAMILLE FILOROMO, BSN, MED, PHD, RN, NEA-BC, SENIOR DIRECTOR OF CLINICAL

**EXPERIENCE**

- ANGEL PARKER, INPATIENT UNIT COORDINATOR

- BOB SCHROEDER, INTERIM UNIT MANAGER, ICU

- NICOLE WRIGHT, NURSING PROFESSIONAL DEVELOPMENT EDUCATOR I

**ST. JUDE PATIENT FAMILY ADVISORY COUNCIL**

- TEN MEMBERS OF THE COUNCIL PARTICIPATED

**ADOLESCENT ST. JUDE PATIENTS**

**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, 20a, 20b, 20c, 20d, 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.

- FIVE PATIENTS PARTICIPATED

KEY INFORMANT INTERVIEWS

HRIA CONDUCTED 26 INTERVIEWS; 11 WERE INTERNAL REPRESENTATIVES OF ST. JUDE

HOSPITAL AND 15 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. 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

- ROBERT CLARK, MS, FACHE, CHIEF GOVERNMENT AFFAIRS OFFICER

- JANICE ENGLISH, DIRECTOR, PATIENT AND FAMILY EXPERIENCE OFFICE

- COLETTE HENDRICKS, VP-CLINICAL OPERATIONS

- MELISSA M. HUDSON, MD, DIRECTOR, CANCER SURVIVORSHIP DIVISION

- MELISSA JONES, DIRECTOR, CANCER CENTER OPERATION

- PAT KEEL, SVP/CFO

- ELLIS NEUFELD, MD, PHD, EVP/CLINICAL DIRECTOR

- CAROLYN RUSSO, MD, ASSOCIATE MEMBER/MEDICAL DIRECTOR AFFILIATE PROGRAM

- VICTOR SANTANA, MD, MEMBER/SVP CLINICAL TRIALS

- DANA WALLACE, DIRECTOR, CANCER CENTER ADMINISTRATION

- SHEILA ANDERSON, RN, TRANSITION NURSE CASE MANAGER, HEMATOLOGY

EXTERNAL KEY INFORMANT INTERVIEWS

- CARLA BAKER, RN, PROJECT DIRECTOR, MEMPHIS BREAST CANCER EQUITY

CONSORTIUM, COMMON TABLE HEALTH ALLIANCE

**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, 20a, 20b, 20c, 20d, 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.

- AMY DANIELS, SENIOR VICE PRESIDENT OF INVESTOR RELATIONS, MEMPHIS

CHAMBER OF COMMERCE

- JOAN HAN, MD, DIRECTOR, PEDIATRIC OBESITY PROGRAM, LE BONHEUR CHILDREN'S

HOSPITAL

- ALISA HAUSHALTER, DNP, RN, PHNA-BC, DIRECTOR, SHELBY COUNTY HEALTH

DEPARTMENT

- MICHELLE HEIL, SENIOR MANAGER, HOSPITAL SYSTEMS, AMERICAN CANCER

SOCIETY, NORTH CENTRAL REGION

- ANITA LARKIN, MSN, RN, CLINICAL DIRECTOR, METHODIST LE BONHEUR

- MARIAN LEVY, DRPH, RD, FAND, ASSOCIATE DEAN, UNIVERSITY OF MEMPHIS

SCHOOL OF PUBLIC HEALTH

- VALERIE NAGOSHINER, CHIEF OF STAFF, TENNESSEE DEPARTMENT OF HEALTH

- GARY SHORB, EXECUTIVE DIRECTOR, THE URBAN CHILD INSTITUTE

- ANDREANA SMITH, DIRECTOR OF CLINICAL ADMINISTRATION, CHURCH HEALTH

CENTER

- WEBB A. SMITH, PHD, CLINICAL EXERCISE PHYSIOLOGIST, HEALTHY LIFESTYLES

CLINIC, LE BONHEUR CHILDREN'S HOSPITAL

- JAMILA SMITH-YOUNG, DNP, MPH, CPNP-AC, NURSE PRACTITIONER, UT LE BONHEUR

PEDIATRIC SPECIALISTS DIVISION OF PEDIATRIC ENDOCRINOLOGY

- CHARLES SNYDER, PHD, MPH, DIRECTOR, HEALTH DISPARITIES EDUCATION AND

COMMUNITY ENGAGEMENT, UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

- KATY SPURLOCK, DEPUTY DIRECTOR, THE URBAN CHILD INSTITUTE

- ROBIN WOMEDU, MD, FACP, CHIEF MEDICAL OFFICER, METHODIST UNIVERSITY

HOSPITAL

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, 20a, 20b, 20c, 20d, 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 13H: SEE NARRATIVE FOR PART 1, LINE 3C REGARDING

THE ORGANIZATIONS FINANCIAL ASSISTANCE POLICY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

THE ORGANIZATIONS 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

(06/30/19)

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. CONDUCTED AND ADOPTED ITS

THIRD COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING FISCAL YEAR 2019

AND INTENDS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS, LISTED

IN ORDER OF PRIORITY:

**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, 20a, 20b, 20c, 20d, 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.

IMPROVING ACCESS TO CARE

- PALLIATIVE CARE

- SERVICES AND RESOURCES FOR CAREGIVERS

IMPROVING COORDINATION OF CARE

- TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE

- OUTPATIENT CARE EXPERIENCE TRANSITION OF CARE FROM SPECIALTY TO

PRIMARY CARE PROVIDERS

- OUTPATIENT CARE EXPERIENCE PHYSICIAN COORDINATION OF CARE

IMPROVING CHILD HEALTH STATUS

- COMMUNITY HEALTH EDUCATION

- PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VACCINATION

- HIV COLLABORATION WITH COMMUNITY COALITION

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

ACTIVITY

NO ACTIONS WERE TAKEN DURING FISCAL YEAR 2019 TO ADDRESS THE

SIGNIFICANT HEALTH NEEDS IDENTIFIED THROUGH ST. JUDE CHILDREN'S

RESEARCH HOSPITAL, INC.'S MOST RECENTLY CONDUCTED CHNA IN FISCAL YEAR

2019. THE THIRD CHNA WAS CONDUCTED AND ADOPTED AT THE END OF FISCAL

YEAR 2019; THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER THE

NEXT THREE TAX YEARS.

ALL SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ST. JUDE CHILDREN'S RESEARCH

HOSPITAL, INC.'S MOST RECENTLY CONDUCTED CHNA ARE BEING ADDRESSED.

**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, 20a, 20b, 20c, 20d, 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, INC. DID TAKE THE FOLLOWING

ACTIONS DURING FISCAL YEAR 2019 WITH RESPECT TO ITS PREVIOUSLY

CONDUCTED CHNA IN FISCAL YEAR 2016:

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

IS A SPECIALTY HOSPITAL THAT TREATS PEDIATRIC CANCER AND BLOOD

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

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

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

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

DIAGNOSED OR SUSPECTED PEDIATRIC CANCER, HIV INFECTIONS OR CERTAIN

HEMATOLOGIC OR GENETIC DISEASES. WE ACCEPT MOST PATIENTS OUTSIDE OUR

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

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

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

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

ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING

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

OTHER CATASTROPHIC DISEASES IN CHILDREN. MORE SPECIFICALLY,

APPROXIMATELY 8,600 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 73 BEDS FOR PATIENTS REQUIRING



**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, 20a, 20b, 20c, 20d, 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.

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

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

**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, 20a, 20b, 20c, 20d, 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 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

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 AIMS: IMPROVING ACCESS TO CARE, ENHANCING

COORDINATION OF CARE AND IMPROVING CHILD HEALTH STATUS THROUGH HEALTHY

LIFESTYLE EDUCATION AND PREVENTION FOR CHILDREN. THESE AIMS, 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 AIMS AND CORRESPONDING INITIATIVES DEVELOPED.

AIM #1 IMPROVING ACCESS TO CARE

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 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.

PEDIATRIC HEALTH NEED:

ACCESS TO AFFORDABLE HEALTH INSURANCE COVERAGE

HEALTH FACILITIES INVOLVED:

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

ANTICIPATED OUTCOME:

UNINSURED PATIENTS WILL BE OFFERED ASSISTANCE REGARDING ENROLLMENT IN

GOVERNMENTAL OR OTHER PROGRAMS.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. CONTINUE TO PROVIDE ASSISTANCE TO FAMILIES WITH ENROLLMENT.

2. PERIODIC REVIEW OF IDENTIFICATION AND SCREENING PROCESSES TO ENSURE

ALL UNINSURED PATIENTS ARE OFFERED ASSISTANCE.

3. WORK WITH PATIENTS TRANSITIONING TO CARE POST ST. JUDE.

SELECTED ACCOMPLISHMENTS:

THE AGREEMENT WITH FIRSTSOURCE SOLUTIONS USA, LLC DBA MEDASSIST IS

RENEWED ANNUALLY. MEDASSIST IS THE VENDOR USED TO HELP UNINSURED

PATIENTS OBTAIN MEDICAID OR OTHER INSURANCE.

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

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

GIVEN ASSISTANCE WITH THE SCREENING AND ENROLLMENT PROCESS.

FY19:

- 99.66% OF ST. JUDE'S UNINSURED PATIENTS WERE OFFERED ASSISTANCE.

**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, 20a, 20b, 20c, 20d, 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.

- 153 UNINSURED PATIENTS WERE ENROLLED IN HEALTH PLANS.

- LESS THAN 1% OF UNINSURED PATIENTS WERE NOT CONTACTED BECAUSE THEY

WERE ONLY BRIEFLY AT ST. JUDE.

PEDIATRIC HEALTH NEED:

PALLIATIVE CARE

HEALTH FACILITIES INVOLVED:

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

OF QUALITY OF LIFE AND PALLIATIVE CARE

ANTICIPATED OUTCOME:

CONTINUE TO TRAIN CLINICIANS IN PALLIATIVE CARE MEDICINE (PCM) AND

OFFER EDUCATIONAL OPPORTUNITIES FOR PCM.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

TRAINING PROGRAM.

2. PROVIDE TRAINING IN PALLIATIVE CARE FOR ADVANCED PRACTICE HEALTHCARE

PERSONNEL THROUGH TARGETED CONFERENCES AND OTHER EDUCATIONAL

OPPORTUNITIES INCLUDING END-OF-LIFE NURSING EDUCATION CONSORTIUM

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

(QOL), 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.

**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, 20a, 20b, 20c, 20d, 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.

SELECTED ACCOMPLISHMENTS:

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

RECRUITING AND TRAINING TWO PHYSICIAN FELLOWS.

- PALLIATIVE CARE MEDICINE FELLOWSHIP NOW TRAINS 5 MD'S PER YEAR.

- ENROLLMENT: FY16 FY17 FY18

ELNEC 32 78 35

QOLA 37 29 45

PPOS 325 340

\*PPOS - PEDIATRIC PALLIATIVE ONCOLOGY SYMPOSIUM

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

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

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

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

COMBINED FELLOWSHIP PROGRAM BOARD REVIEW SERIES. EACH SESSION AVERAGES

10 ATTENDEES RANGING FROM GRADUATE STUDENTS TO MEDICAL STUDENTS TO

ADVANCED CLINICIANS.

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

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

ARE INCLUDED IN THE NUMBERS CITED ABOVE.

- REGULAR PRESENTER IN AFFILIATE NURSING CONFERENCE.

- 2 RESEARCH ARTICLES RESULTED FROM THIS CHNA AND CAN BE FOUND IN

EXHIBIT 1.

PEDIATRIC HEALTH NEED:

**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, 20a, 20b, 20c, 20d, 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.

HEALTHCARE OF CHILDHOOD CANCER SURVIVORS

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ONCOLOGY DIVISION, CANCER

SURVIVORSHIP DEPARTMENT

ANTICIPATED OUTCOME:

PROVIDE CANCER SURVIVORSHIP INFORMATION TO BOTH CAREGIVERS AND

SURVIVORS VIA SURVIVORS' DAY CONFERENCE AND ST. JUDE LIFE. THE ST. JUDE

LIFE PROGRAM WILL INCREASE ENROLLMENT WITHIN A DEFINED COHORT UNTIL ALL

ELIGIBLE SURVIVORS HAVE BEEN APPROACHED.

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 HEALTHCARE

POST-TREATMENT.

4. OFFER AN ONLINE RESOURCE FOLLOWING THE CONFERENCE FOR CONTINUOUS

FLOW OF SURVIVORSHIP INFORMATION.

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

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

LATE EFFECTS AND ASSESS INTERVENTION.

SELECTED ACCOMPLISHMENTS:

THE ST. JUDE FACULTY PROVIDE LECTURES AND PARTICIPATE IN WORKSHOPS

**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, 20a, 20b, 20c, 20d, 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.

RELATED TO A VARIETY OF SURVIVORSHIP ISSUES. AUDIENCES INCLUDE HEALTH

CARE PROVIDERS OF SURVIVORS, SURVIVORS AND THEIR FAMILIES.

- 3 LECTURES/WORKSHOPS PROVIDED BY MELISSA M. HUDSON AND CAN BE FOUND

IN EXHIBIT 1.

- 1 LECTURE/WORKSHOP PROVIDED BY DANIEL MULROONEY AND CAN BE FOUND IN

EXHIBIT 1.

- 5 LECTURES/WORKSHOPS PROVIDED BY MATTHEW EHRHARDT AND CAN BE FOUND IN

EXHIBIT 1.

STORIES OF RESILIENT SURVIVORS AND RESOURCES AVAILABLE TO OVERCOME

PHYSICAL AND PSYCHOSOCIAL CHALLENGES OF SURVIVORSHIP HAVE BEEN FEATURED

IN THE ST. JUDE LIFETIME COHORT LIFELINE AND LONG-TERM FOLLOW-UP STUDY

NEWSLETTERS.

- ENSURE THAT SURVIVORS UNDERSTAND HOW TO APPROACH HEALTHCARE

POST-TREATMENT.

SURVIVORS AND THEIR FAMILIES ATTENDING THE AFTER COMPLETION OF THERAPY

(ACT) 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

**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, 20a, 20b, 20c, 20d, 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 ALUMNUS PROGRAM OFFICE.

- SURVIVORSHIP STAFF ARE 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.

PERIODIC BRIEF PUBLICATIONS FEATURE SURVIVOR STORIES AND EDUCATIONAL

TOPICS:

- LONG-TERM FOLLOW-UP NEWSLETTERS (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-](https://www.stjude.org/treatment/survivorship/participate-in-st-jude-life-study/lifeline-newsletter.html)

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

SEMIANNUALLY.

PEDIATRIC HEALTH NEED:

COMMUNITY EDUCATION

HEALTH FACILITIES INVOLVED:

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

RELATIONS DEPARTMENT

ANTICIPATED OUTCOME:

INCREASE THE NUMBER OF RADIO EDUCATION SPOTS, ARTICLES AND SOCIAL MEDIA

REGARDING HEALTHCARE RESOURCES AND HEALTHCARE CAREERS ANNUALLY.



**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, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

**ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:**

1. ST. JUDE PROFESSIONALS WILL PROVIDE INFORMATION AND RESOURCES ABOUT

SICKLE CELL DISEASE, HIV, CANCER, FLU, AND OTHER PEDIATRIC

LIFE-THREATENING DISEASES.

2. OFFER EDUCATIONAL OPPORTUNITIES AND OTHER INFORMATION ABOUT

HEALTHCARE CAREERS.

**SELECTED ACCOMPLISHMENTS:**

ST. JUDE PROFESSIONALS PROVIDING INFORMATION AND RESOURCES:

- ST. JUDE CONDUCTED 30-SECOND EDUCATIONAL RADIO SPOTS IN FY19. TOPICS

INCLUDED: HIV VOICES PROJECT, AIDS SUPPORT, SICKLE CELL STEP, BLOOD

DONOR CENTER AND THE HPV VACCINE FOR CANCER PREVENTION.

- ST. JUDE FOCUSED EDUCATION EFFORTS ON PROMOTING THE HPV VACCINE.

EFFORTS INCLUDED CONCENTRATED MEDIA RELATIONS PITCHING, DEDICATED

SOCIAL MEDIA POSTS, BLOGS AND A RADIO PSA.

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

PROFESSIONALS BEING INTERVIEWED THIS YEAR ON COMMUNITY SUBJECTS

INCLUDING HIV, HPV VACCINATION, SLEEP HEALTH, 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 240 NEWS

PIECES, INCLUDING TWO LOCAL MEMPHIS STORIES.

- "PROMISE" MAGAZINE IS MAILED TO BETWEEN 250,000 AND 300,000 READERS

EACH QUARTER, INCLUDING DONORS, EMPLOYEES, PATIENTS, 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

**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, 20a, 20b, 20c, 20d, 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.

QUARTERLY.

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

JUDE IN FEBRUARY 2019 FOR THE FOURTH 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 9,000 CANCER SURVIVORS, INCLUDING LOCAL MEMPHIS RESIDENTS,

RECEIVED PACKAGES CELEBRATING CANCER SURVIVORSHIP, INCLUDING A PAMPHLET

ABOUT BEING A SURVIVOR AND WHERE TO FIND IMPORTANT INFORMATION.

- 6 ARTICLES RELATED TO COMMUNITY EDUCATION WERE PUBLISHED IN "PROMISE"

MAGAZINE AND CAN BE FOUND IN EXHIBIT 1.

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. THE NUMBER

OF PATIENTS ENROLLED IN ST. JUDE PRIMARY THERAPEUTIC PROTOCOLS FROM THE

AFFILIATE CLINICS WILL INCREASE.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. CONTINUE TO ENHANCE OPERATIONS AND INCREASE PATIENT VISITS AT ALL

CLINICS.

**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, 20a, 20b, 20c, 20d, 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.

SELECTED ACCOMPLISHMENTS:

- ESTABLISHED ST. JUDE CENTRAL INSTITUTIONAL REVIEW BOARD TO FACILITATE

LOCAL ENROLLMENT IN PRIMARY THERAPEUTIC CLINICAL TRIALS.

- COMPLETED SEVERAL QUALITY IMPROVEMENT INITIATIVES WHICH RESULTED IN

MAINTENANCE OF CERTIFICATION CREDIT.

- PROVIDED FORMAL QUALITY IMPROVEMENT TRAINING FOR AFFILIATE STAFF.

- CREATED PATIENT NAVIGATOR POSITION TO IMPROVE PATIENT TRANSITION TO

AFFILIATE SITES.

- DEVELOPED QUARTERLY EDUCATIONAL WEBINAR SERIES.

AIM #2 ENHANCING COORDINATION OF CARE

PEDIATRIC HEALTH NEED:

PHYSICIAN COORDINATION OF CARE

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ST. JUDE AFFILIATE INSTITUTIONS,

ALL DOMESTIC AND INTERNATIONAL REFERRING CLINICIANS AND CENTERS

ANTICIPATED OUTCOME:

IMPROVE CONTINUITY OF CARE BY ENHANCING COMMUNICATION TOOLS AND EFFORTS

TO PROVIDE PHYSICIANS WITH UNPARALLELED ACCESS TO PATIENT INFORMATION.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

AFFILIATED PHYSICIANS' CONVENIENT ACCESS TO PATIENT INFORMATION, IN

**Part V Facility Information** (continued)

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

ACCORDANCE WITH APPLICABLE LAW.

SELECTED ACCOMPLISHMENTS:

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

COMPLETED AND FEEDBACK HAS BEEN RECEIVED.

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

DIRECT EMAIL (ENCRYPTED PROVIDER DIRECTORY DEVELOPED FOR SECURE DATA

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

DOCUMENTS AS ATTACHMENTS, TO OUTSIDE PHYSICIANS TO WHOM WE ARE

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

TRANSITION OF CARE DOCUMENT FROM OUTSIDE PROVIDERS AND AFFILIATES WHO

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

LIMITED AVAILABILITY THROUGH THE END OF THE YEAR SINCE IT REQUIRES

OUTSIDE PROVIDERS TO HAVE A SPECIAL SECURE CONNECTION.

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

ST. JUDE ELECTRONIC MEDICAL RECORD.

PEDIATRIC HEALTH NEED:

TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE SERVICE

HEALTH FACILITIES INVOLVED:

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

CLINICAL HEMATOLOGY DIVISION, DIGGS-KRAUS SICKLE CELL CENTER AT

REGIONAL ONE HEALTH, METHODIST HEALTHCARE COMPREHENSIVE SICKLE CELL

CENTER (MCSCC)

ANTICIPATED OUTCOME:

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

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

INCREASE THE NUMBER OF PATIENTS WITH SICKLE CELL DISEASE WHO ESTABLISH

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

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

ENHANCE A SEAMLESS TRANSITION FROM PEDIATRIC CARE.

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

CO-LOCATION OF PEDIATRIC AND ADULT HEMATOLOGY PROVIDERS.

3. AUGMENT FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS

WITH HEMATOLOGIC AND ONCOLOGIC DISEASES, THROUGH DEVELOPMENT OF DISEASE

EDUCATIONAL CURRICULUM AND TRAINING MODULES TO FOSTER INCREASED

ADOLESCENT AUTONOMY AND MEDICAL LITERACY.

SELECTED ACCOMPLISHMENTS:

BELOW, 2017 AND 2018 ARE INCLUDED DUE TO A LAG IN DATA.

2017

- 43 PATIENTS GRADUATED FROM ST. JUDE BY DECEMBER 2017.

- 38 TRANSFERRED TO ADULT CENTERS, FOR A RATE OF ADULT CARE PLACEMENT

OF 88% (5 NEVER ESTABLISHED CARE WITH ADULT PROVIDER).

- 12-MONTH RETENTION IN ADULT CARE: 79%.

- 1 EXPIRED: TRANSFERRED TO ADULT CARE 5/9/17, INITIAL ADULT

APPOINTMENT 6/22/17, EXPIRED 2/7/18 (MCSCC).

- 7 WERE LOST TO FOLLOW UP/DISCONTINUED ADULT CARE AFTER TRANSFERRING

OUT OF ST. JUDE.

- 24-MONTH RETENTION IN ADULT CARE: NEED TO WAIT UNTIL END OF 2019 TO

CALCULATE FINAL RATE.

**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, 20a, 20b, 20c, 20d, 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.

2018

- 33 PATIENTS GRADUATED FROM ST. JUDE BY DECEMBER 2018.

- 31 TRANSFERRED TO ADULT CENTERS, FOR A RATE OF ADULT CARE PLACEMENT

OF 94%.

- NOT INCLUDED IS 4 THAT RECEIVED LETTERS AND 1 RELOCATED. 31 OF 33

ESTABLISHED CARE.

- ADULT CARE RETENTION: AT THE END OF 2019 WE WILL HAVE THE 12-MONTH

ADULT CARE RETENTION DATA FOR 2018, AND AT THE END OF 2020 WE WILL HAVE

THE 24-MONTH ADULT CARE RETENTION DATA FOR 2018.

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.

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, 20a, 20b, 20c, 20d, 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. PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE CANCER AND

HEALTHY LIVING EDUCATIONAL PROGRAMS.

SELECTED ACCOMPLISHMENTS:

- OVER 2,000 MEMPHIS-AREA K-12 STUDENTS RECEIVED HEALTHY LIFESTYLES

EDUCATION: THE ST. JUDE CANCER EDUCATION AND OUTREACH PROGRAM PROVIDES

STUDENTS IN GRADES K-12 EDUCATION AND POSITIVE REINFORCEMENT TO HELP

PROMOTE HEALTHY LIFESTYLE CHOICES AND TO REDUCE A CHILD'S LIFETIME RISK

OF CANCER. THE PROGRAM SPECIFICALLY ADDRESSES OBESITY, NUTRITION,

SMOKING, AND SUN EXPOSURE, IMPORTANT ISSUES IN PROMOTING CHILDHOOD

HEALTH AND PRIMARY CANCER PREVENTION. DURING THE 2018-2019 SCHOOL YEAR,

THE SCHOOL OUTREACH TEAM PARTNERED WITH 19 SCHOOLS TO DELIVER

EDUCATIONAL CONTENT TO OVER 2,000 K-12 STUDENTS IN THE MEMPHIS AREA.

- 1 RESEARCH ARTICLE RESULTED FROM THIS EVALUATION.

EXHIBIT 1

LECTURES PROVIDED:

HEALTHCARE OF CHILDHOOD CANCER SURVIVORS

- AMERICAN ACADEMY OF PEDIATRICS, NATIONAL CONFERENCE & EXHIBITION,

"AFTER THE CANCER CRISIS: LONG TERM ISSUES FOR CHILDHOOD CANCER

SURVIVORS", ORLANDO, FLORIDA, NOVEMBER 5, 2018.

- AMERICAN SOCIETY OF PEDIATRIC HEMATOLOGY ONCOLOGY ANNUAL MEETING,

**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, 20a, 20b, 20c, 20d, 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.

LUMINARY SPEAKER, "THE ROLE OF SURVIVORSHIP RESEARCH IN ADVANCING

CHILDHOOD CANCER CARE AND QUALITY OF SURVIVAL", NEW ORLEANS, LOUISIANA,

MAY 4, 2019.

- ADOLESCENT AND YOUNG ADULT LYMPHOMA SCIENTIFIC WORKSHOP AND INAUGURAL

AYA LYMPHOMA CONSORTIUM MEETING, HEALTH OUTCOMES AND SURVIVORSHIP

RESEARCH OF AYA LYMPHOMA, CHICAGO, ILLINOIS, MAY 15, 2019.

- STATE OF THE HEART: CARDIO-ONCOLOGY AT ST. JUDE, ST. JUDE GRAND

ROUNDS, ST. JUDE CHILDREN'S RESEARCH HOSPITAL MEMPHIS, TN, FEBRUARY 14,

2019.

- SURVIVING CHILDHOOD CANCER. ST. JUDE MIDWEST AFFILIATE PEDIATRIC

CANCER SURVIVORSHIP CONFERENCE, PEORIA, IL, JANUARY 2019.

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

JUDE MIDWEST AFFILIATE ASSOCIATION OF PEDIATRIC HEMATOLOGY/ONCOLOGY

NURSES (APHON), PEORIA, IL, JANUARY 2019.

- CANCER SURVIVORSHIP: LATE HEALTH EFFECTS, RISK-BASED SCREENING, AND

OPTIMIZING CARE DELIVERY. CHILDREN'S HOSPITAL OF ILLINOIS/UNIVERSITY OF

ILLINOIS COLLEGE OF MEDICINE PEDIATRIC GRAND ROUNDS, PEORIA, IL,

JANUARY 2019.

- CANCER SURVIVORSHIP: LATE HEALTH EFFECTS, RISK-BASED SCREENING, AND

OPTIMIZING CARE DELIVERY. SANFORD CHILDREN'S HOSPITAL PEDIATRIC GRAND

ROUNDS, SIOUX FALLS, SD, MAY 2019.

- OBESITY AND THE METABOLIC SYNDROME IN CHILDHOOD CANCER SURVIVORS. ST.

JUDE CHILDREN'S RESEARCH HOSPITAL AFFILIATE PHYSICIANS' CONFERENCE,

MEMPHIS, TN, MAY 2019.

"PROMISE" MAGAZINE ARTICLES PUBLISHED:



**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, 20a, 20b, 20c, 20d, 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.

COMMUNITY EDUCATION

- FIELD OF GENES: HISPANIC CHILDREN AND ALL (SPRING 2019)

- FLU FIGHTERS: HOW THE IMMUNE SYSTEM PROTECTS INFANTS FROM INFLUENZA

(WINTER 2019)

- LI-FRAUMENI: STRENGTH IN NUMBERS (AUTUMN 2018)

- EXERCISE YOUR OPTIONS (AUTUMN 2018)

- BRAIN BOOSTER (AUTUMN 2018)

- PARTNERS FOR HIV PREVENTION (SUMMER 2018)

RESEARCH ARTICLES PUBLISHED:

PALLIATIVE CARE

- KAYE, E., APPLGARTH, J., GATTAS, M., KIEFER, A., REYNOLDS, J.,

ZALUD, K., & BAKER, J. (2019) HOSPICE NURSES REQUEST PEDIATRIC-SPECIFIC

EDUCATIONAL RESOURCES AND TRAINING PROGRAMS TO IMPROVE CARE FOR

CHILDREN AND FAMILIES IN THE COMMUNITY: QUALITATIVE DATA ANALYSIS FROM

A POPULATION-LEVEL SURVEY. PALLIATIVE MEDICINE, DOI:

10.1177/0269216319866576

- KAYE, E., GATTAS, M., KIEFER, A., REYNOLDS, J., ZALUD, K., LI, C.,

LU, Z., & BAKER, J. (2019) PROVISION OF PALLIATIVE AND HOSPICE CARE TO

CHILDREN IN THE COMMUNITY: A POPULATION STUDY OF HOSPICE NURSES.

JOURNAL OF PAIN AND SYMPTOM MANAGEMENT, DOI

HTTPS://DOI.ORG/10.1016/J.JPAINSYMMA.2018.10.509

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

ACTIVITY

- AYERS, K., LI, Z., VILLALOBOS, A., & KLOSKY, J. (2019) EVALUATION 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, 20a, 20b, 20c, 20d, 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 ST. JUDE CANCER EDUCATION FOR CHILDREN PROGRAM ON CANCER RISK

AWARENESS, ATTITUDES, AND BEHAVIORAL INTENTIONS AMONG FOURTH-GRADE

SCIENCE STUDENTS: COMPARISONS BETWEEN RACIALLY

IDENTIFIABLE/HIGH-POVERTY SCHOOLS AND RACIALLY DIVERSE/AFFLUENT

SCHOOLS. JOURNAL OF CANCER EDUCATION, DOI: 10.1007/S13187-019-1476-3.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

AT THE FOLLOWING URL:

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

[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-](https://www.stjude.org/about-st-jude/financials/community-health-needs-assessment.html)

[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)

**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, 20a, 20b, 20c, 20d, 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 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)

## Part V

**Facility Information** *(continued)*

## 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) 2018

**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 \$9.6

MILLION.

PART II, COMMUNITY BUILDING ACTIVITIES:

THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL PRESIDENT AND 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 PREMISE THAT ECONOMIC GROWTH AND

PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND

SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS: GOOD JOBS, QUALITY

EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT.

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

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

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

**Part VI** Supplemental Information (Continuation)

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 STUDENTS AND YEAR-ROUND PROGRAMS FOR COLLEGE

STUDENTS. BOTH OF THESE PROGRAMS DRIVE ENTRY INTO HEALTH CAREERS. THE

DEPARTMENT ALSO ENGAGES TWELVE FULL-TIME INTERNS, 4 EACH SEMESTER, WHO ARE

EMBEDDED ON THE TEAM AND PREPARED FOR CAREERS IN NON-PROFIT LEADERSHIP OR

HEALTHCARE MANAGEMENT.

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:

- VOLUNTEERED AT A SATURDAY LEGAL CLINIC ORGANIZED BY MEMPHIS AREA LEGAL

SERVICES.

- SERVED AS CHAIR OF THE HEALTH LAW & POLICY ADVISORY BOARD OF THE CECIL



**Part VI** Supplemental Information (Continuation)

C. HUMPHREYS SCHOOL OF LAW, UNIVERSITY OF MEMPHIS.

- PRESENTED ON "LAW AND BIOETHICS" AT THE UNIVERSITY OF MEMPHIS'S CECIL C.

HUMPHREYS SCHOOL OF LAW IN MARCH 2019.

- PRESENTED ON "PRESCRIBING CONTROLLED SUBSTANCES IN TN: UNDERSTANDING NEW

STANDARDS AND LAWS AMIDST THE OPIOID EPIDEMIC" AT THE TENNESSEE ATTORNEYS

MEMO LAW CONFERENCE IN NOVEMBER 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.

- SERVED ON THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION BOARD.

- PARTICIPATED IN AN ATTORNEY HEALTH LAW PANEL AT THE CECIL C. HUMPHREYS

SCHOOL OF LAW, UNIVERSITY OF MEMPHIS.

- HOSTED SESSIONS AT ST. JUDE FOR THE EMBARK PROGRAM, WHICH IS PART OF THE

NEW MEMPHIS INSTITUTE. EMBARK IS A 3-MONTH ENGAGEMENT THAT EMPOWERS HIGH

PERFORMING TWENTYSOMETHINGS (2-7 YEARS INTO THEIR CAREERS) TO GROW AS

LEADERS AND TO BUILD RELATIONSHIPS AS THEY PREPARE TO MAKE A DIFFERENCE IN

MEMPHIS.

- PARTICIPATED IN A PROFESSIONAL SPEED NETWORKING EVENT FOR COLLEGE

STUDENTS AND RECENT GRADUATES IN MEMPHIS THROUGH THE NEW MEMPHIS

INSTITUTE.

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). THE MRPP

**Part VI** Supplemental Information (Continuation)

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 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. AS PART OF THESE ADVOCACY EFFORTS,  
MRPP WAS AWARDED \$10M IN STATE FUNDING TO UPGRADE TOM LEE PARK ON THE  
MEMPHIS RIVER FRONT.

THE ST. JUDE CHIEF GOVERNMENT AFFAIRS OFFICER CONTINUES TO SERVE ON THE  
BOARD OF COMMISSIONERS OF THE MEMPHIS AREA TRANSIT AUTHORITY (MATA). 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

**Part VI** Supplemental Information (Continuation)

MEMPHIS SCHOOL OF LAW, WHICH ENDEAVORS TO ADDRESS UNMET HEALTH LAW NEEDS  
OF THE LOCAL COMMUNITY AND WORK WITH COMMUNITY LEADERS TO PROACTIVELY  
ADDRESS HEALTH POLICY NEEDS.

THE SENIOR ASSOCIATE COUNSEL IS THE MEMPHIS BAR ASSOCIATION HEALTH LAW  
SECTION'S ELECTED REPRESENTATIVE TO THE BOARD OF THE MEMPHIS BAR  
ASSOCIATION. THE 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

**Part VI** Supplemental Information (Continuation)

FOLLOWS:

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 \$1,100,000 AND \$773,000 IN 2019 AND 2018,  
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

**Part VI** Supplemental Information (Continuation)

(HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML) AND

FINANCIAL ASSISTANCE POLICY (HTTPS://WWW.STJUDE.ORG/

LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML).

PART VI, LINE 2:

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

RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC

DISEASES IN CHILDREN.

CANCER

PEDIATRIC CANCERS ARE RARE COMPARED TO ADULT CANCERS. ONLY 11,060 NEW

CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN

2019; 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.

**Part VI** Supplemental Information (Continuation)

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  
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

**Part VI** Supplemental Information (Continuation)

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 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.

A 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 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 34,800 CANCERS ATTRIBUTABLE TO HPV OCCUR EACH YEAR

**Part VI** Supplemental Information (Continuation)

(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, 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



**Part VI** Supplemental Information (Continuation)

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  
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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/](https://www.stjude.org/treatment/patient-resources/caregiver-resources/patient-family-education-sh)  
[TREATMENT/PATIENT-RESOURCES/CAREGIVER-RESOURCES/PATIENT-FAMILY-EDUCATION-SH](https://www.stjude.org/treatment/patient-resources/caregiver-resources/patient-family-education-sh)  
[EETS/LEGAL-FINANCIAL/YOU-AND-THE-AFFORDABLE-CARE-ACT.HTML](https://www.stjude.org/treatment/patient-resources/caregiver-resources/patient-family-education-sh)). 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/legal/financial-assistance-statement.html)  
[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)) ARE POSTED  
ON THE HOSPITAL'S WEBSITE AND AVAILABLE AT REGISTRATION. THE DOCUMENTS ARE

**Part VI** Supplemental Information (Continuation)

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.  
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

**Part VI** Supplemental Information (Continuation)

TREATMENT TO ST. JUDE.

ST. JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING,  
RESEARCH-DRIVEN TREATMENTS. SPECIFICALLY, MORE THAN 8,600 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 73 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 TRIALS.

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  
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

**Part VI** Supplemental Information (Continuation)

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 GOVERNMENT AND OTHER  
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  
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

**Part VI** Supplemental Information (Continuation)

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 1,657 ONLINE  
SEMINARS, 19 SELF-PACED COURSES, AND 51 INSTRUCTOR-LED COURSES, C4K  
PROVIDES ONLINE MEETING AND CONFERENCE SPACE. IN FY19, C4K HAD 31,640  
CONTENT VIEWS WITH 4,273 UNIQUE REGISTERED USERS, AND HOSTED 1,791  
MEETINGS WITH 1,793 UNIQUE PARTICIPANTS FROM 148 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  
CHILDREN IN DEVELOPING COUNTRIES ACCESS TO MODERN TREATMENT AND CARE.

ST. JUDE IS ALSO A RESEARCH ORGANIZATION, WITH RESEARCH COVERING A BROADER

**Part VI** Supplemental Information (Continuation)

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 24% OF NEW ONCOLOGY  
PATIENTS RESIDING WITHIN THIS AREA.

FY19 NEW CANCER PATIENTS

PATIENT ORIGIN	% OF TOTAL
MEMPHIS, TN AND SURROUNDING AREA	24%
AFFILIATE REFERRAL	36%
NATIONAL REFERRAL (OTHER AREAS OF U.S.)	29%
INTERNATIONAL REFERRAL	11%
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  
PATIENTS TO BE TREATED CLOSER TO HOME AND TO INCREASE ENROLLMENT ON ST.  
JUDE CLINICAL TRIALS. THE PHYSICIANS AND STAFF AT THESE SITES WORK IN  
COLLABORATION WITH THE STAFF AT ST. JUDE TO DELIVER PROTOCOL RELATED CARE  
OR EVIDENCE BASED TREATMENT WHEN NOT PARTICIPATING IN A TRIAL TO PEDIATRIC  
HEMATOLOGY-ONCOLOGY PATIENTS, SO THAT PATIENTS CAN RECEIVE CARE CLOSER TO  
HOME. AFFILIATES ARE CURRENTLY LOCATED IN BATON ROUGE, LA, CHARLOTTE, NC,  
HUNTSVILLE, AL, JOHNSON CITY, TN, PEORIA, IL, SHREVEPORT, LA, SPRINGFIELD,  
MO, AND TULSA, OK. THE AFFILIATES' ENROLLMENT OF PATIENTS ON ST. JUDE  
CLINICAL TRIALS HELPS ST. JUDE FIND CURES FASTER AND SAVE MORE CHILDREN.

**Part VI** Supplemental Information (Continuation)

(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  
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.

**Part VI** Supplemental Information (Continuation)

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  
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



**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

\$865 MILLION IN FY19 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 90/131):

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  
GEOGRAPHIC CATCHMENT AREA. OUR SCD INFANT TODDLER PROGRAM CONTACTS AND  
ACCEPTS ALL CHILDREN DIAGNOSED WITH THE DISEASE IN OUR CATCHMENT AREA  
TO ITS COMPREHENSIVE CARE SERVICE. ADDITIONALLY, ST. JUDE PROVIDES  
TRAIT COUNSELING SERVICE TO INFANTS BORN WITH SICKLE CELL TRAIT TO 21

**Part VI** Supplemental Information (Continuation)

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 GROUP DISCUSSIONS WITH PARENTS AND PATIENTS. ST.  
JUDE HAS AN ANNUAL SICKLE CELL EDUCATION DAY FOR PATIENTS WITH SICKLE  
CELL DISEASE AND THEIR FAMILIES/CAREGIVERS. MORE THAN 250 ATTEND THIS  
EVENT EVERY YEAR. ADDITIONALLY, ST. JUDE COLLABORATES WITH NATIONAL  
ORGANIZATIONS TO PROVIDE EDUCATION TO HEALTHCARE PROVIDERS AND PEOPLE  
WITH SICKLE CELL DISEASE TO INCREASE SICKLE CELL AWARENESS. ST. JUDE  
PROVIDES FREE EDUCATIONAL BOOKLETS AND BROCHURES (HARD COPY REQUEST OR  
DOWNLOAD) ON THE HEMATOLOGY WEBSITE AS WELL AS INTERACTIVE EDUCATIONAL  
VIDEOS. PEOPLE FROM THROUGHOUT THE US AND OTHER COUNTRIES UTILIZE THE  
EDUCATIONAL WEBSITE. ST. JUDE PARTICIPATES IN NUMEROUS HEALTH FAIRS,

**Part VI** Supplemental Information (Continuation)

SCHOOL PROGRAMS, AND OTHER COMMUNITY EVENTS TO INCREASE KNOWLEDGE AND  
AWARENESS OF HEMATOLOGICAL DISORDERS AND THEIR IMPACT ON THE PATIENTS  
AND THE COMMUNITY.

ST. JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY 800 CHILDREN  
PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A  
STRONG RELATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS. CHILDREN FROM THE  
GEOGRAPHIC CATCHMENT AREA OF ST. JUDE (AS OUTLINED ABOVE) WITH  
ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA,  
SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA AND OTHER NON-  
MALIGNANT HEMATOLOGIC DISORDERS ARE REFERRED TO AND RECEIVE  
STATE-OF-THE-ART CARE FROM ST. JUDE PHYSICIANS AND MEDICAL STAFF. ST.  
JUDE IS ONE OF A SELECT GROUP OF 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

**Part VI** Supplemental Information (Continuation)

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  
VIABLE CURES AND/OR TREATMENTS TO PREVENT COMPLICATIONS IN CHILDREN  
WITH SCD AND OTHER NON-MALIGNANT, CHRONIC HEMATOLOGIC DISEASES.

HIV

THE CONNECT TO PROTECT (C2P) COMMUNITY COALITION LED BY MEMBERS OF THE  
HOSPITAL'S COMPREHENSIVE HIV PREVENTION AND TREATMENT PROGRAM FOR  
CHILDREN AND YOUTH, HAS SIGNIFICANTLY CONTRIBUTED TO THE STRONG  
COMMUNITY TIES THAT ST. JUDE HAS ESTABLISHED AND STRENGTHENED. LAUNCHED  
IN 2008, C2P IS MADE UP OF 25 PARTNER AGENCIES REPRESENTING A DIVERSE  
MIX OF STAKEHOLDERS FROM VARIOUS SECTORS IN MEMPHIS. THIS INCLUDES THE  
HEALTH DEPARTMENT, FAITH- AND COMMUNITY-BASED ORGANIZATIONS, SCHOOLS,  
BUSINESSES, YOUTH AND HEALTH CARE ORGANIZATIONS; ALL ALIGNED WITH THE  
COMMON GOAL OF OPTIMIZING HIV PREVENTION AND TREATMENT. THE STRENGTH OF  
THIS COALITION HAS BEEN TO PROVIDE A NON-THREATENING, COLLABORATIVE  
ENVIRONMENT WHERE INDIVIDUALS AND AGENCIES WITH DIFFERENT BACKGROUNDS  
AND PRIORITIES HAVE BEEN ABLE TO COLLABORATIVELY IMPLEMENT OVER 70 NEW  
POLICIES, PRACTICES AND PROGRAMS THAT IMPACT HIV PREVENTION AND  
TREATMENT IN YOUTH. IN THIS COALITION WE HAVE LEARNED AND SHARED BEST  
PRACTICES, AND TOGETHER, IDENTIFIED AND DEVELOPED NEW STRUCTURAL CHANGE  
OBJECTIVES TO ADDRESS IMPEDIMENTS THAT PREVENT YOUTH FROM MOVING ALONG

**Part VI** Supplemental Information (Continuation)

THE HIV PREVENTION AND TREATMENT CARE CONTINUUM.

HAVING ACCESS TO, AND COMMITMENT FROM, SUCH A DIVERSE GROUP OF PEOPLE

AND ORGANIZATIONS HAS ALLOWED FOR SHARED RESPONSIBILITY IN TRANSFORMING

THE HEALTH TRAJECTORY OF THE CITY. THE COALITION DESIGNED A STRATEGIC

PLAN THAT SPECIFICALLY ADDRESSES YOUTH BARRIERS TO TESTING,

TRANSITIONING TO ADULT CARE, PRE-EXPOSURE PROPHYLAXIS AND LINKAGE OF

NEWLY DIAGNOSED HIV+ YOUTH TO MEDICAL CARE. AS BARRIERS ARE IDENTIFIED,

MEMBERS ENGAGE IN DIALOGUE AND DISCUSSIONS WITH KEY STAKEHOLDERS, AND

STRATEGIZE FOR POLICY AND PRACTICE CHANGES RELATED TO COMMONLY

IDENTIFIED OBSTACLES SUCH AS DISCLOSURE, TIMELINES OF CONFIRMATORY

TEST, MEDICATION/APPOINTMENT, SOCIAL DETERMINANTS AND ADHERENCE. SINCE

IMPLEMENTING THE STRATEGIC MULTISITE INITIATIVE FOR LINKAGE AND

ENGAGEMENT (SMILE) LINKAGE TO CARE PROGRAM IN 2010, WE HAVE BEEN ABLE

TO ASSIST APPROXIMATELY 800 YOUTH AND YOUNG ADULTS WITH GETTING INTO

MEDICAL CARE. THIS SUCCESS HAS GARNERED NATIONAL ATTENTION AND HAS BEEN

RECOGNIZED BY THE CENTERS FOR DISEASE CONTROL AS A BEST PRACTICE MODEL.

AS A RESULT, WE HAVE BEEN WORKING COLLABORATIVELY WITH THE SHELBY

COUNTY HEALTH DEPARTMENT AND OTHER ADULT SPECIALTY CARE CLINICS, ON

WAYS TO REPLICATE AND EXPAND OUR MODEL OF LINKAGE TO CARE AND TREATMENT

THAT WE HAVE BUILT FOR YOUTH. THE GOAL IS THAT ALL NEWLY DIAGNOSED

ADULTS CAN RECEIVE THE SAME TYPE OF SERVICE AND SUPPORT THAT WILL

ENABLE THEM TO SUCCESSFULLY MOVE ALONG THE HIV CARE CONTINUUM.

IN AN EFFORT TO FURTHER SUPPORT THOSE PATIENTS THAT MATRICULATE

ALONG THE HIV CARE CONTINUUM, WE INSTITUTED A RETENTION IN CARE (RIC)

PROGRAM THAT PROVIDES SUPPORT TO YOUTH AND YOUNG ADULT PATIENTS WHO

FIND MAINTAINING CONSISTENT MEDICAL TREATMENT AND CARE A CHALLENGE.



**Part VI** Supplemental Information (Continuation)

SINCE 2016, THE RIC COORDINATOR HAS CAREFULLY AND TACTFULLY WORKED TO

ASSURE THAT APPROXIMATELY 20 PATIENTS ARE AS SUCCESSFUL AS POSSIBLE

WITH TRANSITIONING TO ADULT MEDICAL CARE WITHOUT ANY GAPS OR DELAYS.

OUR ABILITY TO FORGE STRONG PARTNERSHIPS AND INROADS IN THE PUBLIC AND

PRIVATE SECTORS HAS ALSO ASSISTED US WITH OUR NEWEST RESEARCH

INITIATIVE, INJECTABLE PREP (PRE-EXPOSURE PROPHYLAXIS) OR HPTN (HIV

PREVENTION TRIALS NETWORK) 083. SINCE 2017, WE HAVE BEEN ABLE TO

RECRUIT 93 UNINFECTED HIGH-RISK YOUNG ADULT VOLUNTEERS TO DETERMINE THE

EFFICACY OF USING BIOMEDICAL PREVENTION IN OUR COMMUNITY AND MET OUR

TWO YEAR RECRUITMENT GOAL (64) IN THE FIRST YEAR.

FOR OVER A YEAR, C2P MEMBERS ALONGSIDE ST. JUDE COORDINATING CENTER

STAFF, HAS BEEN SYSTEMATICALLY WORKING ON AN ENDING THE HIV EPIDEMIC IN

MEMPHIS IMPLEMENTATION PLAN. RECOGNIZING THE STRENGTH AND VALUE OF THE

INFRASTRUCTURE, MEMBERS COMMITTED TO CONTINUE CROSS-AGENCY

COLLABORATION TO BUILD OUT A COMMUNITY DRIVEN PLAN THAT WOULD

SUFFICIENTLY ADDRESS COMMUNITY NEEDS.

LASTLY, MEMBERS FROM THE COALITION HAVE CO-FACILITATED AND/OR PARTICIPATED

IN APPROXIMATELY 30 COMMUNITY BASED EDUCATIONAL AND TESTING EVENTS, AND

RADIO/TELEVISION INTERVIEWS THAT HAVE IMPACTED WELL OVER 5,000

INDIVIDUALS IN MEMPHIS AND SURROUNDING AREAS. OUR HIV PREVENTION AND

TREATMENT PROGRAM HAS REALLY VALUED THE STRONG AND BI-DIRECTIONAL

COLLABORATION WITH COLLEAGUES IN THE COMMUNITY. WITH A SHARED FOCUS,

WHAT WE HAVE BEEN ABLE TO ACHIEVE WITH OUR LINKAGE TO CARE, RETENTION

IN CARE AND PREP EFFORTS, WOULD NOT HAVE BEEN FEASIBLE WITHOUT THIS

TYPE OF COMMUNITY AGENCY BUY-IN AND SUPPORT.

**Part VI** Supplemental Information (Continuation)

1. AMERICAN CANCER SOCIETY. CANCER FACTS & FIGURES 2019. ATLANTA:

AMERICAN CANCER SOCIETY; 2019.

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  
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-](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 96/131):

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

SERVICES FOR MORE THAN 2,800 NATIONAL AND 1,100 INTERNATIONAL PHYSICIAN

REQUESTS. FOR FY19 PATIENT CONSULTATIONS BY CONTINENT TOTALED 3,941 AS

FOLLOWS:

CONTINENT	NUMBER OF PATIENT CONSULTATIONS
NORTH AMERICA (INCL. CENTRAL AMERICA AND CARIBBEAN)	3,087
SOUTH AMERICA	231
EUROPE	147
AFRICA	44
ASIA	371
AUSTRALIA	53
UNKNOWN LOCATION	8
TOTAL	3,941

**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

**2018**

**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	787,209.	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)	200,000.	0.			FINANCIAL SUPPORT
FASEB SCIENCE RESEARCH 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-0700497	501(C)(3)	15,000.	0.			SUPPORT HEMATOLOGIC MALIGNANCIES CONFERENCE
NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS - 600 13TH STREET NW, SUITE 500 - WASHINGTON, DC 20005	58-2176067	501(C)(6)	13,900.	0.			CONTRIBUTION
REGIONAL ONE HEALTHCARE FOUNDATION 877 JEFFERSON AVENUE MEMPHIS, TN 38103	58-1737037	501(C)(3)	6,500.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **5.**
- 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) (2018)**

**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

**2018**

**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) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	790,449.	0.	49,746.	99,580.	19,111.	958,886.	46,182.
(2) JAMES R. DOWNING PRESIDENT/CEO	(i)	1,054,860.	150.	79,487.	120,250.	23,803.	1,278,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA A. KEEL SVP/CFO	(i)	586,894.	150.	8,204.	59,327.	26,304.	680,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES I. MORGAN EVP/SCIENTIFIC DIRECTOR	(i)	558,621.	150,150.	9,015.	30,250.	26,304.	774,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	(i)	736,703.	150.	5,030.	141,650.	22,110.	905,643.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARY ANNA QUINN EVP/CHIEF ADMIN. OFFICER	(i)	461,803.	150.	9,015.	30,250.	23,744.	524,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	(i)	773,267.	150.	1,491.	143,106.	12,492.	930,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	(i)	624,364.	150.	78,673.	60,250.	11,075.	774,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREW DAVIDOFF CHAIR	(i)	745,756.	18,250.	69,927.	30,250.	30,517.	894,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAVID ELLISON CHAIR	(i)	712,822.	17,850.	5,074.	93,501.	16,216.	845,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) AMAR J. GAJJAR CHAIR	(i)	620,681.	28,250.	58,531.	30,250.	18,136.	755,848.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THOMAS E. MERCHANT CHAIR	(i)	772,181.	18,050.	98,992.	30,250.	34,077.	953,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) CHING-HON PUI CHAIR	(i)	703,277.	28,050.	8,790.	30,250.	7,295.	777,662.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) WILLIAM E. EVANS FACULTY/FORMER PRESIDENT/CEO	(i)	654,652.	17,850.	8,790.	30,250.	11,075.	722,617.	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 TWO FIRST CLASS TICKETS,  
TWO OFFICERS EACH PURCHASED ONE FIRST CLASS TICKET. TRAVEL EXPENSES ARE  
REIMBURSED UNDER AN ACCOUNTABLE PLAN AND ARE 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 ARE NOT RECORDED AS COMPENSATION.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: A PAYMENT WAS ISSUED FOR  
RELOCATION FOR ONE OFFICER. 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.

NO NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO ANY LISTED

PERSONS IN PART VII.

## 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

**2018**

**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) 2018

**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	529,674.	EMPLOYMENT		X
SUSANNA DOWNING	SEE PART V	71,398.	EMPLOYMENT		X
DIANE ROBERTS	SEE PART V	221,400.	EMPLOYMENT		X
JEREMY QUINN	SEE PART V	87,543.	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: \$529,674

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: SUSANNA DOWNING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PRESIDENT AND CEO, JAMES R. DOWNING.

(C) AMOUNT OF TRANSACTION: \$71,398

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: DIANE ROBERTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, CHARLES M. ROBERTS.

**Part V** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION: \$221,400

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: JEREMY QUINN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, MARY ANNA QUINN.

(C) AMOUNT OF TRANSACTION: \$87,543

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**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.

OMB No. 1545-0047

**2018**

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.

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

ON SEPTEMBER 14, 2018, ST. JUDE CHILDREN'S RESEARCH HOSPITAL MADE THE

FOLLOWING AMENDMENTS TO ITS BYLAWS:

ARTICLE IV, SECTION 3 OF THE ST. JUDE BYLAWS WAS AMENDED TO REQUIRE THAT A

MINIMUM OF 70% OF THE INDIVIDUALS ELECTED BOARD MEMBERS BE INDEPENDENT AND

REPRESENT THE COMMUNITY IN ACCORDANCE WITH APPLICABLE LAW AND GOVERNANCE

POLICIES ADOPTED BY THE INDEPENDENT MEMBERS OF THE BOARD. IN RELATED

AMENDMENTS TO ITS COI POLICY, THE BOARD STATED A BOARD MEMBER IS

"INDEPENDENT" IF HE/SHE WOULD BE CONSIDERED INDEPENDENT UNDER THE IRS'

SECTION 501(C)(3) COMMUNITY BENEFIT STANDARD, AND PROVIDED GUIDANCE FOR

THAT CONSIDERATION.

ARTICLE VI, SECTION 1 OF THE ST. JUDE BYLAWS WAS AMENDED TO REQUIRE THAT

ALL MEMBERS OF THE AUDIT, COMPENSATION, AND CONFLICT OF INTEREST

COMMITTEES, AND 70% OF ALL OTHER COMMITTEES, BE INDEPENDENT AS DETERMINED

IN ACCORDANCE WITH APPLICABLE LAW AND GOVERNANCE POLICIES ADOPTED BY THE

INDEPENDENT MEMBERS OF THE BOARD.

ARTICLE XVI, SECTION 1 OF THE ST. JUDE BYLAWS WAS AMENDED TO REQUIRE THAT

NO MORE THAN TWO FAMILY MEMBERS AS DEFINED IN THE BYLAWS SHALL SERVE AS

VOTING MEMBERS OF ANY BOARD COMMITTEE AT THE SAME TIME; AND TO UPDATE THE

BOARD'S DEFINITION OF FAMILY MEMBER.

ON JUNE 21, 2019, ST. JUDE CHILDREN'S RESEARCH HOSPITAL MADE THE FOLLOWING

AMENDMENTS TO ITS BYLAWS:

ARTICLE VI, SECTION 1, PARAGRAPH 3 OF THE ST. JUDE BYLAWS WAS AMENDED TO

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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REDEFINE NOMINATING COMMITTEE MEMBERSHIP TO INCLUDE THE FOUR (4) MOST

RECENT ACTIVE AND ELIGIBLE FORMER CHAIRS OF THE ALSAC AND HOSPITAL BOARDS

AND THREE (3) OTHER VOTING MEMBERS WHO ARE NOT FORMER BOARD CHAIRS, EACH OF

WHOM SHALL HAVE BEEN A VOTING MEMBER IN GOOD STANDING FOR A MINIMUM OF FIVE

(5) CONSECUTIVE YEARS. IF A VOTING MEMBER HAS SERVED AS CHAIR OF BOTH THE

ALSAC AND HOSPITAL BOARDS, ONLY HIS OR HER MOST RECENT TERM SHALL BE

CONSIDERED FOR NOMINATING COMMITTEE MEMBERSHIP. A FORMER CHAIR OF THE ALSAC

OR HOSPITAL BOARDS SHALL BE DEEMED TO BE ACTIVE AND ELIGIBLE FOR NOMINATING

COMMITTEE MEMBERSHIP IF THEY ARE A VOTING MEMBER OF THE BOARD DURING THE

PRIOR FISCAL YEAR. THE CEOS AND THE CURRENT CHAIRS AND VICE CHAIRS OF THE

ALSAC AND HOSPITAL BOARDS ARE NOT ELIGIBLE TO SERVE AS MEMBERS OF THE

NOMINATING COMMITTEE.

ARTICLE VII OF THE ST. JUDE BYLAWS WAS AMENDED TO CREATE ACTIVE AND

INACTIVE EMERITUS STATUS.

ARTICLE VI, SECTION 1 OF THE ST. JUDE BYLAWS WAS AMENDED TO MERGE THE AUDIT

AND LEGAL & COMPLIANCE COMMITTEES INTO AN AUDIT & COMPLIANCE COMMITTEE.

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

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL  
REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD OF GOVERNOR'S CONFLICT OF  
INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. THERE  
IS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD THAT REVIEWS THE ANNUAL  
CONFLICT OF INTEREST DISCLOSURE STATEMENTS THAT ARE COMPLETED BY EACH BOARD  
MEMBER AND DISCUSSES AND RESOLVES CONFLICTS OF INTEREST, WITH OPPORTUNITY  
FOR APPEAL TO THE FULL BOARD. IN ADDITION, THE ORGANIZATION HAS A CHIEF  
COMPLIANCE OFFICER AND COMPLIANCE DEPARTMENT, WHICH ADMINISTER THE CONFLICT  
OF INTEREST DISCLOSURE PROCESS FOR ALL EMPLOYEES IN CLINICAL, RESEARCH, AND  
SELECT ADMINISTRATIVE DEPARTMENTS, AS WELL AS EMPLOYEES IDENTIFIED AS  
SUPERVISORS OR WHO HAVE PURCHASING AUTHORITY. ALL SUCH EMPLOYEES COMPLETE  
CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE  
ANNUALLY. THE COMPLIANCE OFFICER ENSURES EMPLOYEES MEET THESE REQUIREMENTS  
AND REVIEWS SUBMITTED DISCLOSURES. DISCLOSURES IDENTIFIED AS AN ACTUAL OR  
POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH  
INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS  
APPROPRIATE. DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY BE  
MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

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,



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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 2019.

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 NET ASSETS OF ALSAC WITHOUT DONOR

RESTRICTIONS	580,106,392.
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CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITH DONOR

RESTRICTIONS	90,106,130.
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TOTAL TO FORM 990, PART XI, LINE 9	670,212,522.
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ADDITIONAL HEALTH NEEDS IDENTIFIED

IN ADDITION TO THE ACTIONS OUTLINED WITH THE PREVIOUSLY CONDUCTED 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:

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

REHABILITATION SERVICES, CLINIC SPACE, HOUSING, AND TRAVEL COSTS.

4. EVALUATE RESOURCES IN ACT IN ANTICIPATION OF AN INCREASE IN ACT

PATIENT VOLUMES.

SELECTED ACCOMPLISHMENTS:

- PROGRAM IS FULLY OPERATIONAL (AS OF DECEMBER 1, 2018). IN THE FIRST 6  
MONTHS, WE WORKED WITH 185 PATIENTS.

- WE ARE NEARLY FULLY-STAFFED WITH THREE NURSE PRACTITIONERS, THREE  
SCHOOL LIAISONS, TWO SOCIAL WORKERS, AND A REHAB SERVICES COORDINATOR.

OUR PSYCHOLOGIST WILL START SEPTEMBER 2019.

- PRIOR TO THE END OF THERAPY, PATIENTS MEET THE NURSE PRACTITIONER  
NAVIGATOR FOR AN INTRODUCTION TO THE PROGRAM, HAVE INITIAL VISITS WITH

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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PSYCHOLOGY, SCHOOL LIAISON (IF SCHOOL-AGE), REHAB COORDINATOR (IF

APPLICABLE), AND NP NAVIGATOR. AT THE END OF THERAPY, PATIENTS MEET

WITH SOCIAL WORKER AND NP NAVIGATOR. NP NAVIGATOR MAKES PHONE CONTACT

WITH FAMILY TO PROSPECTIVELY ASSESS FOR CONCERNS BETWEEN APPOINTMENTS.

SUBSEQUENT APPOINTMENTS WITH TOP TEAM MEMBERS ARE SCHEDULED AS NEEDED.

PATIENTS WHO DO NOT RECEIVE PSYCHOLOGICAL TESTING AS PART OF THEIR

TREATMENT PROGRAM ARE ELIGIBLE FOR ABBREVIATED TESTING TO SCREEN FOR

COGNITIVE CONCERNS.

- 18-MONTH ASSESSMENT PLANNED FOR JUNE 2020.

- OUTCOMES AND MEASUREMENT STRATEGIES ARE STILL BEING DEFINED.

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.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. IMPLEMENT GOALS, STRATEGIES, AND ACTIONS FOR AN HPV INITIATIVE.

SELECTED ACCOMPLISHMENTS:

THE ST. JUDE TEAM LOOKED FOR OPPORTUNITIES TO NETWORK WITH EXPERTS IN

THE FIELD INCLUDING ATTENDING EUROGIN 2018 INTERNATIONAL

MULTIDISCIPLINARY HPV CONGRESS IN DECEMBER 2018 AND BECAME INVOLVED IN

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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THE HPV NATIONAL ROUNDTABLE AND TWO OF ITS SUBCOMMITTEES, STATE

COALITIONS AND INTEGRATED DELIVERY SYSTEMS (IDS):

- ST. JUDE SERVED AS THE HOST SITE FOR THE INAUGURAL MEETING OF THE

INTEGRATED DELIVERY SYSTEMS (IDS) TASK GROUP FROM THE NATIONAL HPV

ROUNDTABLE ON JANUARY 24, 2019. REPRESENTATIVES FROM THE CENTERS FOR

DISEASE CONTROL, HEALTH AND HUMAN SERVICES, AMERICAN CANCER SOCIETY

(ACS) AND HEALTH SYSTEMS ACROSS THE COUNTRY GATHERED AT ST. JUDE FOR A

WORKING MEETING TO STRATEGIZE ON ENGAGEMENT OF IDSS TO INCREASE HPV

VACCINE UPTAKE.

- WE WERE ALSO INVITED TO PARTICIPATE IN THE HPV STATE COALITION

LEADERS MEETING AT UNIVERSITY OF ALABAMA, BIRMINGHAM (UAB) ON MARCH

4-5, 2019.

- VOLUNTEERED TO AUTHOR A JOINT HPV VACCINE SUPPORT STATEMENT TO BE

USED AS AN EDUCATION AND PARTNERSHIP BUILDING TOOL WITH

LAWMAKERS/POLICY MAKERS IN TENNESSEE ON BEHALF OF OUR STATE COALITION

MEMBERS. THE DRAFT FOR THIS JOINT STATEMENT IS CURRENTLY WITH

VANDERBILT INGRAM CANCER CENTER FOR REVIEW.

- ST. JUDE WAS INVITED TO PARTICIPATE AS A PARTNER AT A CONGRESSIONAL

BRIEFING TITLED "LET'S END HPV-RELATED CANCERS" IN WASHINGTON D.C. TO

BE HELD ON JUNE 27TH. SPONSORS INCLUDE AACR, MOFFITT CANCER CENTER AND

THE BIDEN CANCER INITIATIVE. THIS BRIEFING WILL BE FOLLOWED BY A

TWO-HOUR STRATEGY SESSION HOSTED BY THE BIDEN CANCER INITIATIVE WHERE

ST. JUDE WILL HAVE A SEAT AT THE TABLE.

STRATEGY SUMMIT: THE ALL-DAY INTERACTIVE MEETING WAS HELD ON MAY 6TH AT

ST. JUDE TO GUIDE STRATEGY AND IMPLEMENTATION OF THE HPV BLUE SKY

INITIATIVE. A TOTAL OF MORE THAN 60 INDIVIDUALS, INCLUDING INTERNAL

LEADERSHIP, EXTERNAL EXPERTS AND LOCAL STAKEHOLDERS, PARTICIPATED IN

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

**Employer identification number**  
62-0646012

THE WORKSHOP. THE DAY FEATURED TALKS FROM INTERNATIONALLY RECOGNIZED

EXPERTS IN HPV AS WELL AS IN-DEPTH FACILITATED SMALL GROUP DISCUSSIONS

AMONG EXTERNAL, LOCAL AND INTERNAL STAKEHOLDERS.

DR. MELISSA HUDSON WAS COMMISSIONED TO LEAD THE SEARCH COMMITTEE FOR

THE FACULTY DIRECTOR OF THE INITIATIVE. THE SEARCH COMMITTEE WILL MEET

IN EARLY JULY TO BEGIN SCHEDULING ONSITE INTERVIEWS.

**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.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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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	1,446,385.	3,090,916.	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	1,534.	731,953.	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 38105-3678	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.

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<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 (i) interest, (ii) annuities, (iii) royalties, or (iv) 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

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, 2019 and 2018, 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, 2019 and 2018, 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, 2019 and 2018, 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.

Deloitte & Touche LLP

October 4, 2019

# ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2019 AND 2018

	2019	2018
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash	\$ 4,118,944	\$ 1,110,291
Accounts receivable:		
Patient care services—net	18,476,506	18,945,273
Grants and contracts	29,362,954	22,491,694
Other	2,552,031	2,758,213
Inventories	9,042,686	7,732,327
Prepaid expenses and other assets	<u>19,016,975</u>	<u>13,941,837</u>
Total current assets	82,570,096	66,979,635
ASSETS LIMITED AS TO USE	2,370,565	2,222,796
INTEREST IN NET ASSETS OF ALSAC	5,366,070,585	4,695,858,063
PROPERTY AND EQUIPMENT—Net	<u>763,227,185</u>	<u>669,110,408</u>
TOTAL	<u>\$6,214,238,431</u>	<u>\$5,434,170,902</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Accounts payable	\$ 83,870,233	\$ 66,806,509
Accrued payroll costs	49,392,207	41,525,290
Employee health liability costs	<u>3,902,000</u>	<u>3,945,000</u>
Total current liabilities	137,164,440	112,276,799
DEFERRED REVENUES FROM GRANTS AND CONTRACTS	14,186,821	15,399,715
OTHER LONG-TERM LIABILITIES	<u>3,197,474</u>	<u>3,621,636</u>
Total liabilities	<u>154,548,735</u>	<u>131,298,150</u>
NET ASSETS:		
Without donor restrictions	4,972,521,523	4,305,810,709
With donor restrictions	<u>1,087,168,173</u>	<u>997,062,043</u>
Total net assets	<u>6,059,689,696</u>	<u>5,302,872,752</u>
TOTAL	<u>\$6,214,238,431</u>	<u>\$5,434,170,902</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, 2019 AND 2018

	2019			2018		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES, GAINS, AND OTHER SUPPORT:						
Net patient service revenue	\$ 109,172,619	\$ -	\$ 109,172,619	\$ 117,420,862	\$ -	\$ 117,420,862
Research grants and contracts	109,635,882	-	109,635,882	94,401,470	-	94,401,470
Net investment income	147,768	-	147,768	179,364	-	179,364
Other	<u>24,595,112</u>	<u>-</u>	<u>24,595,112</u>	<u>18,895,861</u>	<u>-</u>	<u>18,895,861</u>
Total revenues, gains, and other support	<u>243,551,381</u>	<u>-</u>	<u>243,551,381</u>	<u>230,897,557</u>	<u>-</u>	<u>230,897,557</u>
EXPENSES:						
Program services:						
Patient care services	490,685,639	-	490,685,639	457,825,537	-	457,825,537
Research	436,938,714	-	436,938,714	410,716,516	-	410,716,516
Education, training, and community services	<u>29,338,061</u>	<u>-</u>	<u>29,338,061</u>	<u>21,767,276</u>	<u>-</u>	<u>21,767,276</u>
Total program services	956,962,414	-	956,962,414	890,309,329	-	890,309,329
Supporting services—administrative and general	<u>64,479,887</u>	<u>-</u>	<u>64,479,887</u>	<u>60,406,303</u>	<u>-</u>	<u>60,406,303</u>
Total expenses	<u>1,021,442,301</u>	<u>-</u>	<u>1,021,442,301</u>	<u>950,715,632</u>	<u>-</u>	<u>950,715,632</u>
CHANGE IN INTEREST IN NET ASSETS OF ALSAC	<u>580,106,392</u>	<u>-</u>	<u>580,106,392</u>	<u>553,518,977</u>	<u>-</u>	<u>553,518,977</u>
LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT	<u>(627,023)</u>	<u>-</u>	<u>(627,023)</u>	<u>(7,552,294)</u>	<u>-</u>	<u>(7,552,294)</u>
EXPENSES IN EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT	(198,411,551)	-	(198,411,551)	(173,851,392)	-	(173,851,392)
NET SUPPORT RECEIVED FROM ALSAC	865,122,365	-	865,122,365	755,384,652	-	755,384,652
NET ASSETS TRANSFERRED FROM ALSAC	-	-	-	2,017,179	-	2,017,179
CHANGE IN INTEREST IN NET ASSETS OF ALSAC	<u>-</u>	<u>90,106,130</u>	<u>90,106,130</u>	<u>-</u>	<u>59,405,137</u>	<u>59,405,137</u>
CHANGES IN NET ASSETS	666,710,814	90,106,130	756,816,944	583,550,439	59,405,137	642,955,576
NET ASSETS—Beginning of year	<u>4,305,810,709</u>	<u>997,062,043</u>	<u>5,302,872,752</u>	<u>3,722,260,270</u>	<u>937,656,906</u>	<u>4,659,917,176</u>
NET ASSETS—End of year	<u>\$ 4,972,521,523</u>	<u>\$ 1,087,168,173</u>	<u>\$ 6,059,689,696</u>	<u>\$ 4,305,810,709</u>	<u>\$ 997,062,043</u>	<u>\$ 5,302,872,752</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, 2019 AND 2018

	2019			2018		
	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	\$ 515,358,937	\$ 30,390,464	\$ 545,749,401	\$ 476,992,101	\$ 28,574,913	\$ 505,567,014
PROFESSIONAL FEES AND CONTRACT SERVICES	155,798,347	12,005,052	167,803,399	143,173,060	10,041,680	153,214,740
SUPPLIES	148,137,514	2,339,034	150,476,548	135,791,691	2,482,999	138,274,690
TELEPHONE	1,268,803	183,524	1,452,327	1,267,531	186,340	1,453,871
OCCUPANCY	28,172,117	4,973,247	33,145,364	29,543,727	5,319,390	34,863,117
TRAVEL AND MEETINGS	14,417,046	462,029	14,879,075	11,980,144	437,629	12,417,773
MISCELLANEOUS	<u>12,499,530</u>	<u>4,446,263</u>	<u>16,945,793</u>	<u>13,926,266</u>	<u>4,336,877</u>	<u>18,263,143</u>
TOTAL BEFORE DEPRECIATION	875,652,294	54,799,613	930,451,907	812,674,520	51,379,828	864,054,348
DEPRECIATION	<u>81,310,120</u>	<u>9,680,274</u>	<u>90,990,394</u>	<u>77,634,809</u>	<u>9,026,475</u>	<u>86,661,284</u>
TOTAL FUNCTIONAL EXPENSES	<u>\$ 956,962,414</u>	<u>\$ 64,479,887</u>	<u>\$ 1,021,442,301</u>	<u>\$ 890,309,329</u>	<u>\$ 60,406,303</u>	<u>\$ 950,715,632</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, 2019 AND 2018

	2019	2018
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	\$ 756,816,944	\$ 642,955,576
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Support received from ALSAC	(865,122,365)	(755,384,652)
Change in interest in net assets of ALSAC	(670,212,522)	(612,924,114)
Depreciation	90,990,394	86,661,284
Net realized and unrealized investment gain	(147,769)	(177,556)
Loss from disposal of property and equipment	627,023	7,552,294
Transfer from affiliate	-	(2,017,179)
Changes in operating assets and liabilities:		
Accounts receivable	(6,196,311)	(4,122,079)
Inventories	(1,310,359)	(226,981)
Prepaid expenses and other assets	(5,075,138)	2,236,013
Accounts payable and other accrued liabilities	7,141,381	896,013
Deferred revenues from grants and contracts	<u>(1,212,894)</u>	<u>4,099,887</u>
Net cash used in operating activities	<u>(693,701,616)</u>	<u>(630,451,494)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Capital expenditures	(168,466,682)	(123,881,905)
Proceeds from the sale of property and equipment	<u>54,586</u>	<u>37,928</u>
Net cash used in investing activities	<u>(168,412,096)</u>	<u>(123,843,977)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Support received from ALSAC	<u>865,122,365</u>	<u>755,384,652</u>
Net cash provided by financing activities	<u>865,122,365</u>	<u>755,384,652</u>
NET CHANGE IN CASH	3,008,653	1,089,181
CASH—Beginning of year	<u>1,110,291</u>	<u>21,110</u>
CASH—End of year	<u>\$ 4,118,944</u>	<u>\$ 1,110,291</u>
NON-CASH INVESTING AND FINANCING ACTIVITIES—Capital expenditures, on account	<u>\$ 17,322,098</u>	<u>\$ (1,416,108)</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, 2019 AND 2018

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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 8,600 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 82,000 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"), a not-for-profit corporation established to build awareness and raise funds to support the operations of 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 self-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 net assets without donor restrictions or net assets with donor restrictions, 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 2019 or 2018.

**Net Assets**—Net assets, revenues, gains, and losses are classified based on the existence or absence of donor imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

**Net Assets without Donor Restrictions**—Net assets available for use in general operations and not subject to donor restrictions. The governing board has not designated from net assets without donor restrictions, other than the board-designated endowment fund and board-designated self-insurance funding, any other net assets to be restricted for specific purposes.

**Net Assets with Donor Restrictions**—Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources 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 \$1,100,000 and \$773,000 in 2019 and 2018, 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 \$214,800,000 and \$107,700,000 in 2019 and 2018, 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 \$14,700,000 and \$11,300,000 for the years ended June 30, 2019 and 2018, 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.

**Functional expenses**—The costs of providing program and other activities have been summarized on a functional basis in the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among program services and supporting services benefited. Such allocations are determined by management on an equitable basis using the following methods:

<b>Expense Category</b>	<b>Method of Allocation</b>
Salaries and benefits	Gross salaries
Professional fees and contract services	Nature of activity
Supplies	Purchase requisitions
Telephone	Full time equivalent
Occupancy	Square footage
Travel and meetings	Travel expenses
Miscellaneous	Nature of activity
Depreciation	Square footage / cost center assignment

**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 uncollectible accounts, 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 (“CGL”) and St. Jude Children’s Research Hospital Graduate School of Biomedical Sciences, LLC (“SJGS”). The purpose of CGL 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 4, 2019, 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 (Topic 606)*, 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 the Hospital’s 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 2018, the FASB issued ASU No. 2018-15, *Intangibles-Goodwill and Other-Internal-Use Software, (Subtopic 350-40) Customer’s Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract*. This standard provides guidance on the accounting for implementation costs incurred in a cloud computing arrangement (CCA) that is a service contract and requires entities to account for such costs consistent with the guidance on capitalizing costs associated with developing or obtaining internal-use software. The standard is effective for all entities for fiscal years 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.

**Change in Accounting Principle**—In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Entities (Topic 958) – Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. Management has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

## 2. LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

	2019
Financial assets at year end:	
Cash	\$ 4,118,944
Accounts receivable:	
Patient care services-net	18,476,506
Grants and contracts	29,362,954
Other	2,552,031
Assets limited as to use	<u>2,370,565</u>
 Total financial assets	 56,881,000
 Less amounts not available to be used within one year:	
Assets limited as to use	<u>(2,370,565)</u>
 Financial assets available within one year	 <u>\$ 54,510,435</u>

Additionally, 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.

## 3. 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 \$2,370,565 and \$2,222,796 for the years ended June 30, 2019 and 2018, respectively.

The composition of net investment income for the years ended June 30, 2019 and 2018, is as follows:

	2019	2018
Interest and dividend income	\$ 11,974	\$ 11,469
Net realized and unrealized investment gain	<u>135,794</u>	<u>167,895</u>
 Total investment income	 <u>\$147,768</u>	 <u>\$179,364</u>

#### 4. PROPERTY AND EQUIPMENT

A summary of property and equipment as of June 30, 2019 and 2018, is as follows:

	2019	2018
Leasehold interests:		
Land improvements	\$ 14,042,381	\$ 11,819,985
Buildings and improvements	1,042,449,718	1,019,203,153
Owned property:		
Equipment	362,761,094	348,166,882
Computer software	72,757,094	66,546,540
Construction in progress	<u>186,390,599</u>	<u>74,533,638</u>
	1,678,400,886	1,520,270,198
Less accumulated depreciation	<u>(915,173,701)</u>	<u>(851,159,790)</u>
Total	<u>\$ 763,227,185</u>	<u>\$ 669,110,408</u>

All land improvements, buildings, and building improvements are leased from ALSAC. The major terms of the lease are described in Note 14. 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, 2019, was principally composed of \$142,113,554 of costs related to the Advanced Research Center. The Advanced Research Center, with a total estimated cost of \$413,000,000 will be used primarily for laboratory research and scientific collaboration and is expected to be substantially complete in calendar year 2021.

#### 5. 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, 2019 and 2018, consisted of the following:

	<b>2019</b>	<b>2018</b>
Commercial insurance	\$ 42,552,205	\$ 48,343,467
Medicaid	33,236,644	33,127,880
Blue Cross	29,413,543	33,647,026
Other third-party payors	<u>3,970,227</u>	<u>2,302,489</u>
Total	<u>\$ 109,172,619</u>	<u>\$ 117,420,862</u>

## **6. 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 \$126,100,000 and \$116,000,000 in 2019 and 2018, respectively. Management's estimate of costs incurred to provide charity care were \$96,800,000 and \$89,700,000 in 2019 and 2018, respectively.

In addition to the patient care benefits described above, the Hospital provides significant research benefits to the broader community and other outreach programs.

## **7. 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, 2019 and 2018, is as follows:

	<b>2019</b>	<b>2018</b>
Commercial insurance	48 %	52 %
Blue Cross	26	23
Medicaid	22	24
Other third-party payors	<u>4</u>	<u>1</u>
Total	<u>100 %</u>	<u>100 %</u>

## **8. 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 by the Hospital to the plan were approximately \$26,200,000 and \$23,800,000 for the years ended June 30, 2019 and 2018, respectively.

## 9. 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, 2019 and 2018, and for the years then ended is as follows:

	<b>2019</b>	<b>2018</b>
Assets:		
Cash and investments	\$ 5,191,081,747	\$ 4,540,306,597
Other assets	<u>270,024,065</u>	<u>240,293,315</u>
Total assets	<u>\$ 5,461,105,812</u>	<u>\$ 4,780,599,912</u>
Total liabilities	<u>\$ 95,035,227</u>	<u>\$ 84,741,849</u>
Net assets:		
Without donor restrictions	4,278,902,412	3,698,796,020
With donor restrictions	<u>1,087,168,173</u>	<u>997,062,043</u>
Total net assets	<u>5,366,070,585</u>	<u>4,695,858,063</u>
Total liabilities and net assets	<u>\$ 5,461,105,812</u>	<u>\$ 4,780,599,912</u>
Revenues, gains, and other support	<u>\$ 2,081,168,859</u>	<u>\$ 1,862,577,976</u>
Expenses:		
Hospital support	865,122,365	755,384,652
Other program services	142,395,893	131,996,753
Supporting services	<u>403,394,327</u>	<u>360,296,688</u>
Total expenses	<u>1,410,912,585</u>	<u>1,247,678,093</u>
Gain (loss) from disposal of property and equipment	<u>(43,752)</u>	<u>41,410</u>
Net assets transferred to the Hospital	<u>-</u>	<u>(2,017,179)</u>
Changes in net assets	670,212,522	612,924,114
Net assets—beginning of year	<u>4,695,858,063</u>	<u>4,082,933,949</u>
Net assets—end of year	<u>\$ 5,366,070,585</u>	<u>\$ 4,695,858,063</u>

**Investments**—The composition of investments as of June 30, 2019 and 2018, is as follows:

	<b>2019</b>	<b>2018</b>
Global equity	\$ 1,972,411,797	\$ 1,679,610,796
Marketable alternatives	1,357,388,781	1,252,489,484
Real assets	366,625,874	454,730,352
Private equity	777,719,090	619,305,444
Fixed income	446,999,466	323,314,327
Cash	<u>126,956,938</u>	<u>67,395,956</u>
Total	<u>\$ 5,048,101,946</u>	<u>\$ 4,396,846,359</u>

The composition of net investment income (loss) for the years ended June 30, 2019 and 2018, is as follows:

	<b>2019</b>	<b>2018</b>
Net realized and unrealized investment gains	\$ 335,260,654	\$ 345,313,053
Interest and dividend income	29,632,000	25,303,360
Investment expenses	<u>(1,865,807)</u>	<u>(1,379,680)</u>
Net investment income	<u>\$ 363,026,847</u>	<u>\$ 369,236,733</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 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, 2019 and 2018, are as follows:

<b>2019</b>					
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Net Asset Value</b>	<b>Total</b>
Global equity	\$ 520,091,582	\$ -	\$ -	\$ 1,452,320,215	\$ 1,972,411,797
Marketable alternatives	4,753,859	-	5,914,527	1,346,720,395	1,357,388,781
Real assets	126,827,849	-	239,798,025	-	366,625,874
Private equity	-	-	777,719,090	-	777,719,090
Fixed income	75,346,705	-	-	371,652,761	446,999,466
Cash	<u>126,956,938</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>126,956,938</u>
Total	<u>\$853,976,933</u>	<u>\$ -</u>	<u>\$ 1,023,431,642</u>	<u>\$ 3,170,693,371</u>	<u>\$ 5,048,101,946</u>

  

<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 alternatives	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>

There were no significant transfers between Level 1 and Level 2 (asset-level reclassification) during the years ended June 30, 2019 and 2018.

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, 2019 and 2018, are as follows:

	<b>Marketable Alternative</b>	<b>Real Assets</b>	<b>Private Equity</b>	<b>Total</b>
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>(c)</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	3,954,327	229,734,125	619,305,444	852,993,896
Transfers into Level 3 <sup>(b)</sup>	3,317,927	-	-	3,317,927
Purchases	483	55,671,790	129,035,419	184,707,692
Sales	(509,590)	(620,490)	-	(1,130,080)
Distributions	(548,899)	(50,054,695)	(82,315,599)	(132,919,193)
Interest and dividends	20,524	3,558,118	4,947,660	8,526,302
Realized gain <sup>(a)</sup>	467,422	20,174,436	58,084,611	78,726,469
Unrealized gain (loss) <sup>(a)</sup>	<u>(787,667)</u>	<u>(18,665,259)</u>	<u>48,661,555</u>	<u>29,208,629</u>
Ending balance—June 30, 2019	<u>\$ 5,914,527</u>	<u>\$ 239,798,025</u>	<u>\$ 777,719,090</u>	<u>\$ 1,023,431,642</u>

<sup>(a)</sup> The total amounts of realized gain and unrealized gain (loss) are included in net investment income in the statements of activities.

<sup>(b)</sup> Transfers into Level 3 relate to two funds which announced their termination as of the June 30, 2019 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 to liquidation on the same schedule as the remaining tranches in the funds. The value of these tranches has 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.

Private equity and real assets do not have a readily determinable market value. Fair values are based on information provided by the fund managers along with audited financial information using either the market approach or an income approach, each of which requires a significant degree of judgment. There is no active trading market for these investments, and they are for the most part illiquid. Due to the significant unobservable inputs, the fair value measurements used to estimate their fair value are a Level 3 input.

ALSAC is obligated under certain investment contracts to periodically advance funding up to contractual levels. Such commitments were approximately \$658,803,000 and \$526,496,000 at June 30, 2019 and 2018, respectively.

ALSAC uses fund NAV as a practical expedient to estimate the fair value of ALSAC ownership interest for funds which (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, 2019 and 2018, are as follows:

<b>2019</b>	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Global equity <sup>(a)</sup>	\$1,452,320,215	\$ -	Daily, monthly, quarterly greater than one year	0-60 days
Marketable alternatives <sup>(b)</sup>	1,346,720,395	-	Monthly, quarterly, annually, greater than one year	30-180 days
Fixed income <sup>(c)</sup>	<u>371,652,761</u>	<u>-</u>	Daily	0-30 days
Total	<u>\$3,170,693,371</u>	<u>\$ -</u>		
<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
Fixed income <sup>(c)</sup>	<u>296,775,158</u>	<u>-</u>	Daily	0-30 days
Total	<u>\$2,768,676,265</u>	<u>\$ -</u>		

There is approximately \$71,309,000 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 \$65,409,000 is expected to be completed within the next year. Illiquid balances expected to be distributed in the longer term remain from funds terminated in 2017, 2016, 2015, and prior years total approximately \$3,219,000, \$105,000, \$2,275,000, and \$301,000, 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> Consists of U.S. Treasury securities employing a constant duration strategy and is liquid on a daily basis.

## 10. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions as of June 30, 2019 and 2018, are restricted for the following purposes:

	2019	2018
Endowments:		
Subject to spending policy and appropriation		
Future needs of the hospital	\$ 699,585,399	\$ 684,190,931
Endowed chairs	217,609,474	203,898,523
Treatment and research	<u>34,482,713</u>	<u>32,428,445</u>
Total endowments	951,677,586	920,517,899
Subject to the passage of time	85,476,067	76,538,433
Net assets restricted to purpose	<u>50,014,520</u>	<u>5,711</u>
Total net assets with donor restrictions	<u>\$ 1,087,168,173</u>	<u>\$ 997,062,043</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended June 30, 2019 and 2018:

	2019	2018
Spending from donor-restricted endowment funds under an endowment spending policy	\$ 31,784,955	\$ 47,659,139
Expiration of split interest agreements	5,152,635	2,169,322
Restricted purpose spending		
Patient housing remodeling	-	5,416,205
Financial assistance	3,500	-
Expiration of time restrictions	<u>-</u>	<u>1,000</u>
Total	<u>\$ 36,941,090</u>	<u>\$ 55,245,666</u>

## 11. NET ASSETS WITHOUT DONOR RESTRICTIONS

The composition of net assets without donor restrictions as of June 30, 2019 and 2018 is as follows:

	2019	2018
Cash and cash equivalents	\$ 96,730,532	\$ 144,405,673
Receivables	86,960,687	74,225,256
Investments	3,908,880,476	3,297,003,091
Inventories	9,042,686	7,732,327
Board-designated endowments	103,673,358	104,180,431
Board-designated self-insurance funding	2,370,565	2,222,796
Property and equipment, net	983,734,854	875,079,625
Deferred expenses and other assets	<u>30,712,327</u>	<u>17,001,509</u>
Total assets without donor restrictions	5,222,105,485	4,521,850,708
Less liabilities	<u>(249,583,962)</u>	<u>(216,039,999)</u>
Net assets without donor restrictions	<u>\$ 4,972,521,523</u>	<u>\$ 4,305,810,709</u>

## 12. 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, 2019 and 2018.

## 13. 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 \$1,800,000 and \$2,400,000 as of June 30, 2019 and 2018, 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, 2019 and 2018. 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 as of June 30, 2019 and 2018. 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 statements of activities 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, 2020, January 1, 2020, and December 31, 2019, respectively.

#### 14. LEASES

Rental expense for all operating leases was approximately \$2,700,000 and \$2,800,000 for the years ended June 30, 2019 and 2018, respectively.

A schedule by year of future minimum lease payments under operating leases as of June 30, 2019, that have initial or remaining lease terms in excess of one year is as follows:

##### **Years Ending June 30**

2020	\$ 1,234,837
2021	1,157,325
2022	985,989
2023	824,563
2024	440,035
Thereafter	<u>230,651</u>
Total	<u>\$ 4,873,400</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, 2019 and 2018, is as follows:

	<b>2019</b>	<b>2018</b>
Land improvements	\$ 14,042,381	\$ 11,819,985
Buildings and improvements	<u>1,042,449,718</u>	<u>1,019,203,153</u>
	1,056,492,099	1,031,023,138
Less accumulated depreciation	<u>(605,049,457)</u>	<u>(557,742,510)</u>
Total	<u>\$ 451,442,642</u>	<u>\$ 473,280,628</u>

There are no future minimum lease payments under this capital lease.

## **15. 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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