

Form **990**
(Rev. January 2020)
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 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 262 DANNY THOMAS PLACE City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105-3678	D Employer identification number 62-0646012
	F Name and address of principal officer: JAMES R. DOWNING SAME AS C ABOVE	E Telephone number (901) 595-3903
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	J Website: ▶ WWW.STJUDE.ORG	G Gross receipts \$ 1,238,803,363.
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1959	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
		H(c) Group exemption number ▶
		M State of legal domicile: TN

Part I Summary

	1	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		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	43
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5693
	6	Total number of volunteers (estimate if necessary)	6	1146
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	974,758,247.	1,094,131,374.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	109,172,619.	125,905,299.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-556,846.	-193,341.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,595,111.	18,338,842.
			1,107,969,131.	1,238,182,174.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,538,019.	1,519,684.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	545,749,401.	597,891,284.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	474,154,881.	504,569,569.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,021,442,301.	1,103,980,537.	
	19 Revenue less expenses. Subtract line 18 from line 12	86,526,830.	134,201,637.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	6,214,238,431.	6,740,895,238.
	22	Net assets or fund balances. Subtract line 21 from line 20	154,548,735.	176,671,371.
		6,059,689,696.	6,564,223,867.	

Part II Signature Block

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

Sign Here	Signature of officer PAT KEEL, EVP, CAO & CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name FRANCIS J. BEDARD	Preparer's signature <i>Francis Bedard</i>
	Firm's name ▶ DELOITTE TAX LLP	Date 03/10/2021
	Firm's address ▶ 1033 DEMONBREUN, SUITE 400 NASHVILLE, TN 37203	Check if self-employed <input type="checkbox"/> PTIN P00752421
		Firm's EIN ▶ 86-1065772
		Phone no. (615) 259-1800

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Taxpayer identification number (TIN) 62-0646012
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 262 DANNY THOMAS PLACE	
	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 TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 17, 2021 , 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, 2019 , and ending JUN 30, 2020 .

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 Balance due. 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 Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 \$ 517,968,948. including grants of \$ 1,494,309.) (Revenue \$ 131,089,600.) PATIENT CARE: THE HOSPITAL PROVIDED 19,201 INPATIENT DAYS OF CARE DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 4,622 OR 24% OF THOSE INPATIENT DAYS. PATIENTS MADE 70,374 CLINIC VISITS DURING THE YEAR.

4b (Code:) (Expenses \$ 477,972,478. including grants of \$ 25,375.) (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 \$ 34,572,326. 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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,030,513,752.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5693		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15	X	
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 43 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 40		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE ABOUSSIE VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(2) SUSAN MACK AQUILLARD, MD VOTING DIRECTOR	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	8.00 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 4.00	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 L. 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 HADDAD, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(19) PAUL K. HAJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(20) CHUCK HAJJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(21) FOUAD HAJJAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(22) FREDERICK R. HARRIS, JR., MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(23) BRUCE B. HOPKINS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(24) J. DAVID KARAM, II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(25) SHARON L. MCCOLLAM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(26) MICHAEL D. MCCOY VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								12,440,071.	900,090.	1,092,254.
d Total (add lines 1b and 1c)								12,440,071.	900,090.	1,092,254.

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 **1,159**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO, LLC 2179 HILLSHIRE CIRCLE, MEMPHIS, TN 38133	CONSTRUCTION CONTRACTOR	129,822,811.
METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE, MEMPHIS, TN 38104	MEDICAL SERVICES	8,189,784.
BELZ CONSTRUCTION SERVICES, 100 PEABODY PLACE SUITE 1400, MEMPHIS, TN 38103	CONSTRUCTION CONTRACTOR	6,845,817.
CERNER CORP, 2800 ROCKCREEK PARKWAY, KANSAS CITY, MO 64117	SOFTWARE SUPPORT	6,343,136.
CS3, INC. 8634 LADURL DRIVE, BARTLETT, TN 38133	GENERAL CONTRACTOR	5,788,763.

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 **294**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT T. MOLINET, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(28) RAMZI NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(29) THOMAS PENN, III VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(30) CHRISTINA M. RASHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(31) CAMILLE F. SARROUF, JR., ESQ. VOTING DIRECTOR	4.00 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) SUSAN R. WINDHAM-BANNISTER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(41) TAMA ZAYDON VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(42) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR	1.00 55.00	X						0.	900,090.	120,371.
(43) JAMES R. DOWNING PRESIDENT/CEO	55.00 1.00	X		X				2,269,403.	0.	55,482.
(44) PATRICIA A. KEEL EVP, CAO & CFO	55.00 0.00			X				617,676.	0.	84,912.
(45) JAMES I. MORGAN EVP/SCIENTIFIC DIRECTOR	55.00 0.00			X				595,863.	0.	57,982.
(46) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	55.00 0.00			X				771,578.	0.	166,470.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	974,742,522.				
	e Government grants (contributions)	1e	105,923,093.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,465,759.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,094,131,374.			
Program Service Revenue	2 a PATIENT CARE	Business Code	621110	125,905,299.	125,905,299.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			125,905,299.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			10,608.		10,608.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			9,196,260.		9,196,260.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	344,678.			
			(ii) Other		72,562.		
	b Less: cost or other basis and sales expenses	7b		297,325.	323,864.		
	c Gain or (loss)	7c		47,353.	-251,302.		
d Net gain or (loss)			-203,949.	-251,302.	47,353.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CAFETERIA/VENDING	Business Code	722514	3,706,979.		3,706,979.	
	b CHGME/CHCA		900099	2,511,652.	2,511,652.		
	c HHMI		900099	314,924.	314,924.		
	d All other revenue		900099	2,609,027.	2,609,027.		
	e Total. Add lines 11a-11d			9,142,582.			
12 Total revenue. See instructions			1,238,182,174.	131,089,600.	0.	12,961,200.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,519,684.	1,519,684.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,356,160.	3,495,905.	3,860,255.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,564,318.	708,944.	855,374.	
7 Other salaries and wages	452,819,491.	419,082,100.	33,737,391.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,647,071.	25,587,221.	2,059,850.	
9 Other employee benefits	76,986,205.	71,250,335.	5,735,870.	
10 Payroll taxes	31,518,039.	29,169,782.	2,348,257.	
11 Fees for services (nonemployees):				
a Management	36,333,252.	33,992,094.	2,341,158.	
b Legal	1,804,215.	1,687,959.	116,256.	
c Accounting	305,521.	285,835.	19,686.	
d Lobbying	84,348.		84,348.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	109,370,899.	96,037,224.	13,333,675.	
12 Advertising and promotion	842,586.	788,293.	54,293.	
13 Office expenses	2,481,229.	2,435,712.	45,517.	
14 Information technology	44,044,149.	41,206,134.	2,838,015.	
15 Royalties				
16 Occupancy	38,017,464.	29,410,311.	8,607,153.	
17 Travel	10,901,555.	9,940,852.	960,703.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,593,303.	1,167,854.	425,449.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	93,150,613.	83,259,639.	9,890,974.	
23 Insurance	1,481,772.	1,027,337.	454,435.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICAL SUPPLIES	60,909,957.	59,792,596.	1,117,361.	
b LABORATORY SUPPLIES	55,911,370.	54,885,706.	1,025,664.	
c TELEPHONE	1,419,444.	1,241,128.	178,316.	
d ALLOCATION ADJUSTMENTS	0.	22,219,502.	-22,219,502.	
e All other expenses	45,917,892.	40,321,605.	5,596,287.	
25 Total functional expenses. Add lines 1 through 24e	1,103,980,537.	1,030,513,752.	73,466,785.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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
Assets	1 Cash - non-interest-bearing	4,118,944.	1	4,829,004.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	29,362,954.	3	32,617,969.
	4 Accounts receivable, net	21,028,537.	4	24,494,869.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,042,686.	8	16,624,122.
	9 Prepaid expenses and deferred charges	19,016,975.	9	21,891,614.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,902,926,436.		
	b Less: accumulated depreciation	10b 1,001,320,421.	763,227,185.	10c 901,606,015.
	11 Investments - publicly traded securities	2,370,565.	11	2,418,680.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,366,070,585.	15	5,736,412,965.
16 Total assets. Add lines 1 through 15 (must equal line 33)	6,214,238,431.	16	6,740,895,238.	
Liabilities	17 Accounts payable and accrued expenses	137,164,440.	17	158,393,691.
	18 Grants payable		18	
	19 Deferred revenue	14,186,821.	19	14,752,839.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,197,474.	25	3,524,841.
	26 Total liabilities. Add lines 17 through 25	154,548,735.	26	176,671,371.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,972,521,523.	27	5,495,421,852.
	28 Net assets with donor restrictions	1,087,168,173.	28	1,068,802,015.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	6,059,689,696.	32	6,564,223,867.
33 Total liabilities and net assets/fund balances	6,214,238,431.	33	6,740,895,238.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,238,182,174.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,103,980,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	134,201,637.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,059,689,696.
5	Net unrealized gains (losses) on investments	5	-9,846.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	370,342,380.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	6,564,223,867.

Part XII Financial Statements and Reporting

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

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

Form **990** (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	895,523,715.	753,145,680.	851,803,301.	974,758,247.	1094131374.	4569362317.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	895,523,715.	753,145,680.	851,803,301.	974,758,247.	1094131374.	4569362317.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						4569362317.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	895,523,715.	753,145,680.	851,803,301.	974,758,247.	1094131374.	4569362317.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,681,881.	4,641,541.	11,308,521.	14,733,405.	9,206,868.	51,572,216.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,775,862.	20,138,461.	7,598,809.	9,873,680.	9,142,582.	53,529,394.
11 Total support. Add lines 7 through 10						4674463927.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	97.75 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.61 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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:

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

\$ 7,598,809 - TOTAL OTHER INCOME

2018

\$ 4,454,476 - CAFETERIA/VENDING

\$ 2,344,673 - CHGME/CHCA

\$ 363,869 - HHMI

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.)

\$ 2,710,662 - OTHER REVENUE

\$ 9,873,680 - TOTAL OTHER INCOME

2019

\$ 3,706,979 - CAFETERIA/VENDING

\$ 2,511,652 - CHGME/CHCA

\$ 314,924 - HHMI

\$ 2,609,027 - OTHER REVENUE

\$ 9,142,582 - 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 for the latest information.

OMB No. 1545-0047

2019

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 foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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	<hr/> <hr/> <hr/>	\$ 974,742,522.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

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

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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

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
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 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:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		20,197.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		64,151.
j Total. Add lines 1c through 1i			84,348.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

AMOUNT LISTED IS PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS PLUS

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

FEE FOR DIRECT 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 for instructions and the latest information.**

OMB No. 1545-0047

2019
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 (for example, 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 FASB 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 FASB 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 FASB 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 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)		
Total. (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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	5,736,412,965.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,736,412,965.

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	1,588,462.
(3) WORKERS COMPENSATION	1,356,370.
(4) OWNER CONTROLLED INSURANCE PROGRAM	580,009.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,524,841.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	652,138,344.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-9,846.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	388,708,538.
e	Add lines 2a through 2d	2e	388,698,692.
3	Subtract line 2e from line 1	3	263,439,652.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	974,742,522.
c	Add lines 4a and 4b	4c	974,742,522.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,238,182,174.

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

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

1	Total expenses and losses per audited financial statements	1	1,103,980,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,103,980,537.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,103,980,537.

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, 2020, 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 2017 THROUGH 2020 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 388,708,538.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC 974,742,522.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

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	1,515,523.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	6,065,816.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	2,749,024.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	4,364,159.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,140,436.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	66,463.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	915,300.
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	16,499.
3 a Subtotal	0	1			16,833,220.
b Total from continuation sheets to Part I	0	0			191,769.
c Totals (add lines 3a and 3b)	0	1			17,024,989.

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

Schedule F (Form 990) 2019

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) 2019

Part V Supplemental Information

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

PART I, LINE 3:

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

ON CONTRACTUAL OBLIGATIONS UPON RECEIPT OF SUPPORTING DOCUMENTATION.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 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		
3 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.		
a 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 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
c 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.		
4 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	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c 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
6a Did the organization prepare a community benefit report during the tax year?		X
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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			83,857,004.	194,572.	83,662,432.	7.58%
b Medicaid (from Worksheet 3, column a)			172,765,694.	38,138,011.	134,627,683.	12.19%
c Costs of other means-tested government programs (from Worksheet 3, column b)			10,216,073.	2,133,293.	8,082,780.	.73%
d Total. Financial Assistance and Means-Tested Government Programs			266,838,771.	40,465,876.	226,372,895.	20.50%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			28,970,716.		28,970,716.	2.62%
f Health professions education (from Worksheet 5)			15,011,950.	291,034.	14,720,916.	1.33%
g Subsidized health services (from Worksheet 6)			29,378,651.		29,378,651.	2.66%
h Research (from Worksheet 7)			426,077,746.	80,831,917.	345,245,829.	31.27%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,820,970.		1,820,970.	.16%
j Total. Other Benefits			501,260,033.	81,122,951.	420,137,082.	38.04%
k Total. Add lines 7d and 7j			768,098,804.	121,588,827.	646,509,977.	58.54%

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
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 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):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 18</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 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:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	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)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	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)		
16	Was widely publicized within the community served by the hospital facility?	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) 2019

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
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

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

	Yes	No
22 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.		
a <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 <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		
c <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		
d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 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.	23	X
24 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.	24	X

Schedule H (Form 990) 2019

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, EVP, CAO & 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 WOMEODU, 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 ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

ACTIONS DESCRIBED IN PART V, SECTION B, LINE 19 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

(06/30/20)

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

THE THIRD CHNA WAS CONDUCTED AND ADOPTED AT THE END OF FISCAL YEAR

2019; THEREFORE, THESE HEALTH NEEDS WILL BE ADDRESSED OVER TAX YEARS

2019 THROUGH 2021.

HEALTH NEEDS NOT BEING ADDRESSED

IN ORDER TO EFFECTIVELY ADDRESS THE NEEDS IDENTIFIED, ST. JUDE IS

FOCUSING ON THE NEEDS OUTLINED ABOVE. THE COMMUNITY HEALTH NEEDS

ASSESSMENT IDENTIFIED THE IMPORTANCE OF PARTNERSHIPS AND COLLABORATIONS

TO BUILD TO MEET THE HEALTH AND MEDICAL NEEDS OF CHILDREN, INCLUDING

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.

BUT NOT LIMITED TO COMMUNITY PARTNERS METHODIST LE BONHEUR HEALTHCARE
AND CHURCH HEALTH CENTER. ST. JUDE DOES NOT HAVE THE CAPACITY OR
RESOURCES TO MEET ALL NEEDS OF ALL CHILDREN AND THEIR FAMILIES, GIVEN
ITS FOCUSED MISSION AND MODEL OF PROVIDING SPECIALIZED SERVICES TO
CHILDREN IN CRISIS. STRATEGIC PARTNERSHIPS WITH OTHER HEALTHCARE
PROVIDERS, SUCH AS METHODIST LE BONHEUR HEALTHCARE, ALONG WITH
PARTNERSHIPS WITH SCHOOLS AND COMMUNITY-BASED ORGANIZATIONS ALLOW ST.
JUDE TO CREATE A NETWORK OF RESOURCES THAT THEY CAN LEVERAGE TO MEET
THE HEALTH AND SOCIAL NEEDS OF A WIDER COMMUNITY OF PATIENTS AND THEIR
FAMILIES.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. DID TAKE THE FOLLOWING
ACTIONS DURING FISCAL YEAR 2020 WITH RESPECT TO ITS MOST RECENT CHNA IN
FISCAL YEAR 2019:

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

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.

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 8,000 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

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

DEVELOPED UNIQUE RESOURCES THAT ALLOW A SIGNIFICANT PORTION OF PATIENTS

TO BE TREATED AS OUTPATIENTS WHO MAY HAVE BEEN ADMITTED AS INPATIENTS

AT MOST HOSPITALS. THIS IS ACCOMPLISHED THROUGH PATIENT HOUSING

DEDICATED SOLELY TO ST. JUDE PATIENT FAMILIES DESIGNED WITH INFECTION

CONTROL MEASURES SUCH AS HEPA AIR FILTRATION, INFECTION-RESISTANT

SURFACES AND OTHER MEDICAL SAFEGUARDS THAT ARE NOT AVAILABLE IN HOTELS

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

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.

DISORDERS.

ST. JUDE ALSO OPERATES ST. JUDE GLOBAL. ITS MISSION IS TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE THROUGH THE SHARING OF KNOWLEDGE, TECHNOLOGY AND

ORGANIZATIONAL SKILLS. THERE ARE 3 OVERRIDING GOALS:

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

MISSION

- TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED

INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR

CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL DISEASES

- TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND HEMATOLOGY

THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE LEVEL AND

QUALITY OF CARE DELIVERED AROUND THE GLOBE

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

RESEARCH DISCOVERIES PERTAIN TO DISEASES THAT ARE BEYOND THE SCOPE OF

DISEASES TREATED AS A PRIMARY DIAGNOSIS AT ST. JUDE.

FOR THE PURPOSES OF THE FISCAL YEAR 2019 CHNA AND THIS IMPLEMENTATION

PLAN, 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 2019

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;

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.

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, IMPROVING

COORDINATION OF CARE AND IMPROVING CHILD HEALTH STATUS. THESE AIMS

OFTEN ADDRESS MULTIPLE ISSUES IDENTIFIED IN THE CHNA. GIVEN THE SUCCESS

OF THE CURRENT ST. JUDE COMMUNITY BENEFIT ACTIVITIES WITH ITS PATIENT

POPULATION - CHILDREN WITH CATASTROPHIC DISEASE - ST. JUDE WILL

CONTINUE TO ADDRESS THESE THREE AIMS WITH THE CORRESPONDING INITIATIVES

BELOW:

AIM #1 IMPROVING ACCESS TO CARE

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 HOSPICE AND PALLIATIVE MEDICINE (HPM)

AND OFFER EDUCATIONAL OPPORTUNITIES FOR HPM.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. RECRUIT AND TRAIN FIVE PHYSICIAN FELLOWS IN THE HPM FELLOWSHIP

TRAINING PROGRAM, 2 PEDIATRIC FELLOWS, 3 ADULT/MED-PEDS FELLOWS.

2. PROVIDE TRAINING IN PALLIATIVE CARE FOR HEALTHCARE PERSONNEL THROUGH

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.

TARGETED CONFERENCES AND OTHER EDUCATIONAL OPPORTUNITIES INCLUDING

END-OF-LIFE NURSING EDUCATION CONSORTIUM (ELNEC) CONFERENCE, A REGIONAL

ELNEC OFFERING FOR OUR REGIONAL HOSPICE AND PALLIATIVE CARE NURSES, AN

INSTITUTION-DEVELOPED QUALITY OF LIFE SEMINAR, AND A 1-DAY REGIONAL

PEDIATRIC ONCOLOGY PALLIATIVE CARE CONFERENCE.

3. EDUCATE COMMUNITY PROVIDERS ABOUT HPM THROUGH COMMUNITY-BASED

BRIDGING PROGRAMS FOR HOME HEALTH AND HOSPICE CARE THROUGH THE QUALITY

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

4. ENHANCE TRAINING OPPORTUNITIES WITH ST. JUDE AFFILIATES.

SELECTED ACCOMPLISHMENTS:

- COMPLETED SUCCESSFUL TRAINING OF 2 PEDIATRIC HOSPICE AND PALLIATIVE

MEDICINE FELLOWS AS WELL AS 3 ADULT/MED-PEDS HOSPICE AND PALLIATIVE

MEDICINE FELLOWS.

- PRIOR TO COVID 19 PANDEMIC, WE HOSTED ONE ELNEC SEMINAR, 1 QOL

SEMINAR AND ONE COMMUNITY HOSPICE EDUCATIONAL SEMINAR, TRAINING

APPROXIMATELY 125-150 MEDICAL PROVIDERS IN PRIMARY HOSPICE AND

PALLIATIVE MEDICINE.

- 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. THESE EVENTS HAVE CONTINUED VIRTUALLY SINCE MARCH

2020.

- VIRTUAL LEARNING EVENTS WITH AFFILIATE PARTNERS HOSTED TWICE.

PEDIATRIC HEALTH NEED:

SERVICES AND RESOURCES FOR CAREGIVERS

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.

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS; IHOPE NETWORK,
MASSACHUSETTS

ANTICIPATED OUTCOME:

- REDUCE TIME FROM REFERRAL TO FIRST APPOINTMENT FOR PRIMARY CAREGIVERS
WHO HAVE NO ACCESS TO MENTAL HEALTH SERVICES.

- INCREASE NUMBER OF PRIMARY CAREGIVERS WITH ACCESS TO MENTAL HEALTH
SERVICES THROUGH TELE-MENTAL HEALTH.

- TO PROVIDE SERVICES IN A LOCATION CONVENIENT TO THE PRIMARY CAREGIVER
WITHOUT REQUIRING TRAVEL OR EXTENDED TIME AWAY FROM THE PATIENT.

- TO FOSTER A BETTER ABILITY OF PARENTS AND CAREGIVERS TO ASSIST IN THE
CARE OF THEIR CHILD BY PROVIDING ACCESS TO MENTAL HEALTH CARE.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. DEVELOP AN INSTITUTIONAL PARENT MENTAL HEALTH TASK FORCE WITH
REPRESENTATION FROM RELEVANT SERVICES.

2. INTRODUCE NINA ANTONIOTTI, DIRECTOR OF INTEROPERABILITY AND PATIENT
ENGAGEMENT, TO THE TELEHEALTH SUBCOMMITTEE OF THE PARENT MENTAL HEALTH
TASK FORCE.

3. DEVELOP CRITERIA FOR TELE-MENTAL HEALTH AND OUTCOMES OF THE PROGRAM.

4. WRITE AN RFP, INCLUDING FEEDBACK FROM DEPARTMENT OF PSYCHOLOGY AND
SOCIAL WORK.

5. SEND OUT REQUEST FOR PROPOSALS, TO BE RETURNED BY MAY 28, 2019.

6. SELECTION OF COMPANIES FOR ONSITE DEMONSTRATIONS WITH SUBCOMMITTEE.

7. SELECTION OF FINAL TELE-MENTAL HEALTH COMPANY.

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.

8. REVIEW OF ARCADIAN TELEPSYCHIATRY SERVICE AGREEMENT BY ST. JUDE

LEGAL SERVICES.

9. BEGIN WORKFLOW DOCUMENTATION FOR REFERRALS, INCLUDING PROCESS FOR

CAREGIVERS HAVING PRESCRIPTIONS FILLED AT THE ST. JUDE PHARMACY.

SELECTED ACCOMPLISHMENTS:

- CHANGED TELE-MENTAL HEALTH PROVIDER TO IHOPE RESULTING IN MORE

AVAILABLE CLINICIANS AND BETTER REFERRAL PROCESS.

- REFERRED 46 PATIENTS AND CAREGIVERS FOR SERVICES TO THE TELE-MENTAL

HEALTH PROVIDER.

- CREATED AN AUTOMATED PROCESS FOR IHOPE REFERRALS TO BE NOTED AND

TRACKED IN SHAREPOINT FOR PRESCRIPTION AUTHORIZATION AND PAYMENT OF

INVOICES.

- HAVE PERFORMANCE MANAGEMENT PROCESS IN PLACE BETWEEN TELEHEALTH,

PSYCHOSOCIAL SERVICES, AND IHOPE TO TRACK REFERRALS AND OUTCOMES.

- DECREASED TIME FROM REFERRAL TO FIRST APPOINTMENT FOR CAREGIVERS FOR

TELE-MENTAL HEALTH - SOMETIMES AS LITTLE AS ONE DAY.

AIM #2 IMPROVING COORDINATION OF CARE

PEDIATRIC HEALTH NEED:

TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE - SICKLE CELL

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

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.

CENTER (MCSCC)

ANTICIPATED OUTCOME:

- INCREASE THE NUMBER OF PATIENTS WITH SICKLE CELL DISEASE WHO

ESTABLISH SUSTAINED ADULT CARE AFTER LEAVING PEDIATRIC CARE AT ST.

JUDE.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

ENHANCE A SEAMLESS TRANSITION FROM PEDIATRIC CARE.

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

CO-LOCATION OF PEDIATRIC AND ADULT HEMATOLOGY PROVIDERS.

3. AUGMENT FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS

WITH HEMATOLOGIC AND ONCOLOGIC DISEASES, THROUGH DEVELOPMENT OF DISEASE

EDUCATIONAL CURRICULUM, TRAINING MODULES AND WEBSITE TO FOSTER

INCREASED ADOLESCENT AUTONOMY AND MEDICAL LITERACY.

4. RECRUIT FOR NEW SICKLE CELL FELLOWSHIP.

SELECTED ACCOMPLISHMENTS:

- RECRUITMENT OF TWO NEW ADULT HEMATOLOGISTS WHO WILL WORK AT ST. JUDE

IN THE ADOLESCENT CLINIC AND WILL BE PART OF THE TRANSITION TO ADULT

CARE PROGRAM.

- WE FINALIZED THE VIRTUAL REALITY MODULE TO TEACH PATIENTS THE BASIC

TRANSITION SKILLS IN ADULT CARE (APPOINTMENT SCHEDULING, MEDICATION

REFILL, AND INSURANCE BENEFITS). THIS PROGRAM WILL LAUNCH THIS MONTH.

- WE WILL BRING THE FIRST APPLICANT TO THE COMBINED PEDS-ADULT SICKLE

CELL FELLOWSHIP TO INTERVIEW. THIS FELLOW WILL START FELLOWSHIP IN JULY

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.

2021 AND WILL WORK AT BOTH ST. JUDE AND THE ADULT PARTNER HOSPITALS IN
MEMPHIS.

- ONE OF OUR PEDS HEME/ONC FELLOWS WHO STARTED THIS PAST JULY IS ALSO
DOING A COMBINED PEDS-ADULT FELLOWSHIP. IN JULY 2021 HE WILL SPEND ONE
ENTIRE YEAR IN THE ADULT HOSPITALS AND WILL THEN RETURN TO ST. JUDE FOR
AN ADDITIONAL 2 YEARS OF FELLOWSHIP.

*NUMBERS 1, 3, AND 4 SUBSTANTIALLY INCREASE THE WORKFORCE IN SICKLE
CELL DISEASE, ESPECIALLY BY PROVIDING MORE CLINICIANS WHO ARE ABLE TO
CROSS THE BRIDGE BETWEEN PEDIATRIC AND ADULT CARE IN SICKLE CELL
DISEASE.

PEDIATRIC HEALTH NEED:

TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTHCARE - 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 AND THEIR HEALTH CARE PROFESSIONALS VIA AFTER COMPLETION OF
THERAPY AND ST. JUDE LIFE PROGRAM SERVICES AND RESOURCES.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. PROVIDE WORKSHOPS AND SPEAKERS THAT OFFER INFORMATION ABOUT

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.

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 FOR CONTINUOUS FLOW OF SURVIVORSHIP

INFORMATION (TOGETHER).

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:

LECTURES/WORKSHOPS PROVIDED BY MELISSA M. HUDSON:

- 2ND INTERNATIONAL SYMPOSIUM ON BIOLOGY, PREVENTION, AND TREATMENT OF

TOXICITIES AFTER TRANSPLANTATION AND CELLULAR THERAPY, "CHRONIC DISEASE

BURDEN IN SURVIVORS OF CHILDHOOD HCT", MEMORIAL SLOAN KETTERING, NEW

YORK, OCTOBER 11TH, 2019.

- CHILDHOOD CANCER INTERNATIONAL COVID IMPACT FOR NGOS, PARENTS AND

SURVIVORS WEBINAR, "SURVIVORSHIP ISSUES", JUNE 4, 2020.

LECTURES/WORKSHOPS PROVIDED BY MATTHEW EHRHARDT:

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

ONCOLOGY EDUCATION (POE) PROGRAM, LUNCH AND LEARN SERIES, ST. JUDE

CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN, JULY 2019.

- UPDATES IN LATE-ONSET CARDIOMYOPATHY IN SURVIVORS OF CHILDHOOD

CANCER. LLH/BMTCT CONFERENCE, ST. JUDE CHILDREN'S RESEARCH HOSPITAL,

MEMPHIS, TN, DECEMBER 2019 (FACULTY MENTOR).

LECTURES/WORKSHOPS PROVIDED BY STEPHANIE DIXON:

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.

- UPDATES IN LATE-ONSET CARDIOMYOPATHY IN SURVIVORS OF CHILDHOOD

CANCER. LLH/BMTCT CONFERENCE. 12-3-2019.

- UPDATES IN LATE-ONSET CARDIAC DYSFUNCTION IN SURVIVORS OF CHILDHOOD

CANCER. CTRSTC CONFERENCE. 01-24-2020.

PEDIATRIC HEALTH NEED:

OUTPATIENT CARE EXPERIENCE - TRANSITION OF CARE FROM SPECIALTY TO

PRIMARY CARE PROVIDERS

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, TRANSITION ONCOLOGY PROGRAM

(TOP), COMMUNITY PRIMARY CARE PROVIDERS

ANTICIPATED OUTCOME:

- AT THE COMPLETION OF CANCER-DIRECTED THERAPY, PATIENTS WILL HAVE

ESTABLISHED A PRIMARY CARE PROVIDER IN THEIR LOCAL COMMUNITY.

- AT THE COMPLETION OF CANCER-DIRECTED THERAPY, TOP TEAM WILL SEND THE

PATIENT'S ONCOLOGY TREATMENT SUMMARY TO THEIR IDENTIFIED PRIMARY CARE

PROVIDER.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. DEVELOP MATERIALS TO EDUCATE PATIENTS ON THE PROCESS OF FINDING A

PRIMARY CARE PROVIDER IN THEIR COMMUNITY WHO ACCEPTS THEIR HEALTH

INSURANCE.

2. WORK WITH HIMS/CLINICAL INFORMATICS TO REVIEW STATISTICS/REPORTS RE:

"FAMILY PHYSICIAN" FIELD IN EMR.

3. DEVELOP PROCESS FOR CAPTURING OUTCOMES RELATED TO PRIMARY 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.

PROVIDER IDENTIFICATION.

4. INCREASE THE PERCENTAGE OF ONCOLOGY TREATMENT SUMMARIES SENT TO

PRIMARY CARE PROVIDERS WITHIN TWO WEEKS OF THERAPY COMPLETION.

SELECTED ACCOMPLISHMENTS:

- BETWEEN 12/1/2018 - 6/30/2020, 82% OF TOP PATIENTS HAD ESTABLISHED A

PRIMARY CARE PROVIDER IN THEIR LOCAL COMMUNITY AT THE COMPLETION OF

THEIR CANCER-DIRECTED THERAPY.

- AT THE COMPLETION OF TREATMENT, AN ONCOLOGY TREATMENT SUMMARY IS SENT

TO THE PARENT/LEGAL GUARDIAN AND THE LOCAL PRIMARY CARE PROVIDER, IF

IDENTIFIED. THE SUMMARIES ARE NOW AVAILABLE (AS OF MARCH 2020) IN THE

MY ST. JUDE PATIENT PORTAL, EASILY ACCESSIBLE BY THE PARENT/LEGAL

GUARDIAN AT TIME OF ANY MEDICAL VISIT. ADHERENCE TO THE TIME GOAL FOR

COMPLETING SUMMARIES HAS NOT YET BEEN MEASURED.

- DEVELOPED A NEW EDUCATIONAL HANDOUT TO EXPLAIN HOW TO FIND A PRIMARY

OR SPECIALTY CARE HEALTH CARE PROVIDER IN THEIR LOCAL COMMUNITY WHO

ACCEPTS THEIR HEALTH INSURANCE.

- 80% OF TOP PATIENTS WHO WERE RECOMMENDED TO CONTINUE REHABILITATION

SERVICES AFTER COMPLETION OF THEIR CANCER THERAPY SUCCESSFULLY

ESTABLISHED SERVICES IN THEIR LOCAL COMMUNITY.

- INCORPORATED THE TRANSITION READINESS ASSESSMENT QUESTIONNAIRE (TRAQ)

INTO THE TOP VISITS (AT LEAST YEARLY) FOR ADOLESCENTS/YOUNG ADULTS AGE

16 YEARS. TRAQ ASSESSES COMPONENTS OF HEALTH LITERACY AND READINESS FOR

TRANSITION INTO THE ADULT HEALTHCARE SYSTEM.

- PARTICIPATED IN THE DEVELOPMENT OF NEW PROCESSES TO IDENTIFY PATIENTS

WHO MAY BE ELIGIBLE TO TRANSITION THEIR ST. JUDE SPECIALTY CARE (E.G.

CARDIOLOGIST) TO A SPECIALIST IN THEIR LOCAL COMMUNITY.

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.

- ALL TOP TEAM MEMBERS TRAINED TO CONDUCT TELEHEALTH VISITS.

- COMPLETED FORMAL 18-MONTH PROGRAM EVALUATION OF TOP SERVICES WITH

CLINICAL DIRECTOR'S OFFICE AND STRATEGIC PLANNING OFFICE.

- DEVELOPED A TOP STRATEGIC PLAN TO GUIDE GOALS AND ACTION ITEMS

THROUGH FY22.

PEDIATRIC HEALTH NEED:

OUTPATIENT CARE EXPERIENCE - PHYSICIAN COORDINATION OF CARE

HEALTH FACILITIES INVOLVED:

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

ALL DOMESTIC AND INTERNATIONAL REFERRING CLINICIANS AND CENTERS

ANTICIPATED OUTCOME:

- IMPROVE CONTINUITY OF CARE BY ENHANCING COMMUNICATION TOOLS AND

EFFORTS TO PROVIDE PHYSICIANS WITH UNPARALLELED ACCESS TO PATIENT

INFORMATION.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

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

AFFILIATED PHYSICIANS' CONVENIENT ACCESS TO PATIENT INFORMATION, IN

ACCORDANCE WITH APPLICABLE LAW.

SELECTED ACCOMPLISHMENTS:

- THERE HAVE BEEN NO NEW ACTIONS RELATED TO THE EXTERNAL CLINICIAN

PORTAL INITIATIVE SINCE THE INITIAL PILOT GROUP TESTING RESULTED IN

CONCERNS ABOUT MANAGING ACCESS AND PERMISSIONS FOR OUTSIDE PROVIDERS.

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 HAS NOW TRANSITIONED EFFORTS TO FOCUS ON OTHER HIGH PRIORITY

INTERNAL SYSTEMS ENHANCEMENTS (E.G. AMION, PATIENT TOUCH, ETC.) AND AN

EXPLORATION OF A NEW EMR SYSTEM. GIVEN THIS NEW DIRECTION, IT IS NOT

LIKELY THAT ANY ACTIVITY WILL RESUME ON THE EXTERNAL CLINICIAN PORTAL

AS PREVIOUSLY DESIGNED. THE COVID-19 PANDEMIC DID NOT IMPACT THIS

SITUATION WITH THE PORTAL. THE INSTITUTION SHIFTED PRIORITIES DUE TO

BUSINESS NEEDS. HOWEVER, THE COVID- 19 PANDEMIC HAS CREATED MORE

OPPORTUNITIES TO ENGAGE WITH PROVIDERS TO IDENTIFY ALTERNATIVE CARE

OPTIONS FOR PATIENTS AT HOME WITH AREA PROVIDERS OR VIA TELEHEALTH DUE

TO TRAVEL LIMITATIONS AND INSTITUTIONAL RESTRICTIONS FOR ON CAMPUS

PATIENT POPULATIONS.

- THE SCOPE OF THE MILLI MESSAGE CENTER PROJECT HAS BEEN SCALED BACK,

AND THE NEW FUNCTIONALITY WILL PRIMARILY BE FOCUSED ON DELIVERY OF

SELECTED SJ LAB RESULTS TO PROVIDERS BASED ON THEIR PERSONAL

PREFERENCES ("RESULTS FYI").

- THE AFFILIATE PATIENT NAVIGATOR PROGRAM WAS DEVELOPED TO ADDRESS GAPS

IN COORDINATION OF PATIENT CARE AND COMMUNICATION FOR PATIENTS AND

FAMILIES MOVING FROM OUR ACADEMIC PEDIATRIC CANCER CENTER TO PEDIATRIC

ONCOLOGY AFFILIATE CLINICS IN THEIR HOME COMMUNITIES. IT WAS USED FOR

APPROXIMATELY 80% OF ALL PATIENT TRANSITIONS. COMMUNICATION IMPROVED

AMONG PATIENTS AND PROVIDERS, AND PROVIDERS REPORTED IMPROVED

COORDINATION OF CARE BETWEEN SITES. THE NONCLINICAL PATIENT NAVIGATOR

FOSTERED A CULTURE OF UNDERSTANDING FOR PATIENTS AND FAMILIES

TRANSITIONING BETWEEN MULTIPLE HEALTH CARE FACILITIES IN OUR PEDIATRIC

ONCOLOGY AFFILIATE NETWORK.

AIM #3 IMPROVING CHILD HEALTH STATUS

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:

COMMUNITY HEALTH 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 HEALTH CARE RESOURCES AND HEALTH CARE CAREERS ANNUALLY.

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 HEALTH

CARE CAREERS.

SELECTED ACCOMPLISHMENTS:

- TOGETHER WEBSITE: TOGETHER IS AN ONLINE RESOURCE BY ST. JUDE

CHILDREN'S RESEARCH HOSPITAL THAT OFFERS DEPENDABLE INFORMATION AND A

COMMUNITY OF SUPPORT FOR ANYONE FACING CHILDHOOD CANCER. THIS SITE

PROVIDES RELIABLE MEDICAL EXPLANATIONS AND CLINICAL CARE INFO IN

EASY-TO-UNDERSTAND LAY TERMS. THE SITE'S SOLE PURPOSE IS TO PROVIDE

ACCURATE EDUCATIONAL INFORMATION ON CHILDHOOD CANCER TO PATIENTS AND

THEIR FAMILIES ANYWHERE IN THE WORLD.

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.

- PROMISE MAGAZINE, PRINT AND DIGITAL: ST. JUDE PUBLISHED 17 ARTICLES

IN PROMISE THIS YEAR WITH EDUCATIONAL INFORMATION ON HIV/AIDS, GENERAL

CHILDHOOD CANCER AND HEALTH RESOURCES, AND CHILDHOOD CANCER

SURVIVORSHIP.

- PROGRESS BLOG POSTS: ST. JUDE PUBLISHED MORE THAN 20 ARTICLES IN

PROGRESS THIS YEAR WITH EDUCATIONAL INFORMATION ON COVID-19, SICKLE

CELL DISEASE, FLU, HIV/AIDS, HEALTH CARE CAREERS, GENERAL CHILDHOOD

CANCER AND HEALTH RESOURCES, AND CHILDHOOD CANCER SURVIVORSHIP.

- PUBLIC SERVICE ANNOUNCEMENTS: ST. JUDE AIRED RADIO PSAS ON LOCAL

MEMPHIS STATIONS WLOK RADIO FM 104.9 AND 1340 AM 52 TIMES THIS YEAR.

THE PSAS WERE ON HIV/AIDS, HPV VACCINATION, AND SICKLE CELL DISEASE.

- SOCIAL MEDIA POSTS: ST. JUDE POSTED MORE THAN 130 MESSAGES IN FY20 ON

ITS FACEBOOK, TWITTER, INSTAGRAM AND LINKEDIN ACCOUNTS ABOUT CHILDHOOD

CANCER, SICKLE CELL DISEASE, HIV/AIDS, FLU, HPV VACCINATION, AND HEALTH

CARE CAREERS.

- STJUDE.ORG STORIES: ST. JUDE PUBLISHED 20 EDUCATIONAL STORIES ON

STJUDE.ORG THIS YEAR, SHARING INFORMATION ABOUT SICKLE CELL DISEASE,

HPV VACCINATION, HEALTH CARE CAREERS, GENERAL CHILDHOOD CANCER AND

HEALTH RESOURCES, SURVIVOR CARE AND COVID-19 RESOURCES.

- EARNED NEWS MEDIA STORIES: BECAUSE ALL MEDIA OUTLETS HAVE AN

ACCOMPANYING WEBSITE WHERE THEY ALSO SHARE THEIR NEWS (AND MANY ARE

ONLINE ONLY NOW), OUR LOCAL COMMUNITY CAN ACCESS EDUCATIONAL NEWS

STORIES FROM AROUND THE WORLD. THIS YEAR, THE ST. JUDE MEDIA RELATIONS

TEAM EARNED MORE THAN 300 NEWS STORIES IN VARIOUS MEDIA OUTLETS

AVAILABLE TO OUR COMMUNITY ABOUT THE FOLLOWING EDUCATIONAL TOPICS:

-- THE IMPORTANCE OF FLU VACCINATION

-- THE IMPORTANCE OF HPV VACCINATION

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.

-- COVID-19 RESOURCES, SUCH AS HOW THE VIRUS SPREADS, SIGNS AND

SYMPTOMS, PROPER HANDWASHING, MASK-WEARING, SOCIAL DISTANCING,

DISCUSSING THE VIRUS WITH CHILDREN, AND MORE

-- SICKLE CELL DISEASE INFO AND RESOURCES

-- HIV/AIDS INFO AND RESOURCES

-- HEALTH CARE CAREERS

-- GENERAL CHILDHOOD CANCER AND HEALTH RESOURCES, INCLUDING SURVIVOR

CARE

PEDIATRIC HEALTH NEED:

PREVENTING VIRUS-ASSOCIATED CANCERS THROUGH INCREASED HPV VACCINATION

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, COMPREHENSIVE CANCER CENTER

ANTICIPATED OUTCOME:

- ONBOARDING OF NEW DIRECTOR, PREVENTING VIRUS-ASSOCIATED CANCERS

THROUGH INCREASED HPV VACCINATION.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. LAUNCH SEARCH COMMITTEE, DEVELOP AND EVALUATE CANDIDATES, HIRE AND

ONBOARD A NEW FACULTY DIRECTOR FOR THE HPV CANCER PREVENTION

INITIATIVE.

2. CONTINUE AND/OR STRENGTHEN PARTNERSHIPS WITH OTHERS IN THE HPV

VACCINATION SPACE (E.G. NATIONAL HPV VACCINATION ROUNDTABLE, HPV CANCER

FREE TENNESSEE) THROUGH ACTIVE PARTICIPATION IN COMMITTEES AND

MEETINGS.

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:

- THE ST. JUDE TEAM FORMED A FACULTY SEARCH COMMITTEE, LED BY DR.

MELISSA HUDSON OF THE DEPARTMENT OF ONCOLOGY, TO CONDUCT A NATIONAL

SEARCH AND RECRUITMENT EFFORT FOR THE FACULTY DIRECTOR OF THE HPV

CANCER PREVENTION INITIATIVE:

-- A NATIONAL SEARCH AND RECRUITMENT EFFORT WAS CONDUCTED AND FIVE

CANDIDATES WERE SELECTED FOR ON-CAMPUS INTERVIEWS, INCLUDING FORMAL

PRESENTATIONS OF THEIR WORK, AND EVALUATED BY THE SEARCH COMMITTEE. TWO

LEADING CANDIDATES WERE INVITED FOR SECOND INTERVIEWS INCLUDING CHALK

TALKS OUTLINING THEIR FUTURE VISION FOR THE PROGRAM. DR. HEATHER

BRANDT, AN INTERNATIONALLY RECOGNIZED BEHAVIORAL AND IMPLEMENTATION

SCIENTIST FROM THE UNIVERSITY OF SOUTH CAROLINA, ARNOLD SCHOOL OF

PUBLIC HEALTH, WAS SELECTED AS THE TOP CANDIDATE AND AN OFFER WAS

EXTENDED (MAY-DECEMBER 2019).

-- DR. BRANDT WAS HIRED AS THE DIRECTOR OF THE NEW HPV CANCER

PREVENTION PROGRAM AS A FULL MEMBER OF THE ST. JUDE FACULTY. UPON HER

HIRE, THE INITIATIVE WAS FORMALLY NAMED AS THE ST. JUDE HPV CANCER

PREVENTION PROGRAM. SHE STARTED ON JULY 20, 2020. ONBOARDING OF DR.

BRANDT BEGAN IMMEDIATELY AND CONTINUES (JULY 2020-PRESENT).

- ST. JUDE TEAM MEMBERS CONTINUED TO STRENGTHEN NATIONAL AND REGIONAL

PARTNERSHIPS WITH KEY COALITIONS, COMMITTEES, GROUPS AND STAKEHOLDERS.

FOR EXAMPLE:

-- DR. HUDSON AND MELISSA JONES PARTICIPATED ACTIVELY IN THE NATIONAL

HPV VACCINATION ROUNDTABLE ON THE INTEGRATED DELIVERY SYSTEMS TASK

GROUP (HUDSON) AND STATE COALITIONS AND ROUNDTABLES TASK GROUP (JONES)

(JULY 2019-JUNE 2020).

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.

-- MS. JONES ASSISTED WITH PLANNING THE HPV CANCER FREE TENNESSEE

COALITION MEETING IN NOVEMBER 7, 2019. ON JANUARY 14, 2020, ST. JUDE

HOSTED THE WEST TENNESSEE CHAPTER MEETING FOR THE HPV CANCER FREE

TENNESSEE COALITION.

-- BY INVITATION FROM DR. MICHELLE FISCUS, MEDICAL DIRECTOR OF THE

TENNESSEE IMMUNIZATION PROGRAM, MS. JONES AND ROBERT CLARK REPRESENTED

ST. JUDE AT THE INAUGURAL CONVENING OF TENNESSEE'S NEW STATEWIDE

IMMUNIZATION COALITION, IMMUNIZE TN!, ON APRIL 5, 2019 IN NASHVILLE,

TN.

- ST. JUDE'S FOCUS ON HPV VACCINATION WAS RECOGNIZED IN PROMISE

MAGAZINE IN AUTUMN 2019.

([HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/STORIES/PROMISE-MAGAZINE/AUTUMN-20](https://www.stjude.org/about-st-jude/stories/promise-magazine/autumn-2019/blue-sky-projects-accelerate-progress.html)

[19/BLUE-SKY-PROJECTS-ACCELERATE-PROGRESS.HTML](https://www.stjude.org/about-st-jude/stories/promise-magazine/autumn-2019/blue-sky-projects-accelerate-progress.html)).

- ST. JUDE TEAM MEMBERS, DRs. KARI BJORNARD, MELISSA HUDSON, AND

KATHERINE KNAPP, PRESENTED "CANCER PREVENTION THROUGH HPV VACCINATION:

THE ST. JUDE HPV INITIATIVE" AT ST. JUDE GRAND ROUNDS ON DECEMBER 12,

2019.

- ST. JUDE TEAM MEMBERS PUBLISHED ON HPV VACCINE-RELATED RESEARCH BEING

CONDUCTED AMONG CHILDHOOD CANCER PATIENTS AND SURVIVORS. CITATIONS FOR

PUBLICATIONS IN PEER-REVIEWED JOURNALS ARE PROVIDED HERE WITH ST. JUDE

TEAM MEMBERS INDICATED BY [BRACKETS].

CHERVEN B, CASTELLINO SM, CHEN Y, WONG FL, YORK JM, WASILEWSKI- MASKER

K, [HUDSON MM], BHATIA S, [KLOSKY JL], LANDIER W. INTENT AND SUBSEQUENT

INITIATION OF HUMAN PAPILLOMAVIRUS VACCINE AMONG YOUNG CANCER

SURVIVORS. CANCER. 2019 NOV 1;125(21):3810-3817. DOI:

10.1002/CNCR.32379. EPUB 2019 JUL 10. PMID: 31291010; PMCID:

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.

PMC7427343. LINK TO ABSTRACT: [HTTPS://PUBMED.NCBI.NLM.NIH.GOV/31291010/](https://pubmed.ncbi.nlm.nih.gov/31291010/)

[HARDIN RN], [RUSSELL KM], [FLYNN JS], [GAMMEL HL], [EDDINGER JR],

[SCHENCK LA], [KLOSKY JL]. FACTORS ASSOCIATED WITH INTENTION OF HUMAN

PAPILLOMAVIRUS (HPV) VACCINE INITIATION AMONG FEMALES WITH AND WITHOUT

A HISTORY OF CHILDHOOD CANCER. J CLIN PSYCHOL MED SETTINGS. 2019 OCT 5.

DOI: 10.1007/s10880-019-09664-w. EPUB AHEAD OF PRINT. PMID: 31587132.

LINK TO ABSTRACT: [HTTPS://PUBMED.NCBI.NLM.NIH.GOV/31587132/](https://pubmed.ncbi.nlm.nih.gov/31587132/)

YORK JM, KLOSKY JL, CHEN Y, CONNELLY JA, WASILEWSKI-MASKER K.

LEADERSHIP AND ENGAGEMENT IN HPV TASK FORCE. GIULIANO AR, [ROBISON LL],

WONG FL, [HUDSON MM], BHATIA S, LANDIER W. PATIENT-LEVEL FACTORS

ASSOCIATED WITH LACK OF HEALTH CARE PROVIDER RECOMMENDATION FOR THE

HUMAN PAPILLOMAVIRUS VACCINE AMONG YOUNG CANCER SURVIVORS. J CLIN

ONCOL. 2020 SEP 1;38(25):2892-2901. DOI: 10.1200/JCO.19.02026. EPUB

2020 JUN 18. PMID: 32552278; PMCID: PMC7460153. LINK TO ABSTRACT:

[HTTPS://PUBMED.NCBI.NLM.NIH.GOV/32552278/](https://pubmed.ncbi.nlm.nih.gov/32552278/)

PEDIATRIC HEALTH NEED:

HIV COLLABORATION WITH COMMUNITY COALITION

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, HIV CLINICAL PROGRAM - CONNECT

TO PROTECT COMMUNITY COALITION

ANTICIPATED OUTCOME:

- REDUCE HIV/AIDS INFECTION RATES THROUGH COLLABORATION AMONG COMMUNITY

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.

LEADERS AND HEALTH RESEARCHERS.

- DEVELOP STRONG HIV PREVENTION PROGRAMS, COMBINED WITH COMMUNITY

ACTION, THAT REDUCE YOUTH HIV INFECTION RATES.

ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED:

1. FORGE ACTION-ORIENTED PARTNERSHIPS BETWEEN HEALTH RESEARCHERS AND

COMMUNITY MEMBERS.

2. LINK YOUTH TO CONFIDENTIAL HIV TESTING, COUNSELING SERVICES AND

SPECIALIZED YOUTH CARE.

3. STRENGTHEN SERVICES THAT SUPPORT YOUNG PEOPLE WITH HIV AND RELATED

MEDICAL AND SOCIAL PROBLEMS.

4. FOCUS PREVENTION STRATEGIES WHERE SOCIAL DETERMINANTS OF HEALTH

EXISTS, AND HELP IS MOST NEEDED.

SELECTED ACCOMPLISHMENTS:

- CLINICIANS AND LINKAGE TO CARE COORDINATORS COLLABORATED WITH

METHODIST LE BONHEUR COMMUNITY HIV NETWORK TO REDUCE TIME TO 1ST

MEDICAL CARE APPOINTMENT TO LESS THAN 7 DAYS AFTER RECEIVING A NEW HIV

DIAGNOSIS.

- HIV STAFF CONDUCTED SIXTY-FIVE 1.5 HOUR COMMUNITY EDUCATIONAL

PRESENTATIONS IN FY20 REACHING APPROXIMATELY 6,100 PEOPLE, INCLUDING

YOUTH AND YOUNG ADULTS, PARENTS, EDUCATORS, CLINICIANS & FAITH-BASED

LEADERS. TOPICS FOCUSED ON THE FOLLOWING: HIV 101, ENDING THE HIV

EPIDEMIC, EFFICACY OF THE LONG-ACTING INJECTABLE AGENT CABOTEGRAVIR

(CAB LA) FOR PREP, PHYSICIANS ROUNDTABLE TO INCREASE PREP UPTAKE,

EFFICACY STUDY OF HIV VACCINE, MENTAL HEALTH HYGIENE, INTERNALIZED HIV

STIGMA, EFFECTIVE PRACTICES FOR YOUTH LINKAGE AND RETENTION IN HIV

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.

CARE, AND YOUTH HIV/AIDS AWARENESS.

- STAFF PARTNERED WITH THE UNIVERSITY OF MEMPHIS AND THE HEADLINERS

YOUTH COMMUNITY ADVISORY BOARD TO IMPLEMENT SNAPOUT STIGMA, A

PHOTOVOICE INTERVENTION, THAT ALLOWED (35) YOUTH AND YOUNG ADULT PEOPLE

LIVING WITH HIV TO CAPTURE PICTURES DEPICTING INTERNALIZED HIV RELATED

STIGMA.

- STAFF COORDINATED AND HOSTED MEETINGS FOR THE 25 MEMBER CONNECT TO

PROTECT (C2P) COMMUNITY COALITION 20 (5 FACE-TO-FACE, 15 VIRTUAL) TIMES

IN FY20. OUTCOMES OF THE COALITION INCLUDE THE FOLLOWING: SERVED AS THE

COORDINATING CENTER FOR ENDING THE HIV EPIDEMIC (EHE) IN MEMPHIS PLANS.

THIS RESULTED IN THE COALITION ESTABLISHING GUIDING PRINCIPLES, GOALS

AND 65 DRAFT OBJECTIVES FOR THE EHE PLAN.

- HIV PROGRAM STAFF CONTINUED TO PARTNER WITH UNIVERSITY OF MEMPHIS,

SCHOOL OF PUBLIC HEALTH TO IMPLEMENT WHOLEYOUNIVERSITY, A SOCIAL

DETERMINANTS OF HEALTH FOCUSED EDUCATIONAL PROGRAM THAT FOCUSES ON

FINANCIAL LITERACY, PHYSICAL HEALTH, MENTAL HEALTH HYGIENE, AND HIV

STIGMA. THERE WERE 100 ATTENDEES OVER 3 SESSIONS IN FY20.

- STAFF DEVELOPED A PERSONALIZED PLAN FOR RETENTION AND TRANSITION TO

ADULT CARE FOR YOUTH PROGRAM THAT FOCUSED ON SKILLS BUILDING AND ADULT

MEDICAL CARE FACILITY NAVIGATION. THIS ALSO IMPROVED BI-DIRECTIONAL

COMMUNICATION WITH PATIENTS AND PROVIDERS AND SUCCESSFULLY LED TO 18

YOUTH TRANSITIONING TO ADULT CARE FACILITIES WITH NO GAPS IN SERVICE.

- ST. JUDE HIV LINKAGE TO CARE STAFF WORKED COLLABORATIVELY WITH THE

SHELBY COUNTY HEALTH DEPARTMENT AND OTHER COMMUNITY AGENCIES TO

SUCCESSFULLY AND CONFIDENTIALLY LINK 113 NEWLY DIAGNOSED HIV+ YOUTH TO

MEDICAL CARE. THIRTY-NINE (39) OF THOSE PATIENTS WERE LINKED TO CARE AT

ST. JUDE FOR ADOLESCENT AND YOUTH HIV SPECIALIZED CARE 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.

THE PATIENTS WERE OFFERED A MEDICAL APPOINTMENT WITHIN 5 BUSINESS DAYS,

AND 90% OF THE PATIENTS WERE LINKED TO CARE WITHIN 5 BUSINESS DAYS AND

82% WERE RETAINED IN CARE. SEVENTY-FOUR (74) WERE REFERRED TO EXTERNAL

CLINICAL PARTNERS AND RECEIVED CARE AND SUPPORT TO HELP THEM MOVE ALONG

THE HIV CARE CONTINUUM.

- THE HEADLINERS, YOUTH COMMUNITY ADVISORY BOARD, MET 26 (17

FACE-TO-FACE, 9 VIRTUAL) TIMES IN FY20. THESE MEETINGS FOCUSED ON

RETENTION FOR ACTIVE STUDIES AND ALSO TO GET SUPPORT, BUY-IN AND

GUIDANCE FOR UPCOMING STUDIES. THERE WERE APPROXIMATELY 300 ATTENDEES

FOR THESE MEETINGS IN FY20.

- STAFF, ALONG WITH SHELBY COUNTY SCHOOLS AND SHELBY COUNTY HEALTH

DEPARTMENT, CO-FACILITATED EDUCATIONAL SESSIONS FOR WORLD AIDS DAY

(WAD). APPROXIMATELY 400 STUDENTS PARTICIPATED IN THE SESSIONS AND 100

WERE TESTED FOR HIV. STAFF ALSO PARTICIPATED IN WAD HEALTH SEGMENT FOR

88.5 FM VOICE OF SHELBY COUNTY SCHOOLS-220K LISTENERS.

- HIV CLINICAL STAFF IMPLEMENTED THE FOLLOWING NEW CLINICAL PRACTICES

TO STRENGTHEN SUPPORTIVE SERVICES: (1) STARTED OFFERING ANTIRETROVIRAL

THERAPY ON 1ST VISIT; (2) USED MOTIVATIONAL INTERVIEWING (MI)

TECHNIQUES DURING CLINIC VISITS, SOCIAL WORK VISITS AND PSYCHOLOGY

VISITS TO IMPROVE CARE; (3) WORKED TO IDENTIFY GAPS THAT PREVENTED

PATIENTS FROM SHOWING TO APPOINTMENTS; AND (4) IDENTIFIED POTENTIAL

INTERVENTIONS TO IMPROVE CARE INCLUDING PROMOTING THE PATIENT PORTAL

FOR RESCHEDULING APPOINTMENTS.

- HELD FOUR MONTHLY TEEN SUPPORT GROUPS FOR YOUTH LIVING WITH HIV THAT

INCLUDED FACILITATION OF SOCIAL SUPPORT AND SOCIAL INTERACTION AND

PROVISION OF EDUCATION REGARDING MENTAL AND PHYSICAL HEALTH.

- HELD FOUR COMMUNITY ADVISORY BOARD (CAB) MEETINGS TO PROVIDE

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.

EDUCATION AND SUPPORT TO PEOPLE LIVING WITH OR AFFECTED BY HIV AND

ELICIT FEEDBACK REGARDING HIV-RELATED RESEARCH INITIATIVES.

- HELD COMMUNITY ADVISORY BOARD (CAB) RECRUITMENT EVENT TO INCREASE CAB

PARTICIPATION AND ENGAGE COMMUNITY MEMBERS IN CLINICAL AND RESEARCH

INPUT FOR THE HIV CLINIC AND LARGER COMMUNITY AND PROVIDE EDUCATION AND

SUPPORT FOR THOSE AFFECTED BY HIV.

PEDIATRIC HEALTH NEED:

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

ACTIVITY

HEALTH FACILITIES INVOLVED:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, ST. JUDE COMPREHENSIVE CANCER

CENTER

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. PARTNER WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE CANCER AND

HEALTHY LIVING EDUCATIONAL PROGRAMS.

SELECTED ACCOMPLISHMENTS:

- THE ST. JUDE AFTERSCHOOL STEM CLUBS, A PARTNERSHIP WITH THE SHELBY

COUNTY SCHOOL DISTRICT, IS DESIGNED TO PROVIDE 5TH-GRADE STUDENTS

OPPORTUNITIES TO ENGAGE IN SCIENCE AND ENGINEERING CONCEPTS TO

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.

REAL-WORLD PEDIATRIC CANCER PROBLEMS. DURING THE 2019-2020 SCHOOL YEAR,

THE SJCCC CANCER EDUCATION AND OUTREACH PROGRAM FACILITATED AFTERSCHOOL

STEM CLUBS IN 21 ELEMENTARY SCHOOLS TO 304 5TH-GRADE STUDENTS. THESE

ARE BEING SHIFTED TO A VIRTUAL FORMAT FOR THE 2020-2021 SCHOOL YEAR.

- THE ST. JUDE SUMMER SCIENCE CAMPS, A PARTNERSHIP WITH THE SHELBY

COUNTY SCHOOL DISTRICT, IS DESIGNED TO PROVIDE K-5 STUDENTS ACCESS AND

OPPORTUNITIES TO EXPLORE CANCER-RELATED CONCEPTS DURING THE DISTRICT'S

SUMMER LEARNING ACADEMY. THE 2020 SSLA WAS PUT ON HOLD DUE TO COVID

RELATED SCHOOL CLOSURES.

- THE ST. JUDE CANCER EDUCATION IN THE CLASSROOM LOAN KITS ARE DESIGNED

TO PROVIDE K-12 EDUCATORS ACCESS TO CURRICULAR MATERIALS TO ENHANCE

SCIENCE EDUCATION IN THE CLASSROOM THROUGH CANCER-RELATED CONCEPTS. THE

SJCCC CANCER EDUCATION AND OUTREACH PROGRAM WORKS WITH DISTRICT-LEVEL

LEADERSHIP TO PROVIDE TEACHER TRAINING WORKSHOPS DURING TEACHER

IN-SERVICE DAYS. DURING THE 2019-2020 SCHOOL YEAR, THE LOAN KITS WERE

USED BY FIVE TEACHERS FROM FIVE DIFFERENT SCHOOLS TO DELIVER

CANCER-RELATED CONCEPTS TO 600 STUDENTS. THESE ARE BEING PUT ON HOLD

DURING THE 2020-2021 SCHOOL YEAR DUE TO THE FACT THAT SCS HAS SHIFTED

TO VIRTUAL SCHOOLS AS A RESULT OF COVID.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

AT THE FOLLOWING URL:

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

ASSESSMENT.HTML

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

Part V 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 10A: THE HOSPITAL FACILITY'S MOST RECENTLY

ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

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

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

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

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

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

JUDE DOES NOT HAVE AN APPLICATION FORM.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

AVAILABLE AT THE FOLLOWING URL:

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

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

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

Part VI Supplemental Information (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 \$9.8

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
GOLD 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. RHODES
COLLEGE SUMMER PLUS PROGRAM ACCEPTS UP TO 15 STUDENTS INTO THE HOSPITAL'S
RESEARCH LABORATORIES FOR A PERIOD OF ONE SUMMER, ONE ACADEMIC YEAR, AND A
SECOND SUMMER. ADDITIONALLY, EXPERIENTIAL LEARNING INTERNSHIPS ARE
STRUCTURED BY AND MANAGED BY ACADEMIC PROGRAMS IN MANY AREAS FROM SCIENCE
TO ACCOUNTING. THERE ARE ANOTHER 200 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.

Part VI Supplemental Information (Continuation)

THE CLINICAL EDUCATION AND TRAINING OFFICE HOSTS FORTY TO FIFTY STUDENTS ANNUALLY AS PATIENT CARE OBSERVERS. THESE STUDENTS ARE AT DIFFERENT STAGES OF TRAINING AND ARE FROM UNDERGRADUATE COLLEGES OR PROFESSIONAL HEALTHCARE SCHOOLS INCLUDING MEDICAL SCHOOLS. THE OBSERVERS ARE DECIDING ON OR CONFIRMING A DESIRE TO PURSUE A CAREER IN HEALTHCARE.

THE FAMILY, GUEST, AND VOLUNTEER SERVICES DEPARTMENT PROVIDES SUMMER PROGRAMS FOR HIGH SCHOOL 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. HOWEVER, DUE TO 2020 PANDEMIC, WE WERE FORCED TO SUSPEND ALL SUMMER PROGRAMS AND INTERNSHIPS.

THE OFFICE OF LEGAL SERVICES (OLS) 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. DUE TO COVID-19, OLS HAS TRANSITIONED THE INTERNSHIP PROGRAM TO AN ON-LINE LEARNING FORMAT.

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

Part VI Supplemental Information (Continuation)

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 C. HUMPHREYS SCHOOL OF LAW, UNIVERSITY OF MEMPHIS.

- PLANNED A HEALTH LAW NETWORKING EVENT AT THE UNIVERSITY OF MEMPHIS'S CECIL C. HUMPHREYS SCHOOL OF LAW.

- SERVES ON THE TENNESSEE BAR ASSOCIATION HEALTH LAW SECTION EXECUTIVE COUNCIL.

FINALLY, THE CHIEF GOVERNMENT AFFAIRS OFFICER WORKED IN COLLABORATION WITH LEGAL STAFF AND OUTSIDE ADVOCACY GROUPS TO SUPPORT EFFORTS TO CREATE A STATE PALLIATIVE CARE/QUALITY OF LIFE ADVISORY COUNCIL.

THE ST. JUDE CHIEF GOVERNMENT AFFAIRS OFFICER CONTINUES TO SERVE ON THE BOARD OF DIRECTORS OF THE MEMPHIS RIVER PARKS PARTNERSHIP (MRPP). THE MRPP IS A NON-PROFIT ORGANIZATION THAT, UNDER A LONG-TERM CONTRACT WITH THE CITY OF MEMPHIS, MANAGES ALL THE PARKS ALONG A 5-MILE STRETCH OF THE MEMPHIS 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

Part VI Supplemental Information (Continuation)

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, AS CHAIR OF THE ADVISORY BOARD OF THE INSTITUTE FOR HEALTH LAW & POLICY OF THE CECIL C. HUMPHREYS UNIVERSITY OF MEMPHIS SCHOOL OF LAW, ENDEAVORS TO ADDRESS UNMET HEALTH LAW NEEDS OF THE LOCAL COMMUNITY AND WORK WITH COMMUNITY LEADERS TO PROACTIVELY ADDRESS HEALTH POLICY NEEDS.

THE MANAGING COUNSEL FOR HEALTH AFFAIRS SERVES ON THE BOARD OF THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION, AS A MEMBER OF THE COMMUNITY ADVISORY BOARD FOR MID-SOUTH PUBLIC COMMUNICATIONS FOUNDATION FOR WKNO-TV/FM, AND AS A MENTOR FOR THE DIVERSITY MENTORSHIP PROGRAM, ADVANCELAW.COM. 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

Part VI Supplemental Information (Continuation)

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 AND OUTREACH PROGRAM IN THE ST. JUDE
COMPREHENSIVE CANCER CENTER DEDICATES 80% OF HER TIME, AND THE COORDINATOR
FOR CANCER EDUCATION DEDICATES 100% OF HER TIME TO CANCER EDUCATION
OUTREACH, INCLUDING ACTIVITIES SUCH AS K-12 CURRICULUM DEVELOPMENT, SCHOOL
VISITS FOR CANCER AND HEALTHY LIVING EDUCATION, CAREER TALKS, TEACHER
TRAINING WORKSHOPS AND PUBLIC-ACCESS WEBSITE DEVELOPMENT.

PART III, LINE 2:

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

PART III, LINE 4:

BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS
FOLLOWS:
NET PATIENT SERVICE REVENUES - UPON THE ADOPTION OF ASC 606, NET OPERATING
REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE HOSPITAL
TO REFLECT THE TOTAL CONSIDERATION DUE FROM THIRD-PARTY PAYORS IN EXCHANGE
FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE. THESE SERVICES ARE
CONSIDERED TO BE A SINGLE PERFORMANCE OBLIGATION AND HAVE A DURATION OF
LESS THAN ONE YEAR. REVENUES ARE RECORDED AS THESE GOODS AND SERVICES ARE
PROVIDED. THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS
DETERMINED BASED ON THE HOSPITAL'S STANDARD CHARGES FOR THE GOODS AND
SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED

Part VI Supplemental Information (Continuation)

TO THIRD PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS OTHER IMPLICIT PRICE CONCESSIONS. DURING THE YEAR ENDED JUNE 30, 2020, THE IMPACT OF CHANGES TO THE INPUTS USED TO DETERMINE THE TRANSACTION PRICE WAS CONSIDERED IMMATERIAL TO THE CURRENT PERIOD.

IN 2019, PATIENT SERVICE REVENUE HAS BEEN REDUCED BY ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$1,100,000.

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

PART III, LINE 8:

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

PART III, LINE 9B:

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

PART VI, LINE 2:

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

Part VI Supplemental Information (Continuation)

RESEARCH-DRIVEN TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC
DISEASES IN CHILDREN.

CANCER

PEDIATRIC CANCERS ARE RARE COMPARED TO ADULT CANCERS. ONLY 11,050 NEW
CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN
2020; HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN
U.S. CHILDREN (FOOTNOTE 1). THE PRINCIPAL FOCUS OF ST. JUDE CHILDREN'S
RESEARCH HOSPITAL IS CANCER. SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST.
JUDE ARE INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC
CANCERS AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND
CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. AS THE FIRST
AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER
FOCUSED EXCLUSIVELY ON CHILDREN, ST. JUDE SERVES AS A NATIONAL RESOURCE
FOR RESEARCH AND TREATMENT OF PEDIATRIC CANCERS. OUR INITIATIVES ARE
DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A LOCAL, REGIONAL,
NATIONAL AND GLOBAL SCALE.

OUR CANCER PATIENTS COME FROM ALL OVER THE UNITED STATES AND ABROAD;
HOWEVER, 66% OF THE NEW CANCER PATIENTS WE REGISTER RESIDE IN THE ST. JUDE
CATCHMENT AREA, WHICH INCLUDES A 180-MILE RADIUS AROUND ST. JUDE LOCATED
IN MEMPHIS, TN AND A 100-MILE RADIUS AROUND EACH OF OUR EIGHT AFFILIATES.
THESE EIGHT AFFILIATES ARE LOCATED IN HUNTSVILLE, AL, CHARLOTTE, NC,
JOHNSON CITY, TN, BATON ROUGE, LA, SHREVEPORT, LA, TULSA, OK, SPRINGFIELD,
MO, AND PEORIA, IL. THE CATCHMENT POPULATION IS GENERALLY CHARACTERIZED BY
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

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

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 SEVERAL 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
NATIONAL ORGANIZATIONS HAVE PUT FORTH THE GOAL TO ERADICATE HPV-RELATED
CANCERS THROUGH HPV VACCINATION AND TIMELY EARLY DETECTION EFFORTS. NEARLY
80 MILLION INDIVIDUALS IN THE U.S. - 1 OUT OF EVERY 4 PEOPLE - ARE
INFECTED WITH HUMAN PAPILLOMAVIRUS (HPV). APPROXIMATELY 35,000 CANCERS ARE
ATTRIBUTABLE TO HPV OCCUR EACH YEAR (FOOTNOTE 4). U.S. VACCINATION RATES
REMAIN SIGNIFICANTLY LOWER FOR HPV THAN FOR OTHER RECOMMENDED ADOLESCENT
VACCINES. ACCORDING TO 2019 DATA FROM THE CDC, 90% OF 13-17 YEAR OLDS HAVE
BEEN VACCINATED WITH TDAP AND 89% HAVE HAD AT LEAST ONE DOSE OF
MENINGOCOCCAL CONJUGATE COMPARED TO ONLY 54% UP-TO-DATE WITH HPV
VACCINATION (HAVE RECEIVED ALL DOSES IN THE SERIES). BY SEX, 57% OF GIRLS

Part VI Supplemental Information (Continuation)

AND APPROXIMATELY 52% OF BOYS AGED 13-17 ARE UP-TO-DATE ON THE HPV VACCINE SERIES (FOOTNOTE 5). IN 2019, TENNESSEE'S COMBINED HPV VACCINATION COVERAGE (UP-TO-DATE) FOR MALES AND FEMALES AGED 13-17 IS ONLY 43%, WHICH RANKS NEAR THE BOTTOM IN THE NATION. SIMILAR TRENDS IN LOW HPV VACCINATION UPTAKE ARE OBSERVED IN OTHER STATES INCLUDED IN THE ST. JUDE CATCHMENT AREA OF THE MID-SOUTH AND SOUTHEAST RANGING FROM THE HIGHEST UP-TO-DATE RATES OF HPV VACCINATION IN LOUISIANA (60%) TO THE LOWEST IN OKLAHOMA (42%) WITH THE MEAN AND MEDIAN RATE OF 50%. RESIDENTS OF TENNESSEE AND THE MID-SOUTH AND SOUTHEASTERN U.S. HAVE AMONG THE HIGHEST INCIDENCE OF HPV-RELATED CANCERS IN THE COUNTRY (FOOTNOTE 4). 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.

(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

Part VI Supplemental Information (Continuation)

ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY. FAMILIES ALSO HAVE ACCESS TO AN ONLINE EDUCATIONAL RESOURCE TITLED "YOU AND THE AFFORDABLE CARE ACT" ([HTTPS://WWW.STJUDE.ORG/TREATMENT/PATIENT-RESOURCES/CAREGIVER-RESOURCES/PATIENT-FAMILY-EDUCATION-SHETS/LEGAL-FINANCIAL/YOU-AND-THE-AFFORDABLE-CARE-ACT.HTML](https://www.stjude.org/treatment/patient-resources/caregiver-resources/patient-family-education-shets/legal-financial/you-and-the-affordable-care-act.html)). THIS ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS. WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE.

THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT ([HTTPS://WWW.STJUDE.ORG/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 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

Part VI Supplemental Information (Continuation)

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

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

RELIGION, OR THE FAMILY'S ABILITY TO PAY.

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

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

AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CATASTROPHIC DISEASES,

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

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

DIAGNOSTIC GROUPS OUTSIDE OF THESE SERVICES AND DOES NOT OFFER MEDICAL

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

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

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

PEDIATRIC SUBSPECIALIST, IS NECESSARY PRIOR TO ACCEPTING A PATIENT FOR

TREATMENT TO ST. JUDE.

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

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'

Part VI Supplemental Information (Continuation)

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 THE ST. JUDE GLOBAL INITIATIVE THROUGH 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. IT IS ESTIMATED THAT MORE THAN 400,000 CHILDREN WORLDWIDE DEVELOP CANCER EACH YEAR - NEARLY HALF OF WHOM ARE NEVER DIAGNOSED. APPROXIMATELY 90% OF THESE CHILDREN WITH CANCER LIVE 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

Part VI Supplemental Information (Continuation)

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, ST. JUDE
GLOBAL 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, ST. JUDE GLOBAL DEVELOPS PROGRAMS
THROUGH THE USE OF TECHNOLOGY AND FOSTERS REGIONAL AND INTERNATIONAL
COLLABORATIONS WITH OTHER PEDIATRIC MEDICAL INSTITUTIONS THROUGH THE ST.
JUDE GLOBAL ALLIANCE. 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 CONTINUALLY LEARN FROM AND ASSIST
EACH OTHER. COST EFFICIENCY IS ALSO REALIZED BECAUSE OF SHARED RESOURCES.

THE ST. JUDE GLOBAL ALLIANCE IS A GLOBAL NETWORK ESTABLISHED TO PURSUE THE
SHARED VISION OF IMPROVING THE QUALITY OF HEALTH CARE DELIVERY AND
INCREASING SURVIVAL RATES OF CHILDREN WITH CANCER AND BLOOD DISORDERS
WORLDWIDE. CURRENTLY, THE ALLIANCE HAS RECEIVED APPLICATIONS FROM 136
MEDICAL INSTITUTIONS IN 55 COUNTRIES AND ESTABLISHED PARTNERSHIPS WITH 75
OF THE MEDICAL INSTITUTIONS IN 45 COUNTRIES. MEMBERS OF THE ALLIANCE ARE A
PART OF A GLOBAL COMMUNITY DEDICATED TO TRANSFORMING GLOBAL CHILD HEALTH.
THEY WILL HAVE THE OPPORTUNITY TO DEVELOP GLOBAL PROJECTS AND STUDIES,
CONNECT WITH COMMITTEES AND WORKING GROUPS AT THE REGIONAL AND GLOBAL
LEVEL, AND ENGAGE WITH ST. JUDE FACULTY AND STAFF FOR TRAINING AND

Part VI Supplemental Information (Continuation)

DEVELOPMENT. ALLIANCE MEMBER INSTITUTIONS IN THE FOLLOWING COUNTRIES

RECEIVE ADDITIONAL SUPPORT FROM ST. JUDE FOR PROJECT IMPLEMENTATION -

BRAZIL, CHILE, CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL

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

NICARAGUA, PHILIPPINES, URUGUAY, VENEZUELA, AND ZAMBIA.

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 1,678 ONLINE

SEMINARS, 19 SELF-PACED COURSES, AND 52 INSTRUCTOR-LED COURSES, C4K

PROVIDES ONLINE MEETING AND CONFERENCE SPACE. IN FY20, C4K HAD 28,824

CONTENT VIEWS WITH 5,118 UNIQUE REGISTERED USERS, AND HOSTED 1,644

MEETINGS WITH 1,662 UNIQUE PARTICIPANTS FROM 156 DIFFERENT COUNTRIES;

THERE ARE 65 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

SCOPE OF HEALTH ISSUES THAN THE DISEASES TREATED AS A PRIMARY DIAGNOSIS.

Part VI Supplemental Information (Continuation)

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 22% OF NEW ONCOLOGY PATIENTS RESIDING WITHIN THIS AREA.

FY20 NEW CANCER PATIENTS

Table with 2 columns: PATIENT ORIGIN, % OF TOTAL. Rows include MEMPHIS, TN AND SURROUNDING AREA (22%), AFFILIATE REFERRAL (42%), NATIONAL REFERRAL (OTHER AREAS OF U.S.) (28%), INTERNATIONAL REFERRAL (8%), and GRAND TOTAL (100%).

(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

Part VI Supplemental Information (Continuation)

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.

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

Part VI Supplemental Information (Continuation)

ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL
TREATMENT AVAILABLE.

ST. JUDE COMPLETED THE FIRST PHASE OF THE PEDIATRIC CANCER GENOME PROJECT
(PCGP) IN JANUARY 2013 - A COLLABORATION WITH WASHINGTON UNIVERSITY TO
FIND CLUES TO THE CAUSES OF CHILDHOOD CANCER AND POTENTIAL NEW TREATMENTS
AND CURES. THE PROJECT HAS RESULTED IN GROUNDBREAKING DISCOVERIES IN A
NUMBER OF CHILDHOOD CANCERS INCLUDING RETINOBLASTOMA, MEDULLOBLASTOMA,
NEUROBLASTOMA, DIFFUSE INTRINSIC PONTINE GLIOMA, TWO AGGRESSIVE FORMS OF
LEUKEMIA AND LOW-GRADE GLIOMAS. IN DECEMBER 2012, THE PCGP WAS RECOGNIZED
AS ONE OF TIME MAGAZINE'S TOP 10 MEDICAL BREAKTHROUGHS AND, IN 2013, AS
ONE OF TIME MAGAZINE'S TOP 100 NEW SCIENTIFIC DISCOVERIES. THE SECOND
PHASE OF PCGP EXAMINED THE CANCER SAMPLES FROM 300 CHILDREN AND FOCUSED ON
DEFINING MUTATIONS THAT CONTRIBUTE TO TUMOR FORMATION, CHARACTERIZING THE
STATE OF THE CANCER CELL'S EPIGENOME AND DESCRIBING HOW IT DIFFERED FROM
WHAT IS SEEN IN THE NORMAL CELLS. THE SECOND PHASE ALSO INCLUDED A
CLINICAL GENOMICS PROJECT CALLED GENOMES FOR KIDS THAT INVOLVED
NEXT-GENERATION SEQUENCING FOR CHILDREN WITH CANCER. WHEN PHASE 2 IS
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

Part VI Supplemental Information (Continuation)

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
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

Part VI Supplemental Information (Continuation)

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

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

Part VI Supplemental Information (Continuation)

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 (AMERICAN LEBANESE SYRIAN
ASSOCIATED CHARITIES, INC.), 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 \$975 MILLION IN
FY20 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.

(NOTE: THIS NARRATIVE FOR PART VI, LINE 5 IS CONTINUED BELOW.) - SEE PAGE

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PART VI, LINE 2 (CONTINUATION FROM PAGE 94/140)

HEMATOLOGY

Part VI Supplemental Information (Continuation)

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 100,000 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
COUNTIES IN WESTERN TN. ST. JUDE PROVIDES CONFIRMATORY TESTING,
EDUCATION AND COMPREHENSIVE CARE AND FOLLOW-UP THROUGHOUT CHILDHOOD FOR
CHILDREN WITH SCD. FROM BIRTH TO AGE 18 YEARS, PATIENTS ARE CLINICALLY
EVALUATED AT LEAST EVERY 6 MONTHS, RECEIVE EDUCATION AND
MULTI-DISCIPLINARY SERVICES ACCORDING TO STANDARDIZED TREATMENT AND
EDUCATION GUIDELINES. SERVICES ALSO INCLUDE COMMUNITY OUTREACH AND
EDUCATION OF THE LOCAL COMMUNITY. ST. JUDE HAS ESTABLISHED A FORMAL
TRANSITION PROGRAM TO ADULT CARE FOR PATIENTS WITH SCD AND PROVIDES
SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRANSITION PROCESS BY
WORKING CLOSELY WITH THE ADULT SCD PROGRAMS AT METHODIST UNIVERSITY

Part VI Supplemental Information (Continuation)

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, 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

Part VI Supplemental Information (Continuation)

NON-MALIGNANT HEMATOLOGIC DISORDERS ARE REFERRED TO AND RECEIVE
STATE-OF-THE-ART CARE FROM ST. JUDE PHYSICIANS AND MEDICAL STAFF. ST.
JUDE IS ONE OF A SELECT GROUP OF FEDERALLY RECOGNIZED PEDIATRIC
HEMOPHILIA TREATMENT CENTERS AND PROVIDES STATE-OF-THE-ART
COMPREHENSIVE CARE TO APPROXIMATELY 300 CHILDREN WITH BLEEDING AND
THROMBOSIS DISORDERS.

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

Part VI Supplemental Information (Continuation)

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 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

Part VI Supplemental Information (Continuation)

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 1,120 YOUTH AND YOUNG ADULTS WITH GETTING INTO MEDICAL CARE. THIS FISCAL YEAR, OF THE 120 REFERRED TO CARE, 75% HAVE BEEN RETAINED IN CARE AND EXPECTED TO ACHIEVE VIRAL SUPPRESSION. THE SUCCESS OF THE PROGRAM 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 LE BONHEUR COMMUNITY HIV NETWORK TO REPLICATE AND EXPAND OUR MODEL OF LINKAGE TO CARE AND TREATMENT BY APPLYING FOR GRANT SUPPORT TO HIRE ADDITIONAL STAFF. THIS HAS ALLOWED OUR PROGRAM TO ASSIST OTHER AGENCIES WITH HELPING TO LINK NEWLY DIAGNOSED YOUTH AND YOUNG ADULTS INTO CARE AND ALSO CONTRIBUTE TO REDUCING THE HIV COMMUNITY VIRAL LOAD. 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. SINCE 2016, THE RIC COORDINATOR HAS CAREFULLY AND CONSIDERATELY WORKED TO ASSURE THAT APPROXIMATELY 40 PATIENTS ARE AS SUCCESSFUL AS POSSIBLE WITH TRANSITIONING TO ADULT MEDICAL CARE WITHOUT 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

Part VI Supplemental Information (Continuation)

PREVENTION TRIALS NETWORK) 083. SINCE 2017, WE HAVE PRE-SCREENED
APPROXIMATELY 150 ELIGIBLE INDIVIDUALS AND ENROLLED ONTO STUDY 94
UNINFECTED HIGH-RISK YOUNG ADULT VOLUNTEERS TO DETERMINE THE EFFICACY
OF USING BIOMEDICAL PREVENTION IN OUR COMMUNITY. WE WERE THE TOP
RECRUITING SITE FOR THIS STUDY AND MET OUR TWO-YEAR RECRUITMENT GOAL
(64) IN THE FIRST YEAR.

IN ADDITION, FOR OVER TWO YEARS, C2P MEMBERS ALONGSIDE THE ST. JUDE
COORDINATING CENTER STAFF, HAS BEEN SYSTEMATICALLY WORKING ON AN ENDING
THE HIV EPIDEMIC IN MEMPHIS IMPLEMENTATION PLAN. THIS COLLABORATIVE
EFFORT WAS RECENTLY FUNDED (SEPTEMBER 2019) BY THE CENTERS FOR DISEASE
CONTROL TO ACCELERATE STATE AND LOCAL PLANNING EFFORTS TO ACHIEVE ZERO
NEW HIV INFECTIONS BY THE YEAR 2030. THIS HAS LED TO MORE INTENTIONAL
ENGAGEMENT OF NEW STAKEHOLDERS, GRASS ROOTS ORGANIZATIONS, AND OTHER
GATEKEEPERS TO HELP FORTIFY AND BUILD OUT THE ENGAGEMENT PROCESSES.
SINCE SEPTEMBER OF 2019, C2P HAS MANAGED TO HOST AND PARTICIPATE IN
OVER 35 STAKEHOLDER MEETINGS AND GET BUY-IN AND SUPPORT FROM 20 NEW
PARTNER REPRESENTATIVES FROM 13 DIFFERENT ORGANIZATIONS TO CONTINUE TO
ENRICH THE EHE MEMPHIS PLANNING COALITION. SINCE APRIL OF 2020, MANY OF
THESE MEETINGS (11) HAVE HAD TO MOVE TO A VIRTUAL PLATFORM AMID THE
COVID-19 PANDEMIC. WE CREATED A VIRTUAL CHALK TALK WEEKLY SERIES AS A
WAY TO KEEP COMMUNITY PARTNER ENGAGEMENT STRONG AND VIABLE AND HAVE HAD
APPROXIMATELY 450 ATTENDEES TO DATE. THIS VIRTUAL PLATFORM HAS ALLOWED
US TO HIGHLIGHT THE ACCOMPLISHMENTS AND SWIFT ADJUSTMENTS THAT MANY OF
OUR COMMUNITY PARTNERS HAVE HAD TO ADOPT, AS WELL AS, CONTINUE TO
ENCOURAGE PARTNERS TO COMPLETE ENDING THE HIV EPIDEMIC MEMPHIS PLANS.

LASTLY, MEMBERS OF THE HIV PREVENTION PROGRAM HAVE CO-FACILITATED

Part VI Supplemental Information (Continuation)

AND/OR PARTICIPATED IN APPROXIMATELY 64 COMMUNITY BASED EDUCATIONAL AND TESTING EVENTS (FACE TO FACE/VIRTUAL), CONFERENCES AND RADIO/TELEVISION INTERVIEWS THAT HAVE IMPACTED WELL OVER 6,100 INDIVIDUALS IN MEMPHIS AND SURROUNDING AREAS. WE RECOGNIZE THE STRENGTH AND VALUE OF OUR COMMUNITY ENGAGEMENT INFRASTRUCTURE AND THAT MEMBERS ARE COMMITTED TO CONTINUE CROSS-AGENCY COLLABORATION. OUR GOALS ARE TO SUCCESSFULLY ACHIEVE MILESTONES AND IMPLEMENT NEW POLICIES AND PRACTICES THAT SUFFICIENTLY ADDRESS COMMUNITY NEEDS.

HOWEVER, OUR COMMUNITY ENGAGEMENT INFRASTRUCTURE HAS BEEN CHALLENGED SINCE COVID-19 HAS CAUSED IN-PERSON MOBILIZATION ACTIVITIES (CONFERENCES, SUBCOMMITTEE MEETINGS, PANEL DISCUSSIONS, EDUCATIONAL SEMINARS, ETC.) TO CEASE AS A RESULT OF SHELTERING IN PLACE. WE HAVE IMPLEMENTED AS MANY CARE AND TREATMENT MODALITIES AS WE CAN USING THE TELEPHONE, EMAIL AND TEXT MESSAGING. STILL, SOME INDIVIDUALS ARE NOT ABLE TO BE REACHED AS THIS CRISIS HAS UNCOVERED A DIGITAL DIVIDE. AS COVID-19 CASES CONTINUE TO RISE IN OUR COMMUNITY, WE WILL IMPLEMENT THE USE OF MORE VIRTUAL PLATFORMS AS A MEANS OF CREATING COMMUNITY TOUCH POINTS. WE WILL SCALE UP THE USE OF PHONE AND EMAIL TO ENSURE PATIENT LINKAGE AND ENGAGEMENT IN CARE AND HOPE TO GARNER ASSISTANCE FROM RESOURCE COMMODITY CENTERS TO PARTNER TO REACH THOSE INDIVIDUALS THAT HAVE LIMITED ACCESS TO DIGITAL PLATFORMS.

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 COMMUNITY AGENCY BUY-IN AND SUPPORT.

Part VI Supplemental Information (Continuation)

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PART VI, LINE 4 (CONTINUATION FROM PAGE 100/140)

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

PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U.S., ALLOWS 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)

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 2,600 NATIONAL AND NEARLY 1,100 INTERNATIONAL PHYSICIAN REQUESTS. FOR FY20 PATIENT CONSULTATIONS BY CONTINENT TOTALED 3,709 AS FOLLOWS:

CONTINENT	NUMBER OF PATIENT CONSULTATIONS
NORTH AMERICA (INCL. CENTRAL AMERICA AND CARIBBEAN)	2,884
SOUTH AMERICA	168
EUROPE	129
AFRICA	34

Part VI Supplemental Information (Continuation)

ASIA	428
AUSTRALIA	61
UNKNOWN LOCATION	5
TOTAL	3,709

PART VI, LINE 5 (CONTINUATION FROM PAGE 105/140)

IN OCTOBER 2019, ST. JUDE INVESTIGATORS PUBLISHED A PAPER IN THE JOURNAL OF CLINICAL ONCOLOGY DETAILING HOW THEY REDUCED RELAPSE IN PEDIATRIC ACUTE LYMPHOBLASTIC LEUKEMIA (ALL) PATIENTS BY ADDING DOSES OF CHEMOTHERAPY IN THE CEREBROSPINAL FLUID EARLIER IN TREATMENT. THE RESEARCHERS REPORTED THAT THE APPROACH IMPROVED CNS CONTROL WITHOUT ADDING TOXICITY.

ALSO THIS YEAR, THE ST. JUDE PEDIATRIC TRANSLATIONAL NEUROSCIENCE INITIATIVE STARTED TO TAKE SHAPE. THIS INSTITUTION-WIDE EFFORT AIMS TO TRANSFORM UNDERSTANDING AND TREATMENT OF DEVASTATING CHILDHOOD NEUROLOGICAL DISORDERS. DR. RICHARD S. FINKEL JOINED ST. JUDE TO HEAD THE CLINICAL CENTERPIECE, THE CENTER FOR EXPERIMENTAL NEUROTHERAPEUTICS. ON THE RESEARCH SIDE, DR. PETER MCKINNON IS LEADING THE NEW CENTER FOR PEDIATRIC NEUROLOGICAL DISEASE RESEARCH. THIS MARKS AN EXPANSION OF THE INSTITUTION'S FOCUS TO ENCOMPASS PEDIATRIC NEUROLOGICAL DISEASES AND A NEW PROGRAM TO HELP CHILDREN AFFECTED BY THEM.

ST. JUDE CONTINUED ITS GENE THERAPY TREATMENT CLINICAL TRIAL THAT HAS CURED BABIES WITH X-LINKED SEVERE COMBINED IMMUNODEFICIENCY (SCID-X1). SCIENTISTS HOPE THE NOVEL COMBINATION THERAPY WILL LEAD TO CURES FOR SICKLE CELL DISEASE AND OTHER BLOOD DISORDERS. SCID-X1 IS SOMETIMES

Part VI Supplemental Information (Continuation)

CALLED "BUBBLE BOY" DISEASE BECAUSE PATIENTS ARE USUALLY BOYS. THEY ARE
BORN WITHOUT GOOD DISEASE-FIGHTING IMMUNE SYSTEMS AND NEED PROTECTION
FROM THE WORLD. A MUTATION IN A SINGLE GENE STOPS PEOPLE WITH SCID-X1
FROM MAKING IMMUNE CELLS THAT WORK. A TEAM LED BY THE LATE BRIAN
SORRENTINO, MD, OF ST. JUDE DESIGNED A VECTOR TO CARRY A CORRECT COPY
OF THE GENE INTO BLOOD-PRODUCING CELLS. THE VECTOR INCLUDED SAFETY
FEATURES THAT PROTECT AGAINST TREATMENT-RELATED SIDE EFFECTS, INCLUDING
LEUKEMIA. THE FIRST EIGHT SCID-X1 BABIES TREATED WITH THE ST. JUDE GENE
THERAPY ARE ALL GROWING NORMALLY. THEY ARE NOW MAKING COMPLETE SETS OF
IMMUNE CELLS FOR THE FIRST TIME. NONE HAVE DEVELOPED SERIOUS
INFECTIONS.

OTHER PROGRAMS BEGUN DURING THIS YEAR INCLUDE A NEW ACUTE CARE CLINIC
FOR ESTABLISHED PATIENTS, A PILOT FOR HOME HEALTH SERVICES DURING THE
PANDEMIC, TRAINING MORE THAN 160 PROVIDERS ON TELEMEDICINE AND
INCREASING TELEMEDICINE OPTIONS FOR PATIENTS, AND PUBLISHING THE
TOGETHER WEBSITE PATIENT EDUCATIONAL RESOURCE INTO OTHER LANGUAGES
INCLUDING SPANISH, ARABIC, AND CHINESE.

WITH THE EMERGENCE OF THE COVID-19 PANDEMIC IN MARCH 2020, ST. JUDE
CHILDREN'S RESEARCH HOSPITAL MOVED QUICKLY TO PROTECT THE HEALTH AND
SAFETY OF OUR EMPLOYEES, FAMILIES, AND THE MOST VULNERABLE MEMBERS OF
OUR COMMUNITY - OUR PATIENTS.

ST. JUDE FACULTY AND STAFF WORKED TOGETHER TO CREATE A SAFE HARBOR
AGAINST COVID-19. PROTECTION MEASURES INCLUDE A FIRST-OF-ITS-KIND
COVID-19 TESTING PROGRAM FOR EMPLOYEES AS WELL AS PATIENTS AND THEIR
FAMILIES, CAMPUS ZONING, REDUCED PERSONNEL AND VISITOR ACCESS, AND

Part VI Supplemental Information (Continuation)

HEIGHTENED INFECTION-CONTROL PROCEDURES.

BEFORE MANY AREAS IN THE COUNTRY WERE ABLE TO TEST FOR COVID-19, ST.

JUDE CREATED ITS OWN CLINICAL TESTING PROGRAM FOR PATIENTS, FAMILIES

AND STAFF. EACH DAY, HUNDREDS OF EMPLOYEES RANDOMLY SELECTED FOR

SCREENING ENTER THE MARLO THOMAS CENTER AUDITORIUM, SIT DOWN AT TESTING

STATIONS AND HAVE THEIR NOSES SWABBED FOR EVIDENCE OF THE NOVEL

CORONAVIRUS. MEANWHILE, PATIENTS AND THEIR FAMILIES UNDERGO TESTING IN

ANOTHER PART OF THE HOSPITAL. NURSES PLACE THE SWABS INTO VIALS WITH

TRANSPORT MEDIA THAT HAS BEEN PRODUCED AND PACKAGED AT THE CHILDREN'S

GMP, LLC, A FACILITY LOCATED ON THE ST. JUDE CAMPUS. THE VIALS ARE THEN

TRANSPORTED TO THE HOSPITAL'S CLINICAL COVID-19 TESTING LAB, WHERE

PATHOLOGISTS TEST BETWEEN 5,000 AND 6,000 SAMPLES PER WEEK.

MEANWHILE, IN THE HOSPITAL, WORKERS EMPLOY MANY TACTICS TO CREATE A

SAFE ENVIRONMENT, INCLUDING USING UV LIGHT TO STERILIZE AND KILL

MICROBIOLOGICAL CONTAMINANTS.

TO FURTHER REDUCE THE INFECTION RISK, ST. JUDE HAS DRASTICALLY

CURTAILED THE NUMBER OF PEOPLE COMING ONTO CAMPUS. WE HAVE TAKEN STEPS

TO HAVE FEWER PATIENTS ON CAMPUS, AND WE HAVE LIMITED THE NUMBER OF

CAREGIVERS, VISITORS AND SIBLINGS ALLOWED IN THE HOSPITAL AND OUR

HOUSING FACILITIES. WE ARE HELPING PATIENTS AND FAMILIES AVOID TRAVEL

DURING THE PANDEMIC WHEN IT'S SAFE TO DO SO AND MANAGING THE CARE OF

EACH PATIENT ON AN INDIVIDUAL BASIS. SOME PATIENTS ARE ABLE TO GET CARE

AT ONE OF THE NINE ST. JUDE AFFILIATE CLINICS, FOR EXAMPLE. MANY

CHILDREN STAYING IN ST. JUDE HOUSING FACILITIES IN MEMPHIS NO LONGER

NEED TO TRAVEL TO CAMPUS FOR ROUTINE BLOODWORK OR CENTRAL-LINE CARE.

Part VI Supplemental Information (Continuation)

INSTEAD, THE CARE COMES TO THEM, THANKS TO ST. JUDE NURSES WHO VISIT
PATIENTS' ROOMS AND APARTMENTS. THE OVERWHELMING MAJORITY OF PATIENTS
AND THEIR CAREGIVERS SAY THEY LIKE THE CONVENIENCE OF RECEIVING CARE IN
HOUSING.

CANCER NEVER SLEEPS, SO RESEARCHERS AT ST. JUDE CONTINUE THEIR WORK
WHILE ADHERING TO NEW GUIDELINES FOR PHYSICAL DISTANCING, DISINFECTION
AND THE USE OF PERSONAL PROTECTIVE EQUIPMENT. THE CAMPUS HAS BEEN ZONED
SO THAT ADMINISTRATIVE AND RESEARCH EMPLOYEES DO NOT COME INTO CONTACT
WITH PATIENTS, FAMILIES AND CLINICAL EMPLOYEES. THIS IS ONE MORE LAYER
OF PROTECTION FOR THE CHILDREN IN OUR CARE.

IN THE MIDST OF A PANDEMIC, THE DEDICATED SCIENTISTS AT ST. JUDE
CONTINUE TO TRAVEL THEIR PATH OF INNOVATION, MAKING DISCOVERIES AND
SHARING THEIR FINDINGS WITH THE WORLD. IN THE PAST COUPLE OF MONTHS,
FOR INSTANCE, OUR RESEARCHERS HAVE DEVELOPED SOFTWARE TO IDENTIFY
CANCER-CAUSING MUTATIONS LURKING IN VAST REGIONS OF THE HUMAN GENOME.
THEY PREMIERED A DATA PORTAL THAT WILL SPEED DISCOVERIES AND NOVEL
THERAPIES FOR THE TREATMENT OF CHILDHOOD SOLID TUMORS. AND THEY HAVE
CREATED AN INNOVATIVE RESOURCE THAT ALLOWS RESEARCHERS WORLDWIDE TO
TEST NOVEL THERAPIES FOR CHILDHOOD BRAIN TUMORS. THOSE ARE ONLY THREE
OF MANY RECENT PROJECTS THAT WILL BENEFIT CHILDREN AROUND THE WORLD FOR
YEARS TO COME.

ST. JUDE IS A HUB OF NATIONAL AND INTERNATIONAL EFFORTS TO ADVANCE
UNDERSTANDING AND TREATMENT OF COVID-19 IN CHILDREN AND YOUNG PEOPLE,
ESPECIALLY THOSE WITH CANCER DIAGNOSES. NATIONALLY, WE ARE HOSTING A
REGISTRY TO COLLECT DATA ON CHILDREN WITH COVID-19. THE GOAL IS TO

Part VI Supplemental Information (Continuation)

LEARN MORE ABOUT THE INCIDENCE, DISTRIBUTION, CLINICAL PRESENTATION,
MANAGEMENT AND OUTCOMES OF THE INFECTION IN CHILDREN. ST. JUDE GLOBAL
HAS ALSO CREATED A WEBSITE DEDICATED TO THE EFFECT OF THE PANDEMIC ON
CHILDREN WITH CANCER AROUND THE WORLD. THE GLOBAL COVID-19 OBSERVATORY
AND RESOURCE CENTER FOR CHILDHOOD CANCER ALLOWS CLINICIANS WORLDWIDE TO
COLLABORATE, CONNECT AND FIND THE LATEST INFORMATION ON COVID-19 AS IT
RELATES TO PEDIATRIC CANCER.

ALTHOUGH INCREDIBLE RESOURCES HAVE BEEN DEDICATED TO PROTECTING THE
CAMPUS FROM COVID-19, OUR MISSION - FINDING CURES AND SAVING CHILDREN -
REMAINS AT THE FOREFRONT OF ALL WE DO. OUR FACULTY AND STAFF KNOW ALL
TOO WELL THAT CANCER AND OTHER DEADLY ILLNESSES DON'T STOP, EVEN IN THE
MIDST OF A PANDEMIC. AS A RESULT, WE CONTINUE TO CARE FOR THOUSANDS OF
CHILDREN WITH CANCER AND OTHER LIFE-THREATENING DISEASES. WE ARE
FOCUSED ON ENSURING PATIENTS GET THE TREATMENT THEY NEED EVEN DURING
THIS GLOBAL CRISIS.

ST. JUDE ALSO PRODUCED EDUCATIONAL RESOURCES ON COVID-19 FOR OUR
COMMUNITY, MAKING THEM PUBLICLY AVAILABLE ON STJUDE.ORG AND OUR
@STJUDERESEARCH SOCIAL MEDIA CHANNELS, AS WELL AS PROVIDING EXPERTS FOR
NEWS MEDIA STORIES ON COVID-19. COMMUNITY EDUCATION ALSO INCLUDED THE
FOLLOWING:

- TOGETHER WEBSITE: TOGETHER IS AN ONLINE RESOURCE BY ST. JUDE CHILDREN'S
RESEARCH HOSPITAL THAT OFFERS DEPENDABLE INFORMATION AND A COMMUNITY OF
SUPPORT FOR ANYONE FACING CHILDHOOD CANCER. THIS SITE PROVIDES RELIABLE
MEDICAL EXPLANATIONS AND CLINICAL CARE INFO IN EASY-TO-UNDERSTAND LAY
TERMS. THE SITE'S SOLE PURPOSE IS TO PROVIDE ACCURATE EDUCATIONAL

Part VI Supplemental Information (Continuation)

INFORMATION ON CHILDHOOD CANCER TO PATIENTS AND THEIR FAMILIES ANYWHERE
IN THE WORLD.

- PROMISE MAGAZINE, PRINT AND DIGITAL: ST. JUDE PUBLISHED 17 ARTICLES

IN PROMISE THIS YEAR WITH EDUCATIONAL INFORMATION ON HIV/AIDS, GENERAL
CHILDHOOD CANCER AND HEALTH RESOURCES, AND CHILDHOOD CANCER
SURVIVORSHIP.

- PROGRESS BLOG POSTS: ST. JUDE PUBLISHED MORE THAN 20 ARTICLES IN

PROGRESS THIS YEAR WITH EDUCATIONAL INFORMATION ON COVID-19, SICKLE
CELL DISEASE, FLU, HIV/AIDS, HEALTH CARE CAREERS, GENERAL CHILDHOOD
CANCER AND HEALTH RESOURCES, AND CHILDHOOD CANCER SURVIVORSHIP.

- PUBLIC SERVICE ANNOUNCEMENTS: ST. JUDE AIRED RADIO PSAS ON LOCAL

MEMPHIS STATIONS WLOK RADIO FM 104.9 AND 1340 AM 52 TIMES THIS YEAR.

THE PSAS WERE ON HIV/AIDS, HPV VACCINATION, AND SICKLE CELL DISEASE.

- SOCIAL MEDIA POSTS: ST. JUDE POSTED MORE THAN 130 MESSAGES IN FY20 ON

ITS FACEBOOK, TWITTER, INSTAGRAM AND LINKEDIN ACCOUNTS ABOUT CHILDHOOD
CANCER, SICKLE CELL DISEASE, HIV/AIDS, FLU, HPV VACCINATION, AND HEALTH
CARE CAREERS.

- STJUDE.ORG STORIES: ST. JUDE PUBLISHED 20 EDUCATIONAL STORIES ON

STJUDE.ORG. - THIS YEAR, SHARING INFORMATION ABOUT SICKLE CELL DISEASE,
HPV VACCINATION, HEALTH CARE CAREERS, GENERAL CHILDHOOD CANCER AND
HEALTH RESOURCES, SURVIVOR CARE AND COVID-19 RESOURCES.

- EARNED NEWS MEDIA STORIES: BECAUSE ALL MEDIA OUTLETS HAVE AN

ACCOMPANYING WEBSITE WHERE THEY ALSO SHARE THEIR NEWS (AND MANY ARE

ONLINE ONLY NOW), OUR LOCAL COMMUNITY CAN ACCESS EDUCATIONAL NEWS

STORIES FROM AROUND THE WORLD. THIS YEAR, THE ST. JUDE MEDIA RELATIONS

TEAM EARNED MORE THAN 300 NEWS STORIES IN VARIOUS MEDIA OUTLETS

AVAILABLE TO OUR COMMUNITY ABOUT THE FOLLOWING EDUCATIONAL TOPICS:

-- THE IMPORTANCE OF FLU VACCINATION

Part VI Supplemental Information (Continuation)

-- THE IMPORTANCE OF HPV VACCINATION

-- COVID-19 RESOURCES, SUCH AS HOW THE VIRUS SPREADS, SIGNS AND

SYMPTOMS, PROPER HANDWASHING, MASK-WEARING, SOCIAL DISTANCING,

DISCUSSING THE VIRUS WITH CHILDREN, AND MORE

-- SICKLE CELL DISEASE INFO AND RESOURCES

-- HIV/AIDS INFO AND RESOURCES

-- HEALTH CARE CAREERS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Employer identification number
62-0646012

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OUR LADY OF THE LAKE REGIONAL MEDICAL CENTER - 5000 HENNESSY BLVD. - BATON ROUGE, LA 70808	72-0423651	501(C)(3)	1,000,000.	0.			FINANCIAL SUPPORT
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE. PEORIA, IL 61637	37-0662569	501(C)(1)	490,909.	0.			OPERATION OF ST. JUDE CLINIC
GORDON RESEARCH CONFERENCES 512 LIBERTY LANE WEST KINGSTON, RI 02892	26-0150662	501(C)(3)	12,000.	0.			INTRINSICALLY DISORDERED PROTEINS AND ACUTE RESPIRATORY INFECTION CONFERENCES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 2.
- 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) (2019)

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)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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)	842,937.	0.	57,153.	102,443.	17,928.	1,020,461.	0.
(2) JAMES R. DOWNING PRESIDENT/CEO	(i)	1,107,730.	150.	1,161,523.	30,800.	24,682.	2,324,885.	420,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PATRICIA A. KEEL EVP, CAO & CFO	(i)	612,400.	150.	5,126.	61,040.	23,872.	702,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JAMES I. MORGAN EVP/SCIENTIFIC DIRECTOR	(i)	586,695.	150.	9,018.	30,800.	27,182.	653,845.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	(i)	766,346.	150.	5,082.	143,656.	22,814.	938,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	(i)	810,148.	150.	1,450.	145,549.	12,964.	970,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	(i)	668,600.	150.	78,673.	63,560.	12,043.	823,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DORALINA ANGHELESCU FACULTY	(i)	577,996.	17,650.	507,888.	30,800.	18,006.	1,152,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREW DAVIDOFF CHAIR	(i)	774,824.	17,650.	72,572.	30,800.	31,676.	927,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TERENCE L. GEIGER SVP/DEPUTY DIRECTOR	(i)	602,772.	17,650.	430,891.	30,800.	34,236.	1,116,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MARY ELIZABETH MCCARVILLE FACULTY	(i)	581,024.	26,650.	455,480.	30,800.	21,971.	1,115,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) THOMAS E. MERCHANT CHAIR	(i)	803,410.	17,650.	128,184.	30,800.	34,236.	1,014,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) WILLIAM E. EVANS FACULTY/FORMER PRESIDENT/CEO	(i)	654,045.	150.	8,790.	30,800.	12,043.	705,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) MARY ANNA QUINN FORMER EVP/CAO	(i)	472,861.	0.	458,243.	21,681.	14,272.	967,057.	375,000.
	(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: 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 NOT RECORDED AS COMPENSATION.

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

DEPENDENT TUITION FOR TWO OFFICERS. THE APPLICABLE EXPENSE WAS GROSSED-UP

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

PART I, LINE 4A:

UNDER A VOLUNTARY SEPARATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND

THE ORGANIZATION, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY. THE TERMS

AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS ARE CONFIDENTIAL. ALL

SEVERANCE AGREEMENTS, WHEN LEGALLY PERMITTED, INCLUDE A RELEASE OF

CLAIMS.

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.

SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED

PERSON IN PART VII:

MARY ANNA QUINN \$277,400

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.

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

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.

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

AS CEO OF ALSAC.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUSANNA DOWNING	SEE PART V	72,240.	EMPLOYMENT		X
JEREMY QUINN	SEE PART V	93,781.	EMPLOYMENT		X
MARY RELLING	SEE PART V	553,600.	EMPLOYMENT		X
DIANE ROBERTS	SEE PART V	235,900.	EMPLOYMENT		X
CHRISTOPHER ROBERTS	SEE PART V	15,903.	EMPLOYMENT		X
LYNN RODRIGUEZ	SEE PART V	171,007.	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: SUSANNA DOWNING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PRESIDENT AND CEO, JAMES R. DOWNING.

(C) AMOUNT OF TRANSACTION: \$72,240

(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: \$93,781

(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: MARY RELLING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

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

Schedule L (Form 990 or 990-EZ) 2019

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION: \$553,600

(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.

(C) AMOUNT OF TRANSACTION: \$235,900

(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: CHRISTOPHER ROBERTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, CHARLES M. ROBERTS.

(C) AMOUNT OF TRANSACTION: \$15,903

(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: LYNN RODRIGUEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, CARLOS RODRIGUEZ-GALINDO.

(C) AMOUNT OF TRANSACTION: \$171,007

(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 for the latest information.

OMB No. 1545-0047

2019

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 AT THE DOCTORAL AND
MASTER'S LEVEL 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.

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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FORM 990, PART VI, SECTION B, LINE 11B:

IN FEBRUARY OF EACH YEAR, THE AUDIT & COMPLIANCE COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE AUDIT & COMPLIANCE COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY THE COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE FORM 990, AND THE CONFLICT OF INTEREST COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE FINALIZED DOCUMENT IS FILED WITH THE IRS. EACH VOTING MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS.

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

NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD OF GOVERNOR'S CONFLICT OF INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. IN ADDITION, ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE UPDATE AT LEAST ANNUALLY. 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

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

Employer identification number 62-0646012

OFFICER ENSURES EMPLOYEES MEET THESE REQUIREMENTS AND REVIEWS SUBMITTED DISCLOSURES. DISCLOSURES IDENTIFIED AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS APPROPRIATE. DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY BE MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

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

THE BOARD'S COMPENSATION COMMITTEE COMMISSIONS ANNUAL THIRD PARTY SALARY SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS: CHIEF EXECUTIVE OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CHIEF ADMINISTRATIVE OFFICER, CHIEF FINANCIAL OFFICER, CLINICAL DIRECTOR, CHIEF GOVERNANCE OFFICER/CORPORATE SECRETARY, CHIEF LEGAL OFFICER, AND CHAIR, DEPARTMENT OF GLOBAL PEDIATRIC MEDICINE. IN ADDITION, FOUR 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 2020.

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

388,708,538.

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

Employer identification number
62-0646012

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITH DONOR

RESTRICTIONS -18,366,158.

TOTAL TO FORM 990, PART XI, LINE 9 370,342,380.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILDREN'S GMP, LLC - 47-4475625 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	VACCINE MANUFACTURER	TENNESSEE	861,505.	3,265,484.	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	1,816.	1,173,699.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. - 35-1044585, 501 ST. JUDE PLACE, MEMPHIS, TN 38105-3678	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) 2019

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information

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

PART I, IDENTIFICATION OF DISREGARDED ENTITIES:

NAME, ADDRESS, AND EIN OF DISREGARDED ENTITY:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF

BIOMEDICAL SCIENCES

EIN: 81-3240987

262 DANNY THOMAS PLACE

MEMPHIS, TN 38105-3678

PRIMARY ACTIVITY: HIGHER EDUCATION

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

St. Jude Children's Research Hospital, Inc. and Subsidiaries

Consolidated Financial Statements as of and
for the Years Ended June 30, 2020 and 2019, 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, 2020 and 2019, 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, 2020 and 2019, 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 6, 2020

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

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2020 AND 2019

	2020	2019
ASSETS		
CURRENT ASSETS:		
Cash	\$ 4,829,004	\$ 4,118,944
Accounts receivable:		
Patient care services—net	15,468,474	18,476,506
Grants and contracts	32,617,969	29,362,954
Other	9,026,395	2,552,031
Inventories	16,624,122	9,042,686
Prepaid expenses and other assets	<u>21,891,614</u>	<u>19,016,975</u>
Total current assets	100,457,578	82,570,096
ASSETS LIMITED AS TO USE	2,418,680	2,370,565
INTEREST IN NET ASSETS OF ALSAC	5,736,412,965	5,366,070,585
PROPERTY AND EQUIPMENT—Net	<u>901,606,015</u>	<u>763,227,185</u>
TOTAL	<u>\$6,740,895,238</u>	<u>\$6,214,238,431</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 87,683,430	\$ 83,870,233
Accrued payroll costs	67,411,261	49,392,207
Employee health liability costs	<u>3,299,000</u>	<u>3,902,000</u>
Total current liabilities	158,393,691	137,164,440
DEFERRED REVENUES FROM GRANTS AND CONTRACTS	14,752,839	14,186,821
OTHER LONG-TERM LIABILITIES	<u>3,524,841</u>	<u>3,197,474</u>
Total liabilities	<u>176,671,371</u>	<u>154,548,735</u>
NET ASSETS:		
Without donor restrictions	5,495,421,852	4,972,521,523
With donor restrictions	<u>1,068,802,015</u>	<u>1,087,168,173</u>
Total net assets	<u>6,564,223,867</u>	<u>6,059,689,696</u>
TOTAL	<u>\$6,740,895,238</u>	<u>\$6,214,238,431</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, 2020 AND 2019

	2020			2019		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES, GAINS, AND OTHER SUPPORT:						
Net patient service revenue	\$ 125,905,299	\$ -	\$ 125,905,299	\$ 109,172,619	\$ -	\$ 109,172,619
Research grants and contracts	119,388,852	-	119,388,852	109,635,882	-	109,635,882
Net investment income	48,115	-	48,115	147,768	-	147,768
Other	<u>18,338,842</u>	<u>-</u>	<u>18,338,842</u>	<u>24,595,112</u>	<u>-</u>	<u>24,595,112</u>
Total revenues, gains, and other support	<u>263,681,108</u>	<u>-</u>	<u>263,681,108</u>	<u>243,551,381</u>	<u>-</u>	<u>243,551,381</u>
EXPENSES:						
Program services:						
Patient care services	517,968,948	-	517,968,948	490,685,639	-	490,685,639
Research	477,972,478	-	477,972,478	436,938,714	-	436,938,714
Education, training, and community services	<u>34,572,326</u>	<u>-</u>	<u>34,572,326</u>	<u>29,338,061</u>	<u>-</u>	<u>29,338,061</u>
Total program services	1,030,513,752	-	1,030,513,752	956,962,414	-	956,962,414
Supporting services—administrative and general	<u>73,466,785</u>	<u>-</u>	<u>73,466,785</u>	<u>64,479,887</u>	<u>-</u>	<u>64,479,887</u>
Total expenses	<u>1,103,980,537</u>	<u>-</u>	<u>1,103,980,537</u>	<u>1,021,442,301</u>	<u>-</u>	<u>1,021,442,301</u>
CHANGE IN INTEREST IN NET ASSETS OF ALSAC	<u>388,708,538</u>	<u>-</u>	<u>388,708,538</u>	<u>580,106,392</u>	<u>-</u>	<u>580,106,392</u>
LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT	<u>(251,302)</u>	<u>-</u>	<u>(251,302)</u>	<u>(627,023)</u>	<u>-</u>	<u>(627,023)</u>
EXPENSES IN EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT	(451,842,193)	-	(451,842,193)	(198,411,551)	-	(198,411,551)
NET SUPPORT RECEIVED FROM ALSAC	974,742,522	-	974,742,522	865,122,365	-	865,122,365
CHANGE IN INTEREST IN NET ASSETS OF ALSAC	<u>-</u>	<u>(18,366,158)</u>	<u>(18,366,158)</u>	<u>-</u>	<u>90,106,130</u>	<u>90,106,130</u>
CHANGES IN NET ASSETS	522,900,329	(18,366,158)	504,534,171	666,710,814	90,106,130	756,816,944
NET ASSETS—Beginning 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>
NET ASSETS—End of year	<u>\$ 5,495,421,852</u>	<u>\$ 1,068,802,015</u>	<u>\$ 6,564,223,867</u>	<u>\$ 4,972,521,523</u>	<u>\$ 1,087,168,173</u>	<u>\$ 6,059,689,696</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, 2020 AND 2019

	2020			2019		
	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	\$ 563,003,426	\$ 34,887,858	\$ 597,891,284	\$ 515,358,937	\$ 30,390,464	\$ 545,749,401
PROFESSIONAL FEES AND CONTRACT SERVICES	180,362,737	12,422,233	192,784,970	155,798,347	12,005,052	167,803,399
SUPPLIES	151,946,145	2,839,460	154,785,605	148,137,514	2,339,034	150,476,548
TELEPHONE	1,257,533	161,911	1,419,444	1,268,803	183,524	1,452,327
OCCUPANCY	28,111,105	8,226,931	36,338,036	28,172,117	4,973,247	33,145,364
TRAVEL AND MEETINGS	10,148,195	753,360	10,901,555	14,417,046	462,029	14,879,075
MISCELLANEOUS	<u>12,247,335</u>	<u>4,461,696</u>	<u>16,709,031</u>	<u>12,499,530</u>	<u>4,446,263</u>	<u>16,945,793</u>
TOTAL BEFORE DEPRECIATION	947,076,476	63,753,449	1,010,829,925	875,652,294	54,799,613	930,451,907
DEPRECIATION	<u>83,437,276</u>	<u>9,713,336</u>	<u>93,150,612</u>	<u>81,310,120</u>	<u>9,680,274</u>	<u>90,990,394</u>
TOTAL FUNCTIONAL EXPENSES	<u>\$ 1,030,513,752</u>	<u>\$ 73,466,785</u>	<u>\$ 1,103,980,537</u>	<u>\$ 956,962,414</u>	<u>\$ 64,479,887</u>	<u>\$ 1,021,442,301</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, 2020 AND 2019

	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	\$ 504,534,171	\$ 756,816,944
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Support received from ALSAC	(974,742,522)	(865,122,365)
Change in interest in net assets of ALSAC	(370,342,380)	(670,212,522)
Depreciation	93,150,612	90,990,394
Net realized and unrealized investment gain	(48,115)	(147,769)
Loss from disposal of property and equipment	251,302	627,023
Changes in operating assets and liabilities:		
Accounts receivable	(6,721,347)	(6,196,311)
Inventories	(7,581,436)	(1,310,359)
Prepaid expenses and other assets	(2,874,639)	(5,075,138)
Accounts payable and other accrued liabilities	33,533,654	7,141,381
Deferred revenues from grants and contracts	<u>566,018</u>	<u>(1,212,894)</u>
Net cash used in operating activities	<u>(730,274,682)</u>	<u>(693,701,616)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Capital expenditures	(243,830,342)	(168,466,682)
Proceeds from the sale of property and equipment	<u>72,562</u>	<u>54,586</u>
Net cash used in investing activities	<u>(243,757,780)</u>	<u>(168,412,096)</u>
CASH FLOWS FROM FINANCING ACTIVITIES:		
Support received from ALSAC	<u>974,742,522</u>	<u>865,122,365</u>
Net cash provided by financing activities	<u>974,742,522</u>	<u>865,122,365</u>
NET CHANGE IN CASH	710,060	3,008,653
CASH—Beginning of year	<u>4,118,944</u>	<u>1,110,291</u>
CASH—End of year	<u>\$ 4,829,004</u>	<u>\$ 4,118,944</u>
NON-CASH INVESTING AND FINANCING ACTIVITIES—Capital expenditures, on account	<u>\$ (11,977,036)</u>	<u>\$ 17,322,098</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, 2020 AND 2019

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. No family ever pays the Hospital for the care their child receives. More than 7,700 patients are seen at the Hospital yearly, most of whom are treated on a continuing outpatient basis as part of ongoing research programs and account for approximately 71,000 hospital visits per year. The current basic science and clinical research at the Hospital includes work in gene therapy, chemotherapy, the biochemistry of normal and 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).

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.

COVID-19 Impact—On March 11, 2020 the World Health Organization declared the novel strain of coronavirus ("COVID-19") a global pandemic and recommended containment and mitigation measures worldwide. As of June 30, 2020, the Hospital believes the current impacts of the COVID-19 pandemic did not warrant an impairment of its property and equipment and has not had significant impacts to the Hospital's net assets. However, the Hospital cannot reasonably estimate the length or severity of this pandemic, or the extent to which a disruption may materially impact the Hospital's financial position, net assets or cash flows for the year ending June 30, 2021.

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 net realizable 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 2020 or 2019.

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.

Revenue Recognition—On July 1, 2019, the Hospital adopted Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers* and all subsequent amendments to the ASU (collectively, “ASC 606”), which supersedes most existing revenue recognition guidance and outlines a single comprehensive model for recognizing revenue as performance obligations, defined in a contract with a customer as goods or services transferred to the customer in exchange for consideration, are satisfied.

The Hospital applied the modified retrospective approach when adopting ASC 606. The adoption of ASC 606 did not have a material impact on the consolidated statement of activities for the year ended June 30, 2020.

Net Patient Service Revenues—Upon the adoption of ASC 606, net operating revenues are recorded at the transaction price estimated by the Hospital to reflect the total consideration due from third-party payors in exchange for providing goods and services in patient care. These services are considered to be a single performance obligation and have a duration of less than one year. Revenues are recorded as these goods and services are provided. The transaction price, which involves significant estimates, is determined based on the Hospital’s standard charges for the goods and services provided, with a reduction recorded for price concessions related to third party contractual arrangements as well as other implicit price concessions. During the year ended June 30, 2020, the impact of changes to the inputs used to determine the transaction price was considered immaterial to the current period.

The Hospital’s net patient service revenues during the year ended June 30, 2020 have been presented in the following table based on an allocation of the estimated transaction price with the third-party payor between the primary classification of insurance coverage:

	2020
Commercial insurance	\$ 47,462,604
Medicaid	39,362,550
Blue Cross	30,664,871
Other third-party payors	<u>8,415,274</u>
Total	<u>\$ 125,905,299</u>

Net patient service revenues, net of contractual allowances and uncollectible accounts by payor have been presented in the following table for the year ended June 30, 2019, consistent with the presentation prior to the adoption of ASC 606 on July 1, 2019:

	2019
Commercial insurance	\$ 42,552,205
Medicaid	33,236,644
Blue Cross	29,413,543
Other third-party payors	<u>3,970,227</u>
Total	<u>\$ 109,172,619</u>

In 2019, patient service revenue has been reduced by adjustments for uncollectible accounts totaling approximately \$1,100,000.

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. The differences between the estimated reimbursement rates and the standard billing rates are accounted for as contractual adjustments, which are deducted from gross revenues to arrive at net patient service revenue. Final settlements under certain programs are subject to adjustment based on administrative review and audit by third parties. Adjustments to the estimated billings are recorded in the periods when such adjustments become known. Adjustments to previous reimbursement estimates are accounted for as contractual allowance adjustments and reported in the period in which final settlements are determined. In addition, the Hospital is reimbursed by non-governmental payors using a variety of payment methodologies.

A summary of the basis for reimbursement with major third-party payors 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.

Accounts receivable, patient care services—The Hospital reports accounts receivable from patient care services at net realizable value based on certain assumptions determined for each major third-party payor type. For third-party payors the net realizable value is based on the estimated contractual reimbursement percentage, which is based on current contract prices or historical paid claims data by payor. These estimates are adjusted for expected recoveries and any anticipated changes in trends. As no family ever pays for the care their child receives at the Hospital, there are no self-pay accounts receivable.

Accounts receivable, patient care services and their net realizable value can be impacted by significant changes in payor mix, business office operations, economic conditions, or trends in federal and state governmental healthcare coverage. The Hospital continually reviews the net realizable value of accounts receivable by monitoring historical cash collections as a percentage of trailing net operating revenues, as well as by analyzing current period net revenue, aged accounts receivable by third-party payor and other related factors.

Accounts receivable, patient care services has been reduced by estimated provisions for contractual adjustments and uncollectible accounts of \$146,700,000 and \$214,800,000 in 2020 and 2019, respectively.

Charity Care—The Hospital provides 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 \$110,200,000 and \$126,100,000 in 2020 and 2019, respectively. Management's estimate of costs incurred to provide charity care were \$96,500,000 and \$96,800,000 in 2020 and 2019, respectively.

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

Concentration of Credit Risk—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, 2020 and 2019, is as follows:

	2020	2019
Commercial insurance	47 %	48 %
Medicaid	26	22
Blue Cross	27	26
Other third-party payors	<u>0</u>	<u>4</u>
Total	<u>100 %</u>	<u>100 %</u>

Research Grants and Contracts—On July 1, 2019, the Hospital adopted ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. The adoption of this ASU resulted in the treatment of most federal grants as contributions (nonreciprocal transactions) rather than exchange transactions. The new standard also clarified the criteria for evaluating whether contributions are conditional or unconditional. The adoption of this ASU did not materially impact the consolidated financial statements.

The Hospital records revenues related to research grants and contracts in two portfolio categories based on the source of the funds:

Government Sponsors provide funding for research largely to advance knowledge for public or academic benefit in direct support of the Hospital’s mission. The Hospital primarily considers these sponsored research agreements to be contributions (nonreciprocal transactions). The Hospital recognizes grant and contract revenue associated with contributions from government sponsors as earned when the conditions are met (allowable expenses have been incurred). Additionally, a small portion of government-sponsored awards qualify as exchange (reciprocal) transactions. The transaction price for exchange transactions is the stated amount of the award. The Hospital recognizes grants and contracts revenue related to these exchange transactions at the time services are provided. Government sponsored research grants and contracts revenues were approximately \$105,900,000 and \$94,000,000 for the years ended June 30, 2020 and 2019, respectively.

Private Sponsors consist of private agencies, professional associations, private foundations, corporate foundations and corporations. The Hospital recognizes revenue associated with contributions from private sponsors as the conditions are met. Additionally, some private sponsor awards qualify as exchange (reciprocal) transactions. The transaction price for exchange transactions is the stated amount of the award. The Hospital recognizes grants and contracts revenue related to these exchange transactions at the time services are provided. Private sponsored research grants and contracts revenues were approximately \$13,500,000 and \$16,300,000 for the years ended June 30, 2020 and 2019, respectively.

Facilities and Administrative (F&A) costs recovery—The Hospital recognizes F&A costs recovery as revenue. This activity represents reimbursement, primarily from the federal government, of F&A costs on sponsored activities. The Hospital’s federal F&A cost recovery rate was 79.5% in both 2020 and 2019.

Other Revenue—Other revenue includes technology licensing, net of payouts to inventors, and other miscellaneous revenue. The Hospital recognizes revenue from other sources as the related services are provided and/or amounts are otherwise earned upon satisfaction of the performance obligation in accordance with the terms of the underlying agreements. Technology licensing included in other revenue was approximately \$9,200,000 and \$14,700,000 for the years ended June 30, 2020 and 2019, 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:

Expense Category	Method of Allocation
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.

Subsequent Events—The Coronavirus Aid, Relief, and Economic Security (CARES) Act and other federally funded programs have provided opportunity for relief to the Hospital. As of October 6, 2020, the Hospital has received approximately \$2,300,000 in payments through the Medicaid Provider Relief Fund, which was applied for on July 17, 2020 and did not qualify for recognition during the year ended June 30, 2020.

The Hospital did not identify any other events during this period that required additional disclosure or recognition in the consolidated financial statements through October 6, 2020.

Recent Accounting Pronouncements—In February 2016, the FASB issued ASU 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 fiscal years beginning after December 15, 2021, 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 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. This standard is effective 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.

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:

Financial assets at year end:	
Cash	\$ 4,829,004
Accounts receivable:	
Patient care services—net	15,468,474
Grants and contracts	32,617,969
Other	9,026,395
Assets limited as to use	<u>2,418,680</u>
 Total financial assets	 64,360,522
 Less amounts not available to be used within one year:	
Assets limited as to use	<u>(2,418,680)</u>
 Financial assets available within one year	 <u>\$ 61,941,842</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. ALSAC provided \$974,742,522 for the year ended June 30, 2020 to support the Hospital’s expenditures.

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 \$2,418,680 and \$2,370,565 for the years ended June 30, 2020 and 2019, respectively.

The composition of net investment income for the years ended June 30, 2020 and 2019, is as follows:

	2020	2019
Interest and dividend income	\$ 10,607	\$ 11,974
Net realized and unrealized investment gain	<u>37,508</u>	<u>135,794</u>
Total investment income	<u>\$ 48,115</u>	<u>\$147,768</u>

4. PROPERTY AND EQUIPMENT

A summary of property and equipment as of June 30, 2020 and 2019, is as follows:

	2020	2019
Leasehold interests:		
Land improvements	\$ 18,393,923	\$ 14,042,381
Buildings and improvements	1,067,814,231	1,042,449,718
Owned property:		
Equipment	379,853,843	362,761,094
Computer software	76,721,159	72,757,094
Construction in progress	<u>360,143,280</u>	<u>186,390,599</u>
	1,902,926,436	1,678,400,886
Less accumulated depreciation	<u>(1,001,320,421)</u>	<u>(915,173,701)</u>
Total	<u>\$ 901,606,015</u>	<u>\$ 763,227,185</u>

All land improvements, buildings, and building improvements are leased from ALSAC. The major terms of the lease are described in Note 11. The Hospital has reported land improvements and buildings under lease from ALSAC as a capital lease. Land improvements and buildings have been capitalized at cost, which the Hospital estimates approximated the fair value at the inception of the lease.

Construction in progress at June 30, 2020, was principally composed of \$284,900,000 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. 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 \$27,800,000 and \$26,200,000 for the years ended June 30, 2020 and 2019, respectively.

6. 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, 2020 and 2019, and for the years then ended is as follows:

	2020	2019
Assets:		
Cash and investments	\$ 5,558,460,062	\$ 5,191,081,747
Other assets	<u>289,877,633</u>	<u>270,024,065</u>
Total assets	<u>\$ 5,848,337,695</u>	<u>\$ 5,461,105,812</u>
Total liabilities	<u>\$ 111,924,730</u>	<u>\$ 95,035,227</u>
Net assets:		
Without donor restrictions	4,667,610,950	4,278,902,412
With donor restrictions	<u>1,068,802,015</u>	<u>1,087,168,173</u>
Total net assets	<u>5,736,412,965</u>	<u>5,366,070,585</u>
Total liabilities and net assets	<u>\$ 5,848,337,695</u>	<u>\$ 5,461,105,812</u>
Revenues, gains, and other support	<u>\$ 1,946,825,390</u>	<u>\$ 2,081,168,859</u>
Expenses:		
Hospital support	974,742,522	865,122,365
Other program services	159,664,895	142,395,893
Supporting services	<u>442,075,593</u>	<u>403,394,327</u>
Total expenses	<u>1,576,483,010</u>	<u>1,410,912,585</u>
Gain (loss) from disposal of property and equipment	<u>-</u>	<u>(43,752)</u>
Changes in net assets	370,342,380	670,212,522
Net assets—beginning of year	<u>5,366,070,585</u>	<u>4,695,858,063</u>
Net assets—end of year	<u>\$ 5,736,412,965</u>	<u>\$ 5,366,070,585</u>

Investments—The composition of investments as of June 30, 2020 and 2019, is as follows:

	2020	2019
Global equity	\$ 1,964,966,275	\$ 1,972,411,797
Marketable alternative	1,460,773,725	1,357,388,781
Real assets	283,518,177	366,625,874
Private equity	970,794,463	777,719,090
Fixed income	451,040,059	446,999,466
Cash	<u>66,176,078</u>	<u>126,956,938</u>
Total	<u>\$ 5,197,268,777</u>	<u>\$ 5,048,101,946</u>

The composition of net investment income for the years ended June 30, 2020 and 2019, is as follows:

	2020	2019
Net realized and unrealized investment gains	\$ 135,153,105	\$ 335,260,654
Interest and dividend income	25,296,657	29,632,000
Investment expenses	<u>(1,643,133)</u>	<u>(1,865,807)</u>
Net investment income	<u>\$ 158,806,629</u>	<u>\$ 363,026,847</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.

The investments in investment funds (in partnership format) by major category as of June 30, 2020 and 2019 were fully funded and the fair value was as follows:

	2020				
	Level 1	Level 2	Level 3	Net Asset Value	Total
Global equity	\$ 506,922,163	\$ -	\$ -	\$ 1,458,044,112	\$ 1,964,966,275
Marketable alternative	2,860,370	-	4,858,637	1,453,054,718	1,460,773,725
Real assets	67,587,770	-	215,930,407	-	283,518,177
Private equity	-	-	970,794,463	-	970,794,463
Fixed income	30,986,146	-	-	420,053,913	451,040,059
Cash	<u>66,176,078</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>66,176,078</u>
Total	<u><u>\$ 674,532,527</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 1,191,583,507</u></u>	<u><u>\$ 3,331,152,743</u></u>	<u><u>\$ 5,197,268,777</u></u>
	2019				
	Level 1	Level 2	Level 3	Net Asset Value	Total
Global equity	\$ 520,091,582	\$ -	\$ -	\$ 1,452,320,215	\$ 1,972,411,797
Marketable alternative	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><u>\$ 853,976,933</u></u>	<u><u>\$ -</u></u>	<u><u>\$ 1,023,431,642</u></u>	<u><u>\$ 3,170,693,371</u></u>	<u><u>\$ 5,048,101,946</u></u>

There were no transfers between Level 1 and Level 2 (asset-level reclassification) during the years ended June 30, 2020 and 2019.

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, 2020 and 2019, are as follows:

	Marketable Alternative	Real Assets	Private Equity	Total
Ending balance—June 30, 2018	\$ 3,954,327	\$ 229,734,125	\$ 619,305,444	\$ 852,993,896
Transfers into Level 3 ^(a)	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 ^(b)	467,422	20,174,436	58,084,611	78,726,469
Unrealized gain (loss) ^(b)	<u>(787,667)</u>	<u>(18,665,259)</u>	<u>48,661,555</u>	<u>29,208,629</u>
Ending balance—June 30, 2019	5,914,527	239,798,025	777,719,090	1,023,431,642
Purchases	5,830	55,700,143	159,749,357	215,455,330
Sales	(80,374)	-	(1,517,939)	(1,598,313)
Distributions	(490,519)	(41,129,790)	(76,308,838)	(117,929,147)
Interest and dividends	7,713	3,561,637	5,565,616	9,134,966
Realized gain (loss) ^(b)	(1,377,621)	3,747,741	38,455,757	40,825,877
Unrealized gain (loss) ^(b)	<u>879,081</u>	<u>(45,747,349)</u>	<u>67,131,420</u>	<u>22,263,152</u>
Ending balance—June 30, 2020	<u>\$ 4,858,637</u>	<u>\$ 215,930,407</u>	<u>\$ 970,794,463</u>	<u>\$ 1,191,583,507</u>

^(a) 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.

^(b) The total amounts of realized and unrealized gain (loss) are included in net investment income in ALSAC's statements of activities.

Private equity and private 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 \$750,106,000 and \$658,803,000 at June 30, 2020 and 2019, 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, 2020 and 2019 were fully funded and the fair value was as follows:

	2020	2019	Redemption Frequency	Redemption Notice Period
Global equity ^(a)	\$ 1,458,044,112	\$ 1,452,320,215	Daily, monthly, quarterly greater than one year	0–120 days
Marketable alternatives ^(b)	1,453,054,718	1,346,720,395	Monthly, quarterly, annually, greater than one year	30–180 days
Fixed income ^(c)	<u>420,053,913</u>	<u>371,652,761</u>	Daily	0-30 days
Total	<u>\$ 3,331,152,743</u>	<u>\$ 3,170,693,371</u>		

There is approximately \$103,908,000 across 15 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 \$97,695,000 is expected to be completed within the next year. Illiquid balances expected to be distributed in the longer term remain from funds terminated in 2018, 2017, 2016, and prior years total approximately \$1,357,000, \$2,904,000, \$68,000, and \$1,883,000, respectively. There were no unfunded commitments related to investments valued at NAV in either 2020 or 2019.

^(a) 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.

^(b) 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.

^(c) Consists of U.S. Treasury securities employing a constant duration strategy and is liquid on a daily basis.

7. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions as of June 30, 2020 and 2019, are restricted for the following purposes:

	2020	2019
Endowments:		
Subject to spending policy and appropriation		
Future needs of the hospital	\$ 670,804,877	\$ 699,585,399
Endowed chairs	228,129,087	217,609,474
Treatment and research	<u>35,007,838</u>	<u>34,482,713</u>
Total endowments	933,941,802	951,677,586
Subject to the passage of time	90,751,425	85,476,067
Net assets restricted to purpose	<u>44,108,788</u>	<u>50,014,520</u>
Total net assets with donor restrictions	<u>\$1,068,802,015</u>	<u>\$1,087,168,173</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, 2020 and 2019:

	2020	2019
Spending from donor-restricted endowment funds under an endowment spending policy	\$54,590,410	\$31,784,955
Expiration of split interest agreements	8,948,370	5,152,635
Restricted purpose spending		
Financial assistance	<u>-</u>	<u>3,500</u>
Total	<u>\$63,538,780</u>	<u>\$36,941,090</u>

8. NET ASSETS WITHOUT DONOR RESTRICTIONS

The composition of net assets without donor restrictions as of June 30, 2020 and 2019 is as follows:

	2020	2019
Cash and cash equivalents	\$ 320,938,776	\$ 96,730,532
Receivables	106,769,948	86,960,687
Investments	4,075,060,413	3,908,880,476
Inventories	16,624,122	9,042,686
Board-designated endowments	99,741,188	103,673,358
Board-designated self-insurance funding	2,418,680	2,370,565
Property and equipment—net	1,130,866,421	983,734,854
Deferred expenses and other assets	<u>31,598,405</u>	<u>30,712,327</u>
Total assets without donor restrictions	5,784,017,953	5,222,105,485
Less liabilities	<u>(288,596,101)</u>	<u>(249,583,962)</u>
Net assets without donor restrictions	<u>\$5,495,421,852</u>	<u>\$4,972,521,523</u>

9. FINANCIAL INSTRUMENTS

The carrying amounts of all applicable asset and liability financial instruments reported in the consolidated statements of financial position approximate their estimated fair values due to their short-term nature, in all significant respects, as of June 30, 2020 and 2019.

10. SELF-INSURANCE PROGRAMS

The Hospital is self-insured for the following:

- Comprehensive general and professional liability coverage up to \$2 million per claim and \$6 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 \$1,600,000

and \$1,800,000 as of June 30, 2020 and 2019, 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 \$1,400,000 and \$1,200,000 as of June 30, 2020 and 2019, respectively. 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 \$450,000 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 \$3,300,000 and \$3,900,000 as of June 30, 2020 and 2019, respectively. The reserve is included in the consolidated statements of financial position as employee health liability costs.

The Hospital also has substantial excess liability coverage available under the provisions of certain claims-made policies. To the extent that any claims-made coverage is not renewed or replaced with equivalent insurance, claims based on occurrences during the term of such coverage, but reported subsequently, would be uninsured. Management believes, based on incidents identified through the Hospital's incident reporting system, that any such claims would not have a material effect on the Hospital's consolidated 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, 2021, January 1, 2021, and December 31, 2020, respectively.

11. LEASES

Rental expense for all operating leases was approximately \$3,500,000 and \$2,700,000 for the years ended June 30, 2020 and 2019, respectively.

A schedule by year of future minimum lease payments under operating leases as of June 30, 2020, that have initial or remaining lease terms in excess of one year is as follows:

Years Ending June 30	
2021	\$ 2,104,053
2022	1,945,980
2023	1,680,361
2024	1,061,530
2025	386,951
Thereafter	<u>-</u>
Total	<u>\$ 7,178,875</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, 2020 and 2019, is as follows:

	2020	2019
Land improvements	\$ 18,393,923	\$ 14,042,381
Buildings and improvements	<u>1,067,814,231</u>	<u>1,042,449,718</u>
	1,086,208,154	1,056,492,099
Less accumulated depreciation	<u>(652,618,164)</u>	<u>(605,049,457)</u>
Total	<u>\$ 433,589,990</u>	<u>\$ 451,442,642</u>

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

12. COMMITMENTS AND CONTINGENCIES

The Hospital is involved in various claims and matters of litigation that arise in the normal course of business. Although the outcome of these proceedings and claims cannot be determined with certainty, the Hospital's management is of the opinion that the outcome will not have a material adverse effect on the consolidated financial statements.

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