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Part III

Statement of Program Service Accomplishments

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

☐ ☒

1

Briefly describe the organization's mission

ST JUDE CHILDREN'S RESEARCH HOSPITAL IS A RESEARCH, TREATMENT AND EDUCATION CENTER 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, RELIGION OR A FAMILY'S ABILITY TO PAY

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 323,357,158 including grants of \$ 43,200) (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 THE HOSPITAL AWARDS NO GRANTS TO OUTSIDE AGENCIES ALL RESEARCH ACTIVITIES ARE CONDUCTED BY HOSPITAL PERSONNEL

4b

(Code) (Expenses \$ 9,954,454 including grants of \$) (Revenue \$)

EDUCATION AND TRAINING AS PART OF ITS EDUCATIONAL MISSION, THE HOSPITAL PROVIDES AN INTERNATIONAL OUTREACH PROGRAM THE MISSION OF THE INTERNATIONAL OUTREACH PROGRAM (IOP) IS TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE THE IOP 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 THESE INITIATIVES ARE SPEARHEADED BY ST JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE PROFESSIONALS AT OUR PARTNER SITES

4c

(Code) (Expenses \$ 317,682,384 including grants of \$ 1,283,641) (Revenue \$ 97,421,430)

PATIENT CARE THE HOSPITAL PROVIDED 14,767 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 3,779 OR 26% OF THOSE INPATIENT DAYS PATIENTS MADE 66,540 CLINIC VISITS DURING THE YEAR

4d

Other program services (Describe in Schedule O)























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

4e

Total program service expenses

650,993,996

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
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? If "Yes," complete Schedule C, Part II 	4 Yes	
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? If "Yes," complete Schedule C, Part III 	5	No
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? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
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? If "Yes," complete Schedule D, Part VI 	11a Yes	
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? If "Yes," complete Schedule D, Part VII 	11b	No
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? If "Yes," complete Schedule D, Part VIII 	11c	No
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? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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>	23	Yes	
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>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
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>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33	Yes	
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>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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>	36		No
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>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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.	990	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Yes	
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.	4,331	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
3b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>			
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)?			No
4b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
7a 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?			
7b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
7d If "Yes," indicate the number of Forms 8282 filed during the year.		0	
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
9a Did the organization make any taxable distributions under section 4966?			
9b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
10a Initiation fees and capital contributions included on Part VIII, line 12.			
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
11a Gross income from members or shareholders.			
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			
13b 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.			
13c Enter the amount of reserves on hand.			
14a Did the organization receive any payments for indoor tanning services during the tax year?			No
14b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>			

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
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	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	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?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶TN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶MICHAEL C CANARIOS 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 (901) 595-2261

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	7,833,117	646,921	875,572

2 Total number of individuals (including but not limited to those listed in the table) who received more than \$100,000 of reportable compensation from the organization. 516

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

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	GENERAL CONTRACTOR	56,807,678
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY MO 64117	CONSULTING	5,771,514
DYNAMIX GROUP INC PO BOX 116609 ATLANTA GA 303686609	MAINTENANCE SERVICE	4,765,951
UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP ST SUITE 300 MEMPHIS TN 38163	MEDICAL SERVICE	4,632,042
BARNES & BROWER INC 3787 OLD GETWELL RD MEMPHIS TN 38118	GENERAL CONTRACTOR	3,963,387

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 **169**

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	530,494,893			
	e	Government grants (contributions)	1e	69,343,568			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,594,049			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		611,432,510			
Program Service Revenue	2a	PATIENT CARE	Business Code 621110	97,421,430	97,421,430		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		97,421,430			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	13,967			13,967
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	PATENTS/LICENSING INCO	900099	24,399,968			24,399,968	
b	CAFETERIA/VENDING	722212	3,314,275	3,314,275			
c	CHGME/CHCA	900099	1,955,292	1,955,292			
d	All other revenue		3,427,740	3,427,740			
e	Total. Add lines 11a-11d		33,097,275				
12	Total revenue. See Instructions		740,730,972	106,118,737	0	23,179,725	

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 governments and organizations in the United States. See Part IV, line 21.	1,326,841	1,326,841		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	4,462,978	2,621,986	1,840,992	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	291,494,679	273,043,390	18,451,289	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	18,705,939	17,521,874	1,184,065	
9	Other employee benefits.	39,571,931	37,067,072	2,504,859	
10	Payroll taxes.	19,894,920	18,635,594	1,259,326	
11	Fees for services (non-employees):				
a	Management.	18,754,594	17,855,054	899,540	
b	Legal.	4,386,072	4,175,700	210,372	
c	Accounting.	182,393	173,645	8,748	
d	Lobbying.	31,376	31,376		
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 Schedule O).	62,776,086	56,544,293	6,231,793	
12	Advertising and promotion.	856,343	815,270	41,073	
13	Office expenses.	2,514,716	2,470,823	43,893	
14	Information technology.	11,676,441	11,116,396	560,045	
15	Royalties.				
16	Occupancy.	23,508,955	20,744,302	2,764,653	
17	Travel.	9,936,402	9,451,321	485,081	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	1,455,621	1,038,170	417,451	
20	Interest.	3,082,928	3,079,528	3,400	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	61,003,690	58,509,897	2,493,793	
23	Insurance.	1,224,084	817,228	406,856	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	PHARMACEUTICAL SUPPLIES	38,017,955	37,354,372	663,583	0
b	LABORATORY SUPPLIES	32,026,678	31,467,669	559,009	0
c	TELEPHONE	1,274,219	1,142,461	131,758	0
d	ALLOCATION ADJUSTMENTS	0	12,554,084	-12,554,084	0
e	All other expenses	35,110,188	31,435,650	3,674,538	
25	Total functional expenses. Add lines 1 through 24e.	683,276,029	650,993,996	32,282,033	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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			6,872,920	1	18,460
	2	Savings and temporary cash investments			10,327,250	2	10,445,000
	3	Pledges and grants receivable, net			5,664,796	3	5,247,477
	4	Accounts receivable, net			13,424,312	4	15,892,018
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			4,829,227	8	5,315,567
	9	Prepaid expenses and deferred charges			7,884,421	9	8,746,958
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,177,208,191			
	b	Less accumulated depreciation	10b	644,412,317	461,343,613	10c	532,795,874
	11	Investments—publicly traded securities			1,612,504	11	1,847,027
	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			2,770,168,304	15	3,299,994,764
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,282,127,347	16	3,880,303,145
Liabilities	17	Accounts payable and accrued expenses			77,214,992	17	92,820,914
	18	Grants payable				18	
	19	Deferred revenue			5,893,607	19	6,906,828
	20	Tax-exempt bond liabilities			223,667,040	20	217,904,956
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			3,022,266	25	2,853,098
	26	Total liabilities. Add lines 17 through 25			309,797,905	26	320,485,796
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			2,068,341,902	27	2,578,631,115
	28	Temporarily restricted net assets			60,144,267	28	66,082,159
	29	Permanently restricted net assets			843,843,273	29	915,104,075
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			2,972,329,442	33	3,559,817,349
	34	Total liabilities and net assets/fund balances			3,282,127,347	34	3,880,303,145

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	740,730,972
2	Total expenses (must equal Part IX, column (A), line 25)	2	683,276,029
3	Revenue less expenses Subtract line 2 from line 1	3	57,454,943
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,972,329,442
5	Net unrealized gains (losses) on investments	5	136,502
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	529,896,462
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,559,817,349

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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public
Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
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						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 Total support (Add lines 7 through 10)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. 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						▶
b 33 1/3% support test—2012. 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						▶
17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
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						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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 **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes" to 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" to 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" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the 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 expenditures ▶ \$
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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 (grass roots 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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 to 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,761
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		15,615
j	Total. Add lines 1c through 1i.			31,376
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 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, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1	B) ST JUDE EMPLOYS A DIRECTOR OF GOVERNMENT AFFAIRS, G) PRORATED SALARY OF DIRECTOR OF GOVERNMENT AFFAIRS, I) ST JUDE RETAINED ALSTON & BIRD FOR FEDERAL POLICY CONSULTING AND SMITH HARRIS & CARR FOR STATE POLICY CONSULTING. AMOUNT LISTED IS RETAINER FEES PRORATED FOR DIRECT AND STATE LEGISLATIVE CONTACTS.

[illegible]

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an 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 Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

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

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

b

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

3b
- Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.
- | Description of property | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 830,864,267 | 393,180,853 | 437,683,414 |
| c Leasehold improvements | | | | |
| d Equipment | | 339,673,821 | 247,431,879 | 92,241,942 |
| e Other | | 6,670,103 | 3,799,585 | 2,870,518 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 532,795,874 |
- Schedule D (Form 990) 2013

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	211,676,901
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	136,502
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	136,502
3	Subtract line 2e from line 1	3	211,540,399
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	529,190,573
c	Add lines 4a and 4b	4c	529,190,573
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	740,730,972

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	683,276,029
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	683,276,029
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	683,276,029

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.

Return Reference	Explanation
PART X, LINE 2	AS OF JUNE 30, 2014, THE HOSPITAL HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL STATEMENTS. IN THE EVENT THE HOSPITAL WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND MISCELLANEOUS FOR PENALTIES. GENERALLY, TAX YEARS ENDING IN 2010 THROUGH 2014 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.
PART XI, LINE 4B - OTHER ADJUSTMENTS	NET SUPPORT RECEIVED FROM ALSAC 530,494,893. LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT -1,304,320.

[illegible]

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	961,047
(2) EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	446,063
(3) MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	EDUCATION AND TRAINING	3,153,716
(4) SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	652,575
(5) NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	232,472
3a Sub-total	0	1			5,445,873
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			5,445,873

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

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

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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)*

☐

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 file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐

Yes

☒

No

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

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).

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
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 <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % 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 _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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"?	3a No	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b No	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4 Yes	
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?	5a Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b Yes	
b	If "Yes," did the organization make it available to the public?	5c No	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a No	
		6b	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			50,841,840	66,957	50,774,883	7 430 %
b Medicaid (from Worksheet 3, column a)			116,963,640	31,099,805	85,863,835	12 570 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			167,805,480	31,166,762	136,638,718	20 000 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,726,235	1,060	15,725,175	2 300 %
f Health professions education (from Worksheet 5)			7,840,415	302,700	7,537,715	1 100 %
g Subsidized health services (from Worksheet 6)			17,981,472		17,981,472	2 630 %
h Research (from Worksheet 7)			292,380,454	92,191,843	200,188,611	29 300 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,262,331		1,262,331	0 180 %
j Total Other Benefits			335,190,907	92,495,603	242,695,304	35 510 %
k Total. Add lines 7d and 7j			502,996,387	123,662,365	379,334,022	55 510 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development			106,816		106,816	0.020 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			19,931		19,931	0 %
7Community health improvement advocacy						
8Workforce development			38,883		38,883	0.010 %
9Other						
10Total			165,630		165,630	0.030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

681,000

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

6Enter Medicare allowable costs of care relating to payments on line 5.

6

859,199

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-859,199

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

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)

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or facility reporting group

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	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 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
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 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 type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3	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 Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>WWW.STJUDE.ORG/CHNA</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input type="checkbox"/> Available upon request from the hospital facility		
d	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input checked="" type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	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)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, 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		Yes	No	
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	9	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care __% If "No," explain in Part VI the criteria the hospital facility used	10		No
11	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used	11		No
12	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)	12		No
a <input type="checkbox"/> Income level				
b <input type="checkbox"/> Asset level				
c <input type="checkbox"/> Medical indigency				
d <input type="checkbox"/> Insurance status				
e <input type="checkbox"/> Uninsured discount				
f <input type="checkbox"/> Medicaid/Medicare				
g <input type="checkbox"/> State regulation				
h <input type="checkbox"/> Residency				
i <input type="checkbox"/> Other (describe in Part VI)				
13	Explained the method for applying for financial assistance?	13	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	14	Yes	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website				
b <input type="checkbox"/> The policy was attached to billing invoices				
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms				
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices				
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility				
f <input checked="" type="checkbox"/> The policy was available upon request				
g <input type="checkbox"/> Other (describe in Part VI)				
Billing and Collections				
15	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 actions the hospital facility may take upon non-payment?	15	Yes	
16	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				
b <input type="checkbox"/> Lawsuits				
c <input type="checkbox"/> Liens on residences				
d <input type="checkbox"/> Body attachments				
e <input checked="" type="checkbox"/> Other similar actions (describe in Section C)				
17	Did the hospital facility or an authorized third 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? If "Yes," check all actions in which the hospital facility or a third party engaged	17		No
a <input type="checkbox"/> Reporting to credit agency				
b <input type="checkbox"/> Lawsuits				
c <input type="checkbox"/> Liens on residences				
d <input type="checkbox"/> Body attachments				
e <input type="checkbox"/> Other similar actions (describe in Section C)				

Part V

Facility Information *(continued)*

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a** ☐ Notified individuals of the financial assistance policy on admission

b ☐ Notified individuals of the financial assistance policy prior to discharge

c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

	Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires 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? If "No," indicate why	Yes	
<div>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</div> <div>b <input type="checkbox"/> The hospital facility's policy was not in writing</div> <div>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</div> <div>d <input type="checkbox"/> Other (describe in Part VI)</div>		

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

20 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		
<div>a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div> <div>b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div> <div>c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div> <div>d <input checked="" type="checkbox"/> Other (describe in Part VI)</div>		
21 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 Part VI		No
22 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 Part VI		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

[illegible]

Part V

Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 _____	
2 _____	
3 _____	
4 _____	
5 _____	
6 _____	
7 _____	
8 _____	
9 _____	
10 _____	

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

Form and Line Reference	Explanation
PART I, LINE 3C	NO FAMILY EVER PAYS ST JUDE FOR TREATMENT A BILLING SYSTEM IS MAINTAINED FOR EACH PATIENT SO THAT THE HOSPITAL CAN RECOVER INSURANCE IF IT IS AVAILABLE, BUT ST JUDE COVERS ALL COSTS NOT REIMBURSED BY INSURANCE, INCLUDING CO-PAYS AND DEDUCTIBLES WE COVER TOTAL COSTS FOR THOSE WITHOUT INSURANCE IN ADDITION, ST JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES THIS INCLUDES LODGING FOR UP TO FOUR FAMILY MEMBERS AND TRANSPORTATION FOR THE PATIENT AND ONE GUARDIAN TRAVELING TO ST JUDE FOR CARE WE ALSO PROVIDE GENEROUS MEAL ALLOWANCES FOR FAMILIES THANKS LARGELY TO DONATIONS FROM THE PUBLIC, WE ARE ABLE TO PROVIDE THESE SERVICES TO ALL PATIENTS, REGARDLESS OF INCOME, SO 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 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 OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS

Form and Line Reference	Explanation
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 AND LINE 7B MEDICAID PART I, LINE 7C CHIPS 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

Form and Line Reference	Explanation
PART I, LINE 7G	ST JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR SIX AFFILIATE CLINICS TOTALING APPROXIMATELY \$7 MILLION

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>THE ST JUDE CHILDREN'S RESEARCH HOSPITAL CEO IS A MEMBER OF MEMPHIS TOMORROW MEMPHIS TOMORROW IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS OF MEMPHIS' LARGEST ENTERPRISES THE PURPOSE IS TO BRING TOP BUSINESS LEADERS TOGETHER WITH GOVERNMENT AND CIVIC LEADERS TO FOSTER ECONOMIC PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY ST JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD WHOSE STRATEGIES ARE BASED ON THE COMMON SENSE PREMISE THAT ECONOMIC GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS GOOD JOBS, QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT ST JUDE IS A MEMBER OF THE THE MIDSOUTH EHEALTH ALLIANCE (MSEHA), A NON -PROFIT INITIATIVE TO IMPROVE THE QUALITY, SAFETY, AND EFFICIENCY OF HEALTH CARE IN THE MID-SOUTH REGION BY PROVIDING FOR THE ELECTRONIC EXCHANGE OF HEALTH INFORMATION, HEALTHCARE PROVIDERS CAN SECURELY ACCESS PATIENTS' VITAL HEALTH INFORMATION WHEN AND WHERE IT IS NEEDED THE MSEHA CURRENTLY EXCHANGES DATA AMONG 14 HOSPITALS AND 12 AMBULATORY CLINICS IN THE REGION THE MSEHA IS CURRENTLY SHARING MEDICAL INFORMATION BETWEEN HOSPITAL EMERGENCY DEPARTMENTS AND AMBULATORY CLINICS TO PROVIDE BETTER TREATMENT AND DIAGNOSTIC SERVICES FOR PATIENTS HEALTH CARE PROVIDERS CAN MAKE BETTER CHOICES ABOUT A PATIENT'S CARE AND TREATMENT WHEN THEY HAVE AS MUCH INFORMATION AS POSSIBLE ABOUT THAT PATIENT'S HEALTH FROM LAB TESTS, MEDICAL HISTORY, MEDICINES, AND OTHER REPORTS THE ALLIANCE PERMITS PROVIDERS TO REVIEW MEDICAL INFORMATION IN A SYSTEM THAT IS FASTER THAN CONTACTING A PATIENT'S OTHER PROVIDERS ONE BY ONE THE ALLIANCE SHARES INFORMATION ABOUT A PATIENT'S MEDICAL CONDITION WITH HEALTH CARE PROVIDERS INVOLVED IN THAT PATIENT'S CARE FOR COORDINATION OF CARE THE ST JUDE CHIEF INFORMATION OFFICER SERVED AS CHAIRMAN OF THE BOARD OF THE MEMPHIS COALITION FOR ADVANCED NETWORKING (MCAN) AND SERVES ON THE BOARD OF THE MEMPHIS RESEARCH CONSORTIUM MCAN SERVES TO ADVANCE EDUCATION, RESEARCH, PUBLIC SERVICE, AND ECONOMIC DEVELOPMENT INITIATIVES MCAN ESTABLISHES VERY HIGH SPEED OPTICAL BROADBAND COMMUNICATION CONNECTIONS WITH OTHER REGIONAL INITIATIVES IN TENNESSEE TO FORM A STATEWIDE HIGH SPEED RESEARCH BACKBONE FURTHER , MCAN CONNECTS THE MEMPHIS REGION WITH NATIONAL AND INTERNATIONAL RESEARCH AND SCIENTIFIC NETWORKS, ENABLING MEMPHIS AND TENNESSEE A SIGNIFICANT COMPETITIVE ADVANTAGE IN RESEARCH- DRIVEN ECONOMIC DEVELOPMENT THE MEMPHIS RESEARCH CONSORTIUM FUNDS COLLABORATIVE RESEARCH CONDUCTED BY ITS MEMBERS INCLUDING ST JUDE, THE UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER AND THE UNIVERSITY OF MEMPHIS ST JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX) ASSOCIATION OF MEMPHIS APEX IS AN ASSOCIATION OF PURCHASING AND PROCUREMENT PROFESSIONALS FROM MEMPHIS ORGANIZATIONS WHOSE PURPOSE IS TO PROMOTE BEST PRACTICES IN SUPPLIER DIVERSITY ADDITIONALLY, ST JUDE IS SILVER SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC) ECONOMIC DEVELOPMENT FAIR THE MMBC SERVES AS THE MID-SOUTH'S FOREMOST MINORITY BUSINESS DEVELOPMENT ORGANIZATION THE MMBC HELPS TO DEVELOP A STRONG MINORITY AND WOMEN BUSINESS COMMUNITY IN AN EFFORT TO IMPACT ECONOMICALLY THE ENTIRE MID-SOUTH REGION THE ST JUDE OFFICE OF GOVERNMENT AFFAIRS DIRECTOR CONTINUES TO CHAIR THE ADVOCACY COMMITTEE OF THE TENNESSEE CANCER COALITION WHICH EXISTS TO IDENTIFY AREAS OF GREATEST CANCER BURDEN ON THE CITIZENS OF TENNESSEE THE ST JUDE OFFICE OF GOVERNMENT AFFAIRS DIRECTOR CONTINUES TO SERVE ON THE BOARD OF DIRECTORS OF THE RIVERFRONT DEVELOPMENT CORPORATION (RDC) IN ADDITION TO MANAGING ALL THE PARKS ON THE MEMPHIS RIVERFRONT WHICH FOSTER HEALTHY LIFESTYLES, THE RDC HAS CONSTRUCTED A PLAYGROUND DESIGNED SPECIFICALLY FOR CHILDREN AT BEALE STREET LANDING THIS IS THE ONLY CHILD-DESIGNATED PLAYGROUND ON THE MEMPHIS RIVERFRONT AND FOSTERS EXERCISE FOR CHILDREN LIVING DOWNTOWN THE PEDIATRIC ONCOLOGY PROGRAM BRINGS FIFTY TO SIXTY STUDENTS EACH SUMMER FOR INTERNSHIPS IN BASIC SCIENCE OR CLINICAL RESEARCH ADDITIONALLY, EXPERIENTIAL LEARNING INTERNSHIPS ARE STRUCTURED BY AND MANAGED BY ACADEMIC PROGRAMS IN MANY AREAS FROM SCIENCE TO ACCOUNTING THESE PROGRAMS SUPPORT INCREASING THE AWARENESS OF CAREERS IN RESEARCH SCIENCE, HEALTHCARE, OR HEALTHCARE MANAGEMENT AND CONTRIBUTE TO PREPARING STUDENTS TO ENTER THESE CAREERS IN THE SUMMER OF 2014 ACADEMIC PROGRAMS SUPPORTED FOUR HIGH SCHOOL STUDENTS FROM SHELBY COUNTY AS A PART OF THE AFTER SCHOOL PROGRAM OF THE SHELBY COUNTY SCHOOL SYSTEM THESE STUDENTS PARTICIPATED IN NON-LAB BASED ASSIGNMENTS SUCH AS COMPLETING DATA PROJECTS FOR THE INTERNATIONAL OUTREACH DEPARTMENT THEY WERE ALSO INVOLVED IN A SERIES OF CAREER EXPLORATION AND INFORMATION SESSIONS STRUCTURED BY ACADEMIC PROGRAMS THE CLINICAL EDUCATION AND TRAINING OFFICE HOSTS THIRTY TO FORTY STUDENTS AS PATIENT CARE OBSERVERS THESE STUDENTS ARE AT DIFFERENT STAGES OF TRAINING FROM HIGH SCHOOL TO COLLEGE OR PROFESSIONAL HEALTHCARE SCHOOLS IN</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>CLUDING MEDICAL SCHOOLS THE OBSERVERS ARE DECIDING ON OR CONFIRMING CAREER HEALTHCARE DECISIONS THE DOMICILIARY SERVICES AND VOLUNTEER SERVICES DEPARTMENTS PROVIDE SUMMER PROGRAMS FOR HIGH SCHOOL AND COLLEGE STUDENTS THAT DRIVE ENTRY INTO HEALTH CAREERS THE VOLUNTEER SERVICES DEPARTMENT ALSO ENGAGES TWO TO THREE INTERNS WHO ASSIST IN PLANNING AND COORDINATING DEPARTMENT EVENTS AND ACTIVITIES UNDERGRAD AND MASTERS LEVEL STUDENTS ARE OFFERED EXPERIENTIAL LEARNING IN FIELDS SUCH AS MARKETING AND COMMUNICATIONS, HEALTH AND PUBLIC ADMINISTRATION, AND NON-PROFIT MANAGEMENT THE OFFICE OF LEGAL SERVICES OFFERS LEGAL INTERNSHIPS TO LOCAL (UNIVERSITY OF MEMPHIS, OLE MISS) LAW STUDENTS DURING THE ACADEMIC YEAR AND TO NATIONAL LAW SCHOOLS DURING THE SUMMER MINIMUM REQUIREMENTS ARE UNDERGRADUATE DEGREE AND COMPLETION OF AT LEAST THE FIRST YEAR IN AN ABA ACCREDITED LAW SCHOOL INTERNS PERFORM LEGAL RESEARCH, DRAFT MEMORANDA, LETTERS, AND OTHER DOCUMENTS, DRAFT AND REVIEW CONTRACTUAL AGREEMENTS, PREPARE PRESENTATIONS TO ST JUDE PERSONNEL, AND ASSIST WITH IDENTIFYING LEGAL FRAMEWORK FOR POLICIES INTERNS ALSO LEARN THROUGH OBSERVATION OF AND PARTICIPATION IN DAY-TO-DAY LAW PRACTICE ACTIVITIES, INCLUDING LEGAL PROCEEDINGS, NEGOTIATIONS, MEETINGS, TRAININGS, AND COUNSELING SESSIONS WHEN POSSIBLE, INTERNS WORK WITH CLIENT DEPARTMENTS AND DEPARTMENTAL STAFF TO GATHER INFORMATION AND TO GAIN INSIGHT INTO AND UNDERSTANDING OF RESEARCH, CLINICAL, BUSINESS, AND HEALTH CARE OPERATIONS ST JUDE'S SCHOOL-BASED OUTREACH PROGRAM, CURE4KIDS FOR KIDS, USES EDUCATION AND POSITIVE REINFORCEMENT TO ENCOURAGE STUDENTS TO MAKE HEALTHY LIFESTYLE CHOICES AND TEACHES THEM WAYS TO REDUCE THE RISK OF DEVELOPING CANCER OVER THEIR LIFETIME THE PROGRAM'S EDUCATIONAL OBJECTIVES ARE TO (A) TEACH SCHOOL-AGE CHILDREN ABOUT CANCER AND DISPEL COMMON MISCONCEPTIONS, (B) EDUCATE ABOUT AND PROMOTE THE CONCEPT OF MAKING HEALTHY LIFESTYLE CHOICES IN ORDER TO REDUCE THEIR RISK OF DEVELOPING CANCER IN ADULTHOOD, AND (C) INSPIRE AN INTEREST IN SCIENCE AND SCIENTIFIC CAREERS IT SPECIFICALLY ADDRESSES OBESITY, NUTRITION, SMOKING, AND SUN EXPOSURE, WHICH ARE IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND CANCER PREVENTION THE PROGRAM PROVIDES PROFESSIONAL DEVELOPMENT TRAINING FOR K-12 EDUCATORS AS WELL AS ESSENTIAL TOOLS NEEDED FOR EFFECTIVELY TEACHING CANCER EDUCATION IN THE CLASSROOM THE PROGRAM COORDINATOR IS AN ADVISOR FOR THE FOOD ADVISORY COUNCIL OF MEMPHIS THIS AGENCY FOCUSES ON LOCAL FOOD POLICIES TO BUILD HEALTHIER COMMUNITIES IN THE MEMPHIS AREA ST JUDE IS ALSO INVOLVED IN THE CHRISTIAN BROTHERS HIGH SCHOOL STEM COLAB, WHICH PROVIDES TEACHERS PROFESSIONAL DEVELOPMENT IN THE AREAS OF SCIENCE, TECHNOLOGY, ENGINEERING, MATH, AND MEDICINE IN THE MEMPHIS AREA</p>

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE SEE NARRATIVE FOR PART I, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PART III, LINE 4BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS FOLLOWS "NET PATIENT SERVICE REVENUES AND RECEIVABLES -- NO FAMILY EVER PAYS THE HOSPITAL FOR THE CARE THEIR CHILD RECEIVES ACCORDINGLY, NET PATIENT SERVICE REVENUE CONSISTS ONLY OF ESTIMATED NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYORS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS (IF NECESSARY) DUE TO FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS PATIENT SERVICE REVENUE HAS BEEN REDUCED BY ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$681,000 AND \$492,000 IN 2014 AND 2013 RESPECTIVELY "ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER BAD DEBT EXPENSE A COMMUNITY BENEFIT

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
PART III, LINE 9B	COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS ANY LEGAL OBLIGATION OF PAYMENT FOR A PATIENT'S COSTS NOT COVERED BY INSURANCE IS COVERED BY THE GENEROUS ASSISTANCE OF ST JUDE DONORS BECAUSE OF THIS SUPPORT, ST JUDE DOES NOT ASK ANY PATIENT TO PAY

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ST JUDE'S PRIMARY CLINICAL EFFORT CENTERS ON PROVIDING GROUND-BREAKING, RESEARCH-DRIVEN T REATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC DISEASES IN CHILDREN CANCERCHILDHO OD CANCERS ARE RARE ONLY 10,450 NEW CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS O F AGE AND YOUNGER IN 2014, HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE RELATED DEATH I N U S CHILDREN (FOOTNOTE 1) THE PRINCIPLE FOCUS OF ST JUDE CHILDREN'S RESEARCH HOSPITAL IS CANCER SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST JUDE ARE INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS, AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS SEV ENTY PERCENT OF OUR CANCER PATIENTS ARE FROM A 10-STATE REGION THIS INCLUDES THE IMMEDIATE VICINITY STATES OF TN, MS, AR, MO, AL, KY, GA, FL AND STATES WITH ST JUDE AFFILIATE CLINICS (LA, IL, MO, AL, EASTERN TN) THE DISTRIBUTION OF ST JUDE CANCER CASES IN RELATION T O RACE, ETHNICITY, AND GENDER IS CONSISTENTLY ALIGNED WITH THE GENERAL DEMOGRAPHICS OF THA T 10-STATE REGION (BASED ON 2010 DATA FROM THE US CENSUS BUREAU) AND WITH THE CANCER SPECIFIC DEMOGRAPHICS (BASED ON SURVEILLANCE EPIDEMIOLOGY AND END RESULTS (SEER) 2009 DATA) FO R EXAMPLE, ESTIMATES FROM THE 2009 SEER DATA SUGGEST THAT WHITES COMPRISE 63%, BLACKS 18 8 % AND HISPANICS 15 9% OF THE PEDIATRIC CANCER CASES IN THE 10-STATE REGION REMARKABLY, 69 %, 19%, AND 13%, RESPECTIVELY, OF WHITES, BLACKS AND HISPANICS CONSTITUTE OUR CANCER PATIE NT POPULATION (FOOTNOTE 2) (NOT EQUAL TO 100% SINCE SUMMARIZES RACE AND ETHNICITY) DEMOG RAPHS FROM THE ST JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH THE DEMOGRAPHICS OF TH E 10-STATE REGION ANNUALLY TO MONITOR DEMOGRAPHIC REPRESENTATION OF OUR CANCER PATIENTS IN RELATION TO THE 10-STATE REGION ALSO MONITORED ANNUALLY IS THE DISTRIBUTION OF SPECIFIC CANCERS IN THE 10-STATE REGION AND COMPARED WITH THE ST JUDE CANCER POPULATION OUR RESEAR CH AND CLINICAL TRIALS ARE INFORMED BY THE CHILDREN TREATED AT ST JUDE AND OUR AFFILIATE CLINICS ST JUDE OFFERS THERAPEUTIC TRIALS FOR A VARIETY OF CANCERS INCLUDING CENTRAL NERVOUS SYSTEM (CNS) TUMORS, NON-CNS SOLID TUMORS, AND LEUKEMIA/LYMPHOMA MANY OF THESE TRIAL S ARE INSTITUTIONALLY SPONSORED, HOWEVER, ST JUDE ALSO PARTICIPATES IN A NUMBER OF CLINIC AL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A VARIETY OF THERAPEUTIC STUDI ES PEDIATRIC CANCER PATIENTS MAY EXPERIENCE TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFT ER DIAGNOSIS THE CHILDHOOD CANCER SURVIVOR STUDY AND ST JUDE LIFE ARE TWO STUDIES, ACTIV E AT ST JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS INF ORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AN D ASSESS INTERVENTIONS THE RARITY OF PEDIATRIC CANCERS AND OUR UNIQUE POSITION AS A NATION AL RESOURCE FOR THE RESEARCH AND TREATMENT OF CANCER MEANS THAT OUR REACH IS EXTENSIVE, IN CLUDING LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL LEVELS MANY OF OUR INITIATIVES ARE D ESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A GLOBAL SCALE THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN), A NOT-FOR-PROFIT ALLIANCE OF 23 OF THE WORLD'S LEADING CANCER CENT ERS, IS DEDICATED TO IMPROVING THE QUALITY, EFFECTIVENESS AND EFFICIENCY OF CARE PROVIDED TO PATIENTS WITH CANCER (WWW.NCCN.ORG) ST JUDE, A NCCN MEMBER IN COLLABORATION WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER/THE WEST CLINIC, PARTICIPATES IN A NUMBER OF THE VARIOUS COMMITTEES AND GUIDELINES PANELS THAT WORK TOWARD THE GOAL OF IMPROVING THE Q UALITY AND EFFECTIVENESS OF CARE PROVIDED TO PATIENTS WITH CANCER THE NCCN GUIDELINES HAV E BECOME THE MOST WIDELY USED GUIDELINES IN ONCOLOGY PRACTICE AND HAVE BEEN REQUESTED BY C ANCER CARE PROFESSIONALS IN MORE THAN 115 COUNTRIES HEMATOLOGY THE GEOGRAPHIC CATCHMENT AREA FOR ST JUDE ENCOMPASSES 21 COUNTIES IN WESTERN TENNESSEE INCLUDING MEMPHIS, AND AREAS IN EAST ARKANSAS (14 COUNTIES), NORTH MISSISSIPPI (22 COUNTIES) AND A FEW COUNTIES IN MISS OURI MORE THAN 70,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE (SCD), AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE SUFFER FROM THE DISEASE IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN THE WORLD ST JUDE HAS ONE OF THE LARGEST PEDIATR IC 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 NE WBORN SCREENING THROUGH THE TENNESSEE STATE NEWBORN SCREENING (NBS) AGENCY THE PARTNERSHI P WITH TN STATE NBS PROGRAM ENSURES A STABLE RELATIONSHIP AMONG PARENTS, PATIENTS, PRIMARY CARE PROVIDERS AND THE STATE ABOUT 50 NEWBORNS WITH SCD ARE IDENTIFIED EACH YEAR IN OUR GEOGRAPHIC CATCHMENT AREA OUR SCD INFANT TODDLER PROGRAM CONTACTS AND ACCEPTS ALL CHILDRE N DIAGNOSED WITH THE DISEASE OR TRAIT TO ITS COMPREHENSIVE CARE SERVICE OR TRAIT COUNSELIN G SERVICE ST JUDE PROVIDES CONFIRMATORY TESTING,</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>EDUCATION AND COMPREHENSIVE CARE AND FOLLOW-UP THROUGHOUT CHILDHOOD FOR CHILDREN WITH DIS EASE FROM BIRTH TO AGE 18 YEARS, PATIENTS ARE CLINICALLY EVALUATED AT LEAST EVERY 6 MONTH S, RECEIVE EDUCATION AND MULTI-DISCIPLINARY SERVICES ACCORDING TO STANDARDIZED TREATMENT A ND EDUCATION GUIDELINES SERVICES ALSO INCLUDE COMMUNITY OUTREACH AND EDUCATION OF THE LOC AL COMMUNITY ST JUDE HAS ESTABLISHED A FORMAL TRANSITION PROGRAM TO ADULT CARE FOR PATIE NTS WITH SCD AND PROVIDES SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRANSITION PROCE SS BY WORKING CLOSELY WITH THE ADULT SCD PROGRAMS AT METHODIST UNIVERSITY HOSPITAL AND REG IONAL ONE HOSPITAL THE SCD PROGRAM AT ST JUDE CLOSELY COLLABORATES WITH SEVERAL FEDERALL Y QUALIFIED HEALTH CARE CENTERS, WITH COMMUNITY PRIMARY CARE PHYSICIANS, LATINO MEMPHIS (T HE LARGEST HISPANIC SOCIAL AGENCY IN TENNESSEE) AND WITH THE SICKLE CELL FOUNDATION OF TEN NESSEE (A COMMUNITY-BASED SCD ORGANIZATION) TO ENSURE A MEDICAL HOME AND ADEQUATE SOCIAL S UPPORT FOR ALL SCD PATIENTS IN THE AREA ST JUDE ASSESSES PATIENT NEEDS THROUGH PARENT AN D PATIENT SURVEYS, INTER-ACTIVE EDUCATION, MATERIALS REVIEW, AND THROUGH GROUP DISCUSSIONS WITH PARENTS AND PATIENTS ST JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY 800 CHILDREN PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A STRONG RELATI ONSHIP WITH LOCAL COMMUNITY PHYSICIANS ALL CHILDREN FROM THE GEOGRAPHIC CATCHMENT AREA OF ST JUDE (AS OUTLINED ABOVE) WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROMBOS IS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA AND OTHERS ARE REFERRE D TO AND RECEIVE STATE-OF-THE-ART CARE FROM ST JUDE PHYSICIANS AND MEDICAL STAFF SPECIFI CALLY FOR THE LOCAL POPULATION OF ABOUT 300 CHILDREN SEEN FOR EVALUATION AND CARE FOR BLEED ING AND THROMBOSIS DISORDERS, ST JUDE HOUSES A FEDERALLY ACKNOWLEDGED PEDIATRIC HEMOPHIL IA TREATMENT CENTER WHICH PROVIDES STATE-OF-THE-ART COMPREHENSIVE CARE IN ADDITION TO PROV IDING AND CONTINUOUSLY IMPROVING STANDARD CARE TO THESE PATIENT POPULATIONS, ST JUDE HEMA TOLOGY DEDICATES A SIGNIFICANT AMOUNT OF RESOURCES TO CLINICAL, TRANSLATIONAL AND BASIC RE SEARCH TO IMPROVE SURVIVAL AND DECREASE MORBIDITY OF CHILDREN WITH NON-MALIGNANT CHRONIC B LOOD 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 FIR ST-IN-MAN TRIAL, ST JUDE HEMATOLOGY SHOWED THE SAFETY AND EFFICACY OF A NOVEL GENE TRANSF ER AGENT CARRYING THE FACTOR IX GENE FOR TREATMENT OF HEMOPHILIA B, ALL TEN ADULT PARTICIP ANTS 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 BLEEDIN G TENDENCY FUTURE EFFORTS WILL CONTINUE TO FOCUS ON FINDING VIABLE CURES AND/OR TREATMENT S TO PREVENT COMPLICATIONS IN CHILDREN WITH SCD AND OTHER NON-MALIGNANT, CHRONIC HEMATOLOG IC DISEASES</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>HIVTHE ADOLESCENT MEDICINE TRIALS NETWORK (ATN)-SPONSORED NATIONAL PROJECT, CONNECT TO PROTECT (C2P), HAS BEEN A MAJOR CONTRIBUTION TO THE STRONG COMMUNITY TIES THAT THE ST JUDE ADOLESCENT TRIALS UNIT HAS ESTABLISHED AND STRENGTHENED OVER THE PAST EIGHT YEARS THE C2P COALITION, THROUGH ITS WORK TO DEVELOP SUSTAINABLE POLICIES, PROGRAMS AND PRACTICES OR STRUCTURAL CHANGE OBJECTIVES FOR THE SOLE PURPOSE OF REDUCING THE NUMBER OF INFECTED INDIVIDUALS IN VULNERABLE POPULATIONS, INCLUDES 28 LOCAL AGENCIES REPRESENTING A RICH AND DIVERSE MIX OF INDIVIDUALS FROM VARIOUS SECTORS IN THE MEMPHIS COMMUNITY THESE INCLUDE KEY STAKEHOLDERS FROM THE FAITH-BASED COMMUNITY, SCHOOLS, BUSINESS SECTOR, CIVIC/COMMUNITY ORGANIZATIONS, HOSPITALS, YOUTH/YOUNG ADULTS AND HEALTH CARE ORGANIZATIONS THESE STRATEGIC PARTNERSHIPS HAVE ALLOWED FOR SHARED RESPONSIBILITY IN THE TRANSFORMATION OF OUR COMMUNITIES THIS IS ESPECIALLY IMPORTANT TO ENSURE OUR EFFORTS ARE DEVELOPED IN A MANNER THAT GUARANTEES SUSTAINABILITY THE C2P MEMPHIS COALITION HAS COMPLETED A TOTAL OF 79 COMMUNITY ACTIONS, AND ACCOMPLISHED THIRTEEN (13) ADDITIONAL STRUCTURAL CHANGE OBJECTIVES (NEW POLICIES, PRACTICE, OR PROGRAMS) DURING THIS REPORTING PERIOD SEVERAL NEW STAKEHOLDERS FROM VARIOUS ENTITIES WERE ENGAGED DURING THE YEAR, AN IMPORTANT SIGN OF MOBILIZATION AND COALITION GROWTH ADDITIONALLY, THE COALITION HAS CO-FACILITATED AND/OR PARTICIPATED IN APPROXIMATELY 51 COMMUNITY BASED EDUCATIONAL AND TESTING EVENTS, IMPACTING WELL OVER 4500 INDIVIDUALS OTHER COMMUNITY INITIATIVE INCLUDES THE STRATEGIC MULTISITE INITIATIVE FOR THE IDENTIFICATION, LINKAGE AND ENGAGEMENT IN CARE OF YOUTH WITH & UNDIAGNOSED HIV INFECTION (SMILE) OUR SMILE OUTREACH STAFF OFFERS INDIVIDUAL SUPPORT SERVICES AND USES MOTIVATIONAL INTERVIEWING, A HIGHLY SPECIFIED FRAMEWORK FOR IMPROVING PATIENT-PROVIDER COMMUNICATION, TO ENSURE LINKAGE AND FULL ENGAGEMENT IN MEDICAL CARE FOR HIV POSITIVE YOUTH AND YOUNG ADULTS AGES 13-24 SINCE THE LAST REPORTING PERIOD, THE SMILE PROGRAM HAS INITIATED CONTACT WITH APPROXIMATELY 175 NEWLY INFECTED YOUTH AND YOUNG ADULTS WITH 82%(143/175) BEING LINKED TO CARE PARTICIPANTS IN THE SMILE PROGRAM RECEIVE ASSISTANCE WITH LINKAGE AND ENGAGEMENT IN CARE, CASE MANAGEMENT, CRISIS INTERVENTION, AND REFERRALS TO COMMUNITY SERVICES AND RESOURCES AS INDIVIDUAL BARRIERS ARE IDENTIFIED IT IS OF IMPORTANCE TO NOTE THAT THE SMILE PROGRAM DATA HAS BEEN USED TO FACILITATE CONTINUED DIALOGUE WITHIN THE C2P COALITION DURING THE REPORTING PERIOD THIS INTEGRATION OF BOTH PROGRAMS HAS ENCOURAGED THE COALITION TO PRIORITIZE ALIGNMENT OF THE STRATEGIC PLAN WITH THE HIV CARE CONTINUUM THEREBY IMPROVING ENGAGEMENT 95% (130/137) AND RETENTION IN CARE 90% (81/90) OUTCOMES FOR INDIVIDUALS THAT PARTICIPATE IN THE SMILE PROGRAM 1 AMERICAN CANCER SOCIETY CANCER FACTS & FIGURES 2014 ATLANTA AMERICAN CANCER SOCIETY, 2014 2 FOR THE PERIOD FROM JULY 1, 2013 TO JUNE 30, 2014</p>

Form and Line Reference	Explanation
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 UNPARALLED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS POSTED ON WWW.STJUDE.ORG THE POLICY IS COMMUNICATED IN ENGLISH AND SPANISH FOR FAMILIES SPEAKING OTHER LANGUAGES, WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED TRANSLATION SERVICES

Form and Line Reference	Explanation
PART VI, LINE 4	<p>THE COMMUNITY SERVED BY ST JUDE CAN BEST BE DEFINED BY UNDERSTANDING ST JUDE'S PATIENT P OPULATION AND SCOPE OF CLINICAL SERVICES ST JUDE IS A SPECIALTY HOSPITAL THAT TREATS PED IATRIC CANCER AND BLOOD DISORDERS, AND CHILDREN AND ADOLESCENTS WITH HIV INFECTION IT SER VES AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CANCER AS WELL AS A LOCAL REFERRAL CEN TER FOR CHILDREN WITH CANCER, BLOOD DISORDERS, AND HIV/AIDS ST JUDE ONLY ADMITS CHILDREN WITH THESE DIAGNOSES AND DOES NOT OFFER MEDICAL SERVICES BEYOND THOSE NECESSARY TO CARE F OR CHILDREN WITH THESE DISEASES ST JUDE DOES NOT HAVE AN EMERGENCY ROOM ABOUT 8,000 ACT IVE 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 IS LICENSED FOR 78 INPATIENT BEDS FOR PATIENTS REQUIRING HOSPITALIZATION DUR ING 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 SO LELY TO ST JUDE PATIENT FAMILIES (CAPACITY FOR 996 PATIENTS/FAMILY MEMBERS) 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 HOSPITAL 'S OUTREACH INCLUDES THE LOCAL MARKET, AFFILIATE INSTITUTIONS, OTHER AREAS OF THE UNITED S TATES/U S TERRITORIES, AND THE INTERNATIONAL COMMUNITY THE LOCAL MARKET ENCOMPASSES MEMP HIS, TENNESSEE AND THE SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 27% OF NEW ONCOLOGY PATIENTS RESIDING WITHIN THIS AREA FY 14 NEW CANCER PATIENTSREFERRAL AREA NUMBER OF PATIE NTS % OF TOTALMEMPHIS, TN AND SURROUNDING AREA 135 27 % AFFILIATE REFERRAL 167 33 %NATIONAL REFERRAL (OTHER AREAS OF US) 170 33 % INTERNATIONAL REFERRAL 36 7 %GRAND TOTAL 508 100 %TH E ST JUDE AFFILIATE PROGRAM (AP) IS A NETWORK OF SIX AFFILIATED PEDIATRIC HEMATOLOGY/ONCO LOGY CLINICS IN THE U S , ALLOWING ST JUDE TO EXTEND CARE AND BENEFITS TO MORE CHILDREN A ND INCREASE THE NUMBER OF CHILDREN ABLE TO BE TREATED ON ST JUDE CLINICAL TRIALS THE PHY SICIANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE STAFF AT ST JUDE TO DELIV ER PROTOCOL RELATED CARE TO PEDIATRIC HEMATOLOGY-ONCOLOGY PATIENTS, SO THAT PATIENTS CAN R ECEIVE CARE CLOSER TO HOME AFFILIATES ARE CURRENTLY LOCATED IN BATON ROUGE, LA, HUNTSVILL E, AL, JOHNSON CITY, TN, PEORIA, IL, SHREVEPORT, LA, AND SPRINGFIELD, MO THE AFFILIATES' ENROLLMENT OF PATIENTS ON ST JUDE CLINICAL TRIALS HELPS ST JUDE FIND CURES FASTER AND SA VE MORE CHILDREN ST JUDE PROVIDES FINANCIAL SUPPORT FOR CLINICAL OPERATIONS TO ENSURE EX CELLENT QUALITY OF CARE THAT MEETS ST JUDE PROTOCOL GUIDELINES AND TO PROVIDE PATIENT ASS ISTANCE 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 NUMER OUS EDUCATIONAL OFFERINGS AND MENTORING FOR AFFILIATE STAFF IN ADDITION, ST JUDE HAS MAN Y PROCESSES TO ENSURE GOOD CONTINUITY OF CARE BETWEEN THE AFFILIATES AND ST JUDE THE AFF ILIATES' CLINICAL RECORDS FOR SHARED PATIENTS ARE AVAILABLE IN ST JUDE MEDICAL RECORDS AN D EVERY AFFILIATE HAS ACCESS TO ST JUDE ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS TH E AFFILIATES ALSO HAVE ACCESS TO ALL ELECTRONIC RESOURCES, E G , PATIENT EDUCATION MATERIA LS, RESEARCH PROTOCOLS, CLINICAL GUIDELINES AND RESOURCES, EVERYTHING ON THE ST JUDE INTR ANET IN ADDITION TO ASSISTING THE AFFILIATES, ST JUDE PROVIDES CONSULTATION SERVICES FOR MORE THAN 2300 NATIONAL AND 600 INTERNATIONAL PHYSICIAN REQUESTS FOR FY14 PATIENT CONSUL TATIONS BY CONTINENT TOTALED 2,980 AS FOLLOWS CONTINENT NUMBER OF PATIENT CONSULTATIONSNOR TH AMERICA 2,502SOUTH AMERICA 83EUROPE 122AFRICA 40ASIA 193AUSTRALIA 20UNKNOWN LOCATION 20 TOTAL 2,980 ST JUDE ALSO OPERATES AN INTERNATIONAL OUTREACH PROGRAM (IOP) AIMED AT IMPROV ING SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE ST JUDE ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEME NTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN THERE ARE AN ESTIMATED 176,000 NEWLY DIA GNOSSED CASES OF CHILDHOOD CANCER WORLDWIDE EACH YEAR, AND 84% OCCUR IN LOW- AND MIDDLE-INC OME COUNTRIES CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN ALL DEVELOPING CO UNTRIES, 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 CHILDR</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>EN IN COUNTRIES THAT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN BURDEN OF CA SES EFFECTIVELY WHILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OUR HOSPITAL I N MEMPHIS, RECEIVING TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND LESS DISRUPTIV E FOR THEM AND THEIR FAMILIES BECAUSE OF OUR INTERNATIONAL EFFORTS, WE ARE ABLE TO REACH FAR MORE CHILDREN THAN WOULD EVER BE ABLE TO COME TO MEMPHIS A BASIC HEALTHCARE INFRASTRU CTURE IS NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER IMPROVES THE DEVELOPMENT OF BASIC HEALTHCARE AT THE LOCAL LEVEL, THE IOP DEVELOPS PARTNERSHIPS WITH M EDICAL INSTITUTIONS AND FUND-RAISING ORGANIZATIONS AND FACILITATES THE INVOLVEMENT OF OTHE R AND GOVERNMENT ORGANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LOCAL PERSONNE L AT THE REGIONAL LEVEL, THE IOP DEVELOPS PROGRAMS THROUGH THE USE OF TECHNOLOGY AND FOST ERS REGIONAL AND INTERNATIONAL COLLABORATIONS WITH OTHER PEDIATRIC MEDICAL INSTITUTIONS T HE PRIMARY GOAL IS TO DEVELOP LOCAL AND REGIONAL SELF-SUFFICIENCY THIS MODEL RESULTS IN S IGNIFICANT OVERALL IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE CONFID ENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT ST JUDE EMPHASIZES THE BUI Lding 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 RE ALIZED BECAUSE OF SHARED RESOURCES ST JUDE HAS PARTNERSHIPS WITH 25 INSTITUTIONS ACROSS 1 7 DIFFERENT COUNTRIES- BRAZIL, CHILE, CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL SA LVADOR, GUATEMALA, HAITI, HONDURAS, JORDAN, LEBANON, MEXICO, MOROCCO, NICARAGUA, PHILIPPIN ES, VENEZUELA ST JUDE WORKS WITH ITS PARTNERS TO DEVELOP EVIDENCED-BASED TREATMENT PROTO COLS TAILORED TO REGIONAL NEEDS AND RESOURCES ADDITIONALLY, ST JUDE PHYSICIANS AND NURSE S SERVE AS MENTORS TO CLINICAL PERSONNEL AT PARTNER SITES, PROVIDE LOCAL AND ONLINE TRAINI NG FOR ONCOLOGY CARE, DIAGNOSIS, AND SUPPORTIVE CARE, AND PARTICIPATE IN ONLINE MEETINGS T O DISCUSS CLINICAL CARE BEST PRACTICES THE MAJORITY OF ONLINE MEETINGS HELD AND TRAINING PROVIDED IS VIA ST JUDE'S WEB-BASED PLATFORM, ST JUDE CURE4KIDS (TM), A FREE RESOURCE FO R ALL GLOBAL PEDIATRIC ONCOLOGY PROFESSIONALS, REGARDLESS OF THEIR AFFILIATION WITH ST JU DE OR ITS PARTNERS FINALLY, ST JUDE PARTNERS WITH LOCAL FUNDRAISING ORGANIZATIONS THAT S UPPORT THE MEDICAL PROGRAMS THIS MODEL HAS PROVEN TO BE HIGHLY EFFECTIVE IN PROVIDING POO R CHILDREN IN DEVELOPING COUNTRIES ACCESS TO MODERN TREATMENT AND CARE ST JUDE IS A RESEA RCH 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</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>ST JUDE CHILDREN'S RESEARCH HOSPITAL WAS OPENED IN 1962 BY ENTERTAINER DANNY THOMAS, WITH THE PURPOSE OF "IMPROVING CHILD HEALTH THROUGH RESEARCH IN BIOLOGY AND PEDIATRICS " 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, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY OUR VISION IS TO BE THE WORLD LEADER IN ADVANCING THE TREATMENT AND PREVENTION OF CATASTROPHIC DISEASES IN CHILDREN THIS VISION IS PURSUED BY PROVIDING OUTSTANDING PATIENT CARE, BY CONDUCTING BASIC, TRANSLATIONAL AND CLINICAL RESEARCH DESIGNED TO ELUCIDATE BIOLOGICAL MECHANISMS, UNDERSTAND DISEASE PATHOGENESIS, IMPROVE DIAGNOSIS, ENHANCE TREATMENT OUTCOME, PREVENT DISEASES AND MINIMIZE ADVERSE CONSEQUENCES OF TREATMENT, AND BY EDUCATING HEALTHCARE AND SCIENTIFIC RESEARCH PROFESSIONALS THROUGH THESE EFFORTS WE SEEK TO CURE AND ENHANCE THE QUALITY OF LIFE FOR AN INCREASING PROPORTION OF CHILDREN WHO COME TO US FOR TREATMENT, AND BY EXPANDING AND SHARING KNOWLEDGE, TO ADVANCE TREATMENT OF CHILDREN WITH CATASTROPHIC DISEASES WORLD-WIDE , 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 FOCUSING ON PROVIDING OUTSTANDING PATIENT CARE RESULTS IN RESEARCH FINDINGS THAT TRANSLATE INTO IMPROVED PATIENT OUTCOME 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, THE MAJORITY ARE NEITHER EMPLOYEES NOR INDEPENDENT CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF 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 PEDIATRIC PATIENTS IN THE SURROUNDING VICINITY 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 THIS LEVEL OF TREATMENT WHICH ALLOWS IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES IMRI EQUIPMENT ALLOWS SURGEONS TO MAKE INFORMED DECISIONS DURING THE SURGERY LIVE WEB CASTS ALLOW OTHERS TO VIEW PROCEDURES OUR ASSISTANCE WITH THIS FACILITY HELPS ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL TREATMENT AVAILABLE ST JUDE COMPLETED THE FIRST PHASE OF THE PEDIATRIC CANCER GENOME PROJECT 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 INVOLVED RESEARCHERS SEQUENCING THE COMPLETE CANCEROUS AND HEALTHY GENOMES OF 600 CHILDHOOD CANCER PATIENTS WITHIN THREE YEARS BEFORE THIS PROJECT, NOT EVEN ONE WHOLE PEDIATRIC CANCER GENOME HAD EVER BEEN SEQUENCED THE \$65 MILLION PROJECT EXCEEDED ITS GOAL OF SEQUENCING THE COMPLETE CANCEROUS AND HEALTHY GENOMES OF 600 CHILDHOOD CANCER PATIENTS WITHIN THREE YEARS, COMPLETING 700 SEQUENCE SETS THE PROJECT HAS RESULTED IN GROUND-BREAKING DISCOVERIES IN A NUMBER OF DIFFERENT AGGRESSIVE CHILDHOOD CANCERS INCLUDING RETINOBLASTOMA, MEDULLOBLASTOMA, NEUROBLASTOMA, DIFFUSE INTRINSIC PONTINE GLIOMA, TWO AGGRESSIVE FORMS OF LEUKEMIA AND LOW-GRADE GLIOMAS IN DECEMBER 2012, THE PEDIATRIC CANCER GENOME PROJECT 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 ST JUDE IS NOW ENGAGED IN A SECOND PHASE FOR THE PROJECT, SEQUENCING AN ADDITIONAL 300 SETS OF NORMAL AND CANCER GENOMES ST JUDE HAS ALSO LAUNCHED A CLINICAL GENOMICS EFFORT TO SEQUENCING THE NORMAL AND CANCER DNA OF EVERY NEW PATIENT AT ST JUDE (WITH PARENTAL APPROVAL) THE INFORMATION WILL BE USED TO DISCOVER WHETHER THE SEQUENCING CAN ULTIMATELY INFORM ACTUAL DIAGNOSIS AND TREATMENT, ALLOWING FURTHER PERSONALIZATION OF TREATMENTS HTTP://EXPLORE PEDIATRICCANCERGENOMEPROJECT.ORG/ THE CYCLOTRON (PARTICLE ACCELERATOR) AT ST JUDE ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS OF ADULT PATIENTS RETURNING TO ST JUDE FOR LIFETIME FOLLOW-UP THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND CHILDHOOD CANCER BY ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING TRACERS ST JUDE UTILIZES 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 WHICH 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 DRUG</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>S 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 THE ELECTRON MICROSCOPE INSTRUMENT IS ONE OF ONLY 200 OF ITS TYPE IN THE WORLD THIS TECHNOLOGY ALLOWS RESEARCHERS TO GET A CLOSER LOOK AT CANCER TO BETTER UNDERSTAND HOW IT GROWS AND SPREADS AND RESPONDS TO THERAPY USING THE ELECTRON MICROSCOPE, RESEARCHERS LEARN HOW CANCER CELLS BREAK AWAY FROM THE TUMOR AND SPREAD THROUGHOUT THE BODY CONSTRUCTION OF A NEW PATIENT CARE AND RESEARCH BUILDING ON THE ST JUDE CAMPUS IS UNDERWAY THE FACILITY WILL HOUSE PROTON BEAM RADIATION THERAPY TECHNOLOGY DESIGNED TO DELIVER RADIATION THERAPY FOR TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER CHILDHOOD CANCERS PROTON THERAPY IS FAR LESS DAMAGING TO SURROUNDING HEALTHY TISSUE THAN OTHER CURRENT RADIATION THERAPIES THIS EQUIPMENT WILL ENABLE ST JUDE TO PROVIDE THIS THERAPY IN A MORE INTEGRATED MANNER TO OUTPATIENTS AND ALLOW OUR RADIATION ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TREATMENTS WITH PROTONS CURRENTLY THERE ARE NO OTHER PROTON THERAPY CENTERS IN THE WORLD DEDICATED SOLELY TO THE TREATMENT OF CHILDREN TO FURTHER PALLIATIVE SERVICES IN THE COMMUNITY, ST JUDE PARTICIPATED WITH LE BONHEUR CHILDREN'S HOSPITAL IN DEVELOPING THE QUALITY OF LIFE FOR ALL KIDS PALLIATIVE PROGRAM FOR SERIOUSLY ILL CHILDREN HOSPICE STAFF, BOTH IN THE HOME AND IN THE HOSPICE RESIDENCE, PROVIDES INTERDISCIPLINARY CARE TO CHILDREN THROUGHOUT THE ILLNESS TRAJECTORY AND CONCURRENT THERAPIES ST JUDE ADMINISTRATIVE LEADERS AND PHARMACEUTICAL DEPARTMENT FACULTY MEMBERS HAVE BEEN AT THE FOREFRONT OF BRINGING NATIONAL ATTENTION TO THE PEDIATRIC CANCER DRUG SHORTAGE TOPIC, ACTIVELY ENGAGING REGULATORY AND LEGISLATIVE BODIES TO UNDERSTAND THE IMPACT THESE DRUG SHORTAGES HAVE ON PEDIATRIC CARE AND RESEARCH PRESENTATIONS OR WRITTEN TESTIMONY HAVE BEEN PROVIDED TO THE FDA CENTER FOR DRUG EVALUATION AND RESEARCH WORKSHOP, TWO SENATE HEARINGS, AND HEALTH SUBCOMMITTEE OF THE HOUSE COMMITTEE ON ENERGY AND COMMERCE ST JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GENERATION OF DOCTORS, NURSES, RESEARCHERS AND ACADEMIC LEADERS FROM PROGRAMS FOR HIGH SCHOOL STUDENTS TO THE POST-DOCTORAL LEVEL, THE HOSPITAL PLAYS A MAJOR ROLE IN PREPARING FUTURE LEADERS OF SCIENCE AND MEDICINE IN ADDITION TO ONSITE EDUCATION, THE INTERNATIONAL OUTREACH PROGRAM PROVIDES AN EDUCATION AND COLLABORATION WEBSITE, CURE4KIDS (TM) (WWW.CURE4KIDS.ORG) THE WEBSITE HAS OVER 40,000 USERS IN 188 COUNTRIES THE ONLINE CONTENT HAS BEEN ACCESSED MORE THAN 9 MILLION TIMES SINCE ITS INCEPTION IN 2002 VIA THE CONNECT2PROTECT PROGRAM, ST JUDE COLLABORATES WITH CHURCHES, OTHER HEALTHCARE 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 CANCER EDUCATION PROGRAM FOR SCHOOL STUDENTS TEACHES HEALTHY EATING AND EXERCISE HABITS AS WELL AS DISCOURAGES SMOKING</p>

Form and Line Reference	Explanation
PART VI, LINE 5	THE FUNDRAISING SOURCE FOR ST JUDE IS ALSAC WHICH RAISES FUNDS SOLELY FOR THE HOSPITAL BECAUSE OF THE HOSPITAL'S MISSION, PEOPLE NATIONWIDE CONTRIBUTE VIA TENS OF THOUSANDS OF FUNDRAISING EFFORTS ALSAC CONTRIBUTED \$530 MILLION IN FY14 TO SUPPORT ST JUDE VOLUNTEERS ENHANCE THE QUALITY OF PATIENT CARE BY PARTNERING WITH CLINICAL STAFF TO PROVIDE THAT 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

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
ST JUDE CHILDREN'S RESEARCH HOSPITAL	
ST JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 6I THE COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION PLAN CAN BE ACCESSED AT THE WEBSITE WWW STJUDE ORG/IMPLEMENTATIONPLAN
ST JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 7 NATIONAL PEDIATRIC HEALTH NEEDS THAT WERE IDENTIFIED IN THE ASSESSMENT INCLUDE 1)IMPROVING ACCESS TO HEALTHCARE SERVICES 2)IMPROVING COORDINATION OF CARE 3)IMPROVING CHILD HEALTH STATUS THROUGH BEHAVIORAL MODIFICATION 4)IMPROVING ACCESS TO MENTAL HEALTH SERVICES IN ORDER TO EFFECTIVELY ADDRESS THE NEEDS IDENTIFIED, ST JUDE IS FOCUSING ON THE FIRST THREE NEEDS LISTED ABOVE THERE WERE OTHER ISSUES THAT WERE IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WHICH HAVE LESS IMMEDIATE IMPACT ON THE ST JUDE COMMUNITY, OR ARE OUTSIDE OF THE MISSION AND PRIMARY EXPERTISE OF ST JUDE THESE ISSUES MAY BE ADDRESSED IN A FUTURE PLAN IF THE OPPORTUNITY ARISES, OR MAY BE ADDRESSED BY OTHER COMMUNITY PROVIDERS ONE OF THE FOUR NATIONAL PEDIATRIC HEALTH NEEDS IDENTIFIED IN THE CHNA, BUT NOT ADDRESSED IN THIS IMPLEMENTATION PLAN, IS MENTAL HEALTH ALTHOUGH IMPROVING ACCESS TO MENTAL HEALTH EMERGED AS A NEED, IT IS OUTSIDE OF THE MISSION FOR ST JUDE THE MENTAL HEALTH CHALLENGES FACING THE ST JUDE COMMUNITY ARE SIMILAR TO THOSE FACING HOSPITALS ACROSS THE COUNTRY WHILE ST JUDE DOES NOT PLAN TO ADDRESS THIS NEED IN THE COMMUNITY, ITS PSYCHOLOGY AND SOCIAL WORK DEPARTMENTS OFFER INTERVENTIONS AND REFERRALS TO OUTSIDE RESOURCES AS NECESSARY, AND ARE DEVELOPING OTHERS TO ADDRESS MENTAL HEALTH NEEDS OF THE ST, JUDE PATIENT POPULATION
ST JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 10 SEE NARRATIVE FOR PART I, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY
ST JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 11 SEE NARRATIVE FOR PART I, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY
ST JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 16E SEE NARRATIVE FOR PART I, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY
ST JUDE CHILDREN'S RESEARCH HOSPITAL	PART V, SECTION B, LINE 20D SEE NARRATIVE FOR PART I, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

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

OMB No 1545-0047

2013

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

3

Enter total number of other organizations listed in the line 1 table

1

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV

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

Return Reference	Explanation
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

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD LIFE COUNCIL INC 11821 PARKLAWN DRIVE ROCKVILLE, MD 208522539	52-1799846	501(C)(3)	12,500				SPONSOR ANNUAL CONFERENCES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF MEMPHIS 535 ALABAMA AVE MEMPHIS,TN 38105	62-1220396	501(C)(3)	225,000				FACILITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE 50 NORTH DUNLAP SUITE 462R MEMPHIS, TN 38105	62-6001636	GOV'T ENTITY	527,363				COLLABORATION AND SUPPORT AGREEMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVE PEORIA,IL 61637	37-0662569	501(C)(3)	490,909				OPERATION OF ST JUDE CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEDIATRIC CHAPLAINS NETWORK 1207 SAINT CHARLES BLVD LITTLE ROCK, AR 722112105	75-2854427	501(C)(3)	5,000				SPONSOR NATIONAL CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF PEDIATRIC HEMATOLOGYONCOLOGY NURSES INC 8735 WHIGGINS ROAD ROOM/SUITE 300 CHICAGO,IL 60631	23-7446224	501(C)(3)	40,000				SUPPORT AND SPONSORSHIP OF ANNUAL CONFERENCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDSOUTH MINORITY BUSINESS COUNCIL CONTINUUM INC 158 MADISON AVENUE MEMPHIS,TN 38103	62-1198163	501(C)(6)	7,500				SPONSOR ECONOMIC DEVELOPMENT FORUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL ASSOCIATION OF HISPANIC NURSES INC C/O CMI 6301 RANCH DRIVE LITTLE ROCK,AR 72223	91-1010677	501(C)(3)	9,500				SPONSOR CONFERENCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCIENTISTS CENTER FOR ANIMAL WELFARE 2660 NE HWY 20 BEND, OR 97701	52-1116693	501(C)(3)	5,000				SPONSOR TRAINING WORKSHOP

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
62-0646012

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If any of the boxes in 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</div></div>	1bYes	
<div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4a	No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in 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</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	9	

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 in 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 are not 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

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

Return Reference	Explanation
PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL ONE OFFICER FLEW ON A CHARTER FLIGHT WITH SEVERAL OTHER EMPLOYEES OF THE HOSPITAL THE COST OF THE CHARTER FLIGHT WAS LESS THAN PURCHASING INDIVIDUAL TICKETS FOR EACH TRAVELER TRAVEL FOR COMPANIONS FAMILY MEMBER OF ONE OFFICER AND AN EMPLOYEE OF THE HOSPITAL, TRAVELS ON HOSPITAL BUSINESS AS REQUIRED BY THE POSITION TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND NOT RECORDED AS COMPENSATION TAX INDEMNICATIONS AND GROSS UP PAYMENTS THREE OFFICERS/HIGHEST COMPENSATED WERE REIMBURSED GROSS UP DEPENDENT TUITION WHICH IS INCLUDED AS COMPENSATION TO THE OFFICER/HIGHEST COMPENSATED
PART I, LINE 4B	ST JUDE CHILDREN'S RESEARCH HOSPITAL HAS ESTABLISHED A NON-QUALIFIED PLAN PURSUANT TO 457(F) OF THE INTERNAL REVENUE CODE THE AMOUNTS LISTED ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE VESTING IS BASED ON MILESTONE YEARS - 10 YEARS AT 50%, 15 YEARS AT 75% AND 20 YEARS AT 100% ONCE VESTED,THE AMOUNTS UNDER THIS PLAN ARE REPORTED ON THE FORM W-2 AS TAXABLE COMPENSATION TO THE INDIVIDUAL WILLIAM E EVANS, \$438,797, JAMES R DOWNING, \$149,340, MICHAEL C CANARIOS, \$34,538, RICHARD GILBERTSON, \$119,280, JOSEPH H LAVER, \$44,669, ANDREW DAVIDOFF, \$49,869, ROBERT A KAUFMAN, \$313,153, AMAR J GAJJAR, \$271,173, GERARD C GROSVELD, \$289,146, CHING-HON PUI, \$46,269
SCHEDULE J, PART II	RICHARD C SHADYAC, JR SERVES AS A VOTING DIRECTOR OF THE BOARD OF ST JUDE MR SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A RELATED ORGANIZATION TO ST JUDE THE COMPENSATION SHOWN IN COLUMNS (B), (C), (D) AND (E) WAS PAID TO MR SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC

Additional Data

Software ID:
Software Version:
EIN: 62-0646012
Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
RICHARD SHADYAC JR EX-OFFICIO DIRECTOR	(i) (ii)	0 644,599	0 0	0 2,322	0 25,904	0 16,630	0 689,455	0 0
WILLIAM E EVANS PRESIDENT AND CEO	(i) (ii)	856,100 0	0 0	443,181 0	28,050 0	8,505 0	1,335,836 0	0 0
MICHAEL C CANARIOS SVP/CHIEF FINANCIAL OFFICER	(i) (ii)	386,382 0	0 0	4,219 0	62,588 0	26,111 0	479,300 0	0 0
JAMES R DOWNING EVP/SCIENTIFIC DIR/DEP DIR	(i) (ii)	730,684 0	0 0	77,229 0	103,050 0	23,625 0	934,588 0	0 0
RICHARD GILBERTSON EVP/DIRECTOR CANCER CENTER	(i) (ii)	526,065 0	0 0	22,918 0	147,330 0	22,127 0	718,440 0	0 0
LARRY KUN EVP/CLINICAL DIRECTOR	(i) (ii)	716,627 0	50,000 0	8,534 0	28,050 0	18,267 0	821,478 0	0 0
ANDREW DAVIDOFF CHAIR/FACULTY	(i) (ii)	589,957 0	0 0	45,946 0	77,919 0	23,457 0	737,279 0	0 0
AMAR J GAJJAR CO-CHAIR/FACULTY	(i) (ii)	419,646 0	10,000 0	293,366 0	28,050 0	26,125 0	777,187 0	0 0
GERARD C GROSVELD CHAIR/FACULTY	(i) (ii)	366,735 0	12,500 0	293,272 0	28,050 0	8,522 0	709,079 0	0 0
ROBERT A KAUFMAN FACULTY	(i) (ii)	489,001 0	12,500 0	321,614 0	28,050 0	18,267 0	869,432 0	0 0
CHING-HON PUI CHAIR/FACULTY	(i) (ii)	525,912 0	15,941 0	50,625 0	28,050 0	8,408 0	628,936 0	0 0
JOSEPH H LAVER FORMER EVP/CLINICAL DIRECTOR	(i) (ii)	446,886 0	87,500 0	29,777 0	72,719 0	17,718 0	654,600 0	0 0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
62-0646012

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697XJ3	12-21-2006	250,725,271	\$130 7 MILLION FOR CONSTRUCTION OF INTEGRATED PATIENT CARE AND RESEARCH		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	32,820,315							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	252,012,996							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	3,026,125							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,658,551							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	2,188,865							
10	Capital expenditures from proceeds	129,840,961							
11	Other spent proceeds	115,298,494							
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 290 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	1 290 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES - (F) DESCRIPTION OF PURPOSE (CON'T)	FACILITY, \$120 MILLION TO ADVANCE REFUND 1999 SERIES ISSUE

Return Reference	Explanation
PART II, LINE 3	TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS IN THE AMOUNT OF \$1,278,726

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C	DATE THE REBATE COMPUTATION WAS PERFORMED 12/21/2011

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons
▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2013
Open to Public Inspection

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ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Employer identification number
62-0646012

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ▶ \$											

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
(1) SUSANNA DOWNING	FAMILY MEMBER OF JAMES R DOWNING, EVP/ SCIENTIFIC DIR/DEPUTY DIR	36,567	EMPLOYMENT		No
(2) MARY RELING	FAMILY MEMBER OF WILLIAM E EVANS, PRESIDENT AND CEO	427,739	EMPLOYMENT		No
(3) JULIE GATTAS	FAMILY MEMBER OF FRED P GATTAS, JR , DIRECTOR	45,743	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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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 to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

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

Employer identification number

62-0646012

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	LINE 1B DIRECTOR JUDY HABIB IS NOT AN INDEPENDENT VOTING MEMBER OF ST JUDE BECAUSE SHE WAS INVOLVED IN A TRANSACTION WITH AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC , A TAX-EXEMPT RELATED ORGANIZATION, REPORTED ON ITS 2013 FORM 990, SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP AMONG DIRECTORS JOSEPH S AYOUB, JR , ESQ AND PAUL AYOUB, ESQ , FRED P GATTAS, III AND FRED P GATTAS, JR , CAMILLE F SARROUF, SR , ESQ AND CAMILLE F SARROUF, JR , ESQ , GEORGE A SIMON, II AND PAUL J SIMON, TERRE THOMAS AND TONY THOMAS, ROBERT A BREIT, MD AND JOSEPH G SHAKER, JOSEPH C SHAKER AND JOSPEH G SHAKER, PAUL J SIMON AND MICHAEL SIMON BUSINESS RELATIONSHIP AMONG DIRECTORS ROBERT A BREIT, MD AND JOSEPH G SHAKER

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BOARD OF GOVERNORS BYLAWS WERE AMENDED AS FOLLOWS ELIMINATED THE POSITION OF SECOND VICE CHAIRPERSON, BUT GRANDFATHERED IN THE PERSON CURRENTLY SERVING AS SECOND VICE CHAIR REVISED THE ROLE AND RESPONSIBILITIES OF THE CEO DELETED THE PROVISIONS MAKING THE CHAIRPERSON AND VICE CHAIRPERSON EX OFFICIO VOTING MEMBERS OF ALL COMMITTEES, AND PROVIDING THAT THE CHAIRPERSON, OR, IF DESIGNATED BY THE CHAIRPERSON, THE VICE CHAIRPERSON, SHALL BE AN EX OFFICIO VOTING MEMBER OF EACH GAVE THE DIRECTOR OF SJCRH THE ADDITIONAL TITLE OF "PRESIDENT " CLARIFIED THAT ONLY ELECTED MEMBERS ARE PROHIBITED FROM RECEIVING COMPENSATION, SO AS NOT TO CREATE ANY CONFUSION ABOUT THE ABILITY OF THE CEO TO BE COMPENSATED

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	IN FEBRUARY OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE AUDIT COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY, THE COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE FORM 990 FOR REVIEW BEFORE IT 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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>NEW BOARD MEMBERS ARE GIVEN A COPY OF THE CONFLICTS OF INTEREST POLICY , COMPLETE THE ORGANIZATION'S CONFLICTS OF INTEREST DISCLOSURE FORM AND RECEIVE TRAINING ON CONFLICTS OF INTEREST THERE IS A CONFLICTS OF INTEREST COMMITTEE OF THE BOARD OF DIRECTORS THAT REVIEWS THE ANNUAL CONFLICTS OF INTEREST DISCLOSURE STATEMENTS THAT ARE COMPLETED BY EACH BOARD MEMBER AND DISCUSSES AND RESOLVES CONFLICTS OF INTEREST WITH APPEAL TO THE FULL BOARD IN ADDITION TO THE CONFLICTS OF INTEREST COMMITTEE, THE ORGANIZATION HAS A COMPLIANCE OFFICER AMONG OTHER THINGS, THE COMPLIANCE OFFICER CONDUCTS ANNUAL TRAINING FOR ALL EMPLOYEES ON CONFLICTS OF INTEREST CERTAIN EMPLOYEES ANNUALLY COMPLETE A CONFLICTS OF INTEREST DISCLOSURE FORM WHICH IS REVIEWED BY THE COMPLIANCE OFFICER CONFLICTS OF INTEREST OF EMPLOYEES ARE HANDLED BY THE COMPLIANCE OFFICER WITH INVOLVEMENT FROM THE BOARD AS APPROPRIATE DEPENDING UPON THE FACTS AND CIRCUMSTANCES OF THE CONFLICT, POTENTIAL RESTRICTIONS RANGE FROM PROHIBITING A TRANSACTION TO PROHIBITING SOMEONE FROM PARTICIPATING IN A DELIBERATION OR TRANSACTION TO DISCLOSURE TO THE BOARD OF THE CONFLICT OF INTEREST</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD COMMISSIONS BIENNIAL THIRD PARTY SALARY SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS: CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CLINICAL DIRECTOR, AND CHIEF LEGAL OFFICER. IN ADDITION, THERE ARE TWO FAMILY MEMBERS OF EXECUTIVES WHO ARE CONSIDERED "DISQUALIFIED" BECAUSE THEY ARE RELATIVES OF EXECUTIVES AND THUS THEIR COMPENSATION FALLS UNDER THE PURVIEW OF THE COMPENSATION COMMITTEE. ALL CHANGES TO SALARY FOR THE OFFICERS ARE APPROVED BY THE BOARD. THE LAST REVIEW WAS COMPLETED IN 2014.

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS ALSAC 452,697,768 CHANGE IN INTEREST IN NET ASSETS OF ALSAC 77,198,694

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

OMB No 1545-0047

2013

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
(1) CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 62-0646012	VACCINE MANUFACTURER	TN	-2,059,492	675,871	ST JUDE CHILDREN'S RESEARCH HOSPITAL
(2) THANKS & GIVING LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 20-1310435	ROYALTY INCOME FROM RECORD SALES	TN	0	10,632	ST JUDE CHILDREN'S RESEARCH HOSPITAL
(3) THE RIGHT WORDS LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 95-4878579	ROYALTY INCOME FROM BOOK SALES	NY	0	0	ST JUDE CHILDREN'S RESEARCH HOSPITAL

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
(1) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC 501 ST JUDE PLACE MEMPHIS, TN 38105 35-1044585	SOLICIT SUPPORT FOR THE OPERATION OF ST JUDE	IL	501(C)(3)	170(B)(1)(A) (VI)	N/A		No

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

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

aReceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

bGift, grant, or capital contribution to related organization(s)

cGift, grant, or capital contribution from related organization(s)

dLoans or loan guarantees to or for related organization(s)

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

jLease of facilities, equipment, or other assets to related organization(s)

kLease of facilities, equipment, or other assets from related organization(s)

lPerformance of services or membership or fundraising solicitations for related organization(s)

mPerformance of services or membership or fundraising solicitations by related organization(s)

nSharing of facilities, equipment, mailing lists, or other assets with related organization(s)

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

rOther transfer of cash or property to related organization(s)

sOther transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

No

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) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	C	530,494,893	CASH
(2) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	M	530,494,893	CASH
(3) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	P	1,039,100	CASH
(4) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	Q	1,243,454	CASH

Schedule R (Form 990) 2013

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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St. Jude Children's Research Hospital, Inc. and Subsidiary

Consolidated Financial Statements as of and
for the Years Ended June 30, 2014 and 2013,
and Independent Auditors' Report

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

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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 subsidiary (collectively, the "Hospital"), which comprise the consolidated statements of financial position as of June 30, 2014 and 2013, 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 audit 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 subsidiary as of June 30, 2014 and 2013, and the changes in their net assets, and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Deloitte & Touche LLP

October 14, 2014

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

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2014 AND 2013

	2014	2013
ASSETS		
CURRENT ASSETS		
Cash	\$ 18,460	\$ 6,872,920
Assets limited as to use — held by trustee	10,445,000	10,327,250
Accounts receivable		
Patient care services — net	13,123,665	13,112,953
Grants and contracts	5,247,477	5,664,796
Other	2,768,353	311,359
Inventories	5,315,567	4,829,227
Prepaid expenses and other assets	8,746,958	7,884,421
Total current assets	45,665,480	49,002,926
ASSETS LIMITED AS TO USE — Excluding current portion	1,847,027	1,612,504
INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	3,298,839,134	2,768,942,672
PROPERTY AND EQUIPMENT — Net	532,795,874	461,343,613
UNAMORTIZED BOND ISSUANCE COSTS	1,155,630	1,225,632
TOTAL	<u>\$3,880,303,145</u>	<u>\$3,282,127,347</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current portion of long-term debt	\$ 5,130,000	\$ 4,890,000
Accounts payable	50,126,729	37,358,007
Accrued payroll costs	28,327,185	25,880,735
Accrued interest	5,315,000	5,437,250
Employee health liability costs	3,922,000	3,649,000
Total current liabilities	92,820,914	77,214,992
LONG-TERM DEBT — Excluding current portion	217,904,956	223,667,040
DEFERRED REVENUES FROM GRANTS AND CONTRACTS	6,906,828	5,893,607
OTHER LONG-TERM LIABILITIES	2,853,098	3,022,266
Total liabilities	<u>320,485,796</u>	<u>309,797,905</u>
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Unrestricted	2,578,631,115	2,068,341,902
Temporarily restricted	66,082,159	60,144,267
Permanently restricted	915,104,075	843,843,273
Total net assets	<u>3,559,817,349</u>	<u>2,972,329,442</u>
TOTAL	<u>\$3,880,303,145</u>	<u>\$3,282,127,347</u>

See notes to consolidated financial statements

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

CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014				2013			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES, GAINS, AND OTHER SUPPORT								
Net patient service revenue	\$ 97,421,430	\$ -	\$ -	\$ 97,421,430	\$ 104,014,142	\$ -	\$ -	\$ 104,014,142
Research grants and contracts	80,937,617	-	-	80,937,617	93,786,270	-	-	93,786,270
Net investment income	220,580	-	-	220,580	133,162	-	-	133,162
Other	33,097,274	-	-	33,097,274	10,277,605	-	-	10,277,605
Total revenues, gains, and other support	211,676,901	-	-	211,676,901	208,211,179	-	-	208,211,179
EXPENSES								
Program services								
Patient care services	317,682,384	-	-	317,682,384	299,875,022	-	-	299,875,022
Research	323,357,158	-	-	323,357,158	315,814,938	-	-	315,814,938
Education, training, and community services	9,954,454	-	-	9,954,454	8,013,887	-	-	8,013,887
Total program services	650,993,996	-	-	650,993,996	623,703,847	-	-	623,703,847
Supporting services — administrative and general	32,282,033	-	-	32,282,033	30,530,204	-	-	30,530,204
Total expenses	683,276,029	-	-	683,276,029	654,234,051	-	-	654,234,051
CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	452,697,768	-	-	452,697,768	246,014,279	-	-	246,014,279
LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT	(1,304,320)	-	-	(1,304,320)	(423,675)	-	-	(423,675)
EXPENSES IN EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT	(20,205,680)	-	-	(20,205,680)	(200,432,268)	-	-	(200,432,268)
NET SUPPORT RECEIVED FROM AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	530,494,893	-	-	530,494,893	488,001,943	-	-	488,001,943
NET ASSETS TRANSFERRED TO AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	-	-	-	-	(1,469,788)	-	-	(1,469,788)
CHANGE IN INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	-	5,937,892	71,260,802	77,198,694	-	7,344,670	61,128,620	68,473,290
CHANGES IN NET ASSETS	510,289,213	5,937,892	71,260,802	587,487,907	286,099,887	7,344,670	61,128,620	354,573,177
NET ASSETS — Beginning of year	2,068,341,902	60,144,267	843,843,273	2,972,329,442	1,782,242,015	52,799,597	782,714,653	2,617,756,265
NET ASSETS — End of year	\$2,578,631,115	\$66,082,159	\$915,104,075	\$3,559,817,349	\$2,068,341,902	\$60,144,267	\$843,843,273	\$2,972,329,442

See notes to consolidated financial statements

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

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014			2013		
	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	\$ 356,951,713	\$ 17,178,734	\$ 374,130,447	\$ 338,026,100	\$ 16,072,237	\$ 354,098,337
PROFESSIONAL FEES AND CONTRACT SERVICES	93,931,048	4,732,256	98,663,304	90,296,511	5,275,526	95,572,037
SUPPLIES	99,986,018	1,776,206	101,762,224	92,894,890	1,568,844	94,463,734
TELEPHONE	1,182,601	91,618	1,274,219	1,083,473	83,264	1,166,737
OCCUPANCY	19,676,446	2,622,337	22,298,783	18,483,361	2,189,227	20,672,588
TRAVEL AND MEETINGS	9,659,746	276,655	9,936,401	9,790,876	305,335	10,096,211
INTEREST AND AMORTIZATION	3,079,528	3,400	3,082,928	7,410,236	7,979	7,418,215
MISCELLANEOUS	<u>7,933,822</u>	<u>3,190,211</u>	<u>11,124,033</u>	<u>6,430,546</u>	<u>2,752,084</u>	<u>9,182,630</u>
Total before depreciation	592,400,922	29,871,417	622,272,339	564,415,993	28,254,496	592,670,489
DEPRECIATION	<u>58,593,074</u>	<u>2,410,616</u>	<u>61,003,690</u>	<u>59,287,854</u>	<u>2,275,708</u>	<u>61,563,562</u>
	<u>\$ 650,993,996</u>	<u>\$ 32,282,033</u>	<u>\$ 683,276,029</u>	<u>\$ 623,703,847</u>	<u>\$ 30,530,204</u>	<u>\$ 654,234,051</u>

See notes to consolidated financial statements.

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

CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES.		
Changes in net assets	\$ 587,487,907	\$ 354,573,177
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Support received from American Lebanese Syrian Associated Charities, Inc	(530,494,893)	(488,001,943)
Change in interest in net assets of American Lebanese Syrian Associated Charities, Inc	(529,896,462)	(314,487,569)
Depreciation	61,003,690	61,563,562
Amortization	(562,082)	(559,744)
Net realized and unrealized investment gains	(234,523)	(133,162)
Loss from disposal of property and equipment	1,304,320	423,675
Transfer to affiliate	-	1,469,788
Changes in operating assets and liabilities		
Accounts receivable	(2,050,387)	2,253,110
Inventories	(486,340)	813,003
Prepaid expenses and other assets	(862,537)	1,546,412
Accounts payable and other accrued liabilities	15,196,754	2,420,778
Deferred revenues from grants and contracts	1,013,221	(2)
Net cash used in operating activities	<u>(398,581,332)</u>	<u>(378,118,915)</u>
CASH FLOWS FROM INVESTING ACTIVITIES.		
Net increase in assets limited as to use	(117,750)	(118,625)
Capital expenditures	(133,788,217)	(98,892,410)
Proceeds from the sale of property and equipment	27,946	25,484
Net cash used in investing activities	<u>(133,878,021)</u>	<u>(98,985,551)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Support received from American Lebanese Syrian Associated Charities, Inc	530,494,893	488,001,943
Bond principal payment	<u>(4,890,000)</u>	<u>(4,655,000)</u>
Net cash provided by financing activities	<u>525,604,893</u>	<u>483,346,943</u>
NET CHANGE IN CASH	(6,854,460)	6,242,477
CASH — Beginning of year	<u>6,872,920</u>	<u>630,443</u>
CASH — End of year	<u>\$ 18,460</u>	<u>\$ 6,872,920</u>

See notes to consolidated financial statements

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

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2014 AND 2013

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

St. Jude Children's Research Hospital, Inc. and subsidiary (the "Hospital") is a research, treatment, and education center whose mission is to save children's lives by finding the causes of catastrophic illnesses, improving related treatments, and finding cures for their diseases. More than 7,800 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 65,000 hospital visits per year. The current basic science and clinical research at the Hospital includes work in gene therapy, chemotherapy, the biochemistry of normal cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, pediatric AIDS, and physiological effects of catastrophic illnesses.

The accompanying consolidated financial statements do not include the individual accounts of the Hospital's affiliate, American Lebanese Syrian Associated Charities, Inc. (ALSAC), which is the fund raising organization for the Hospital. The bylaws of ALSAC provide that all funds raised, except for funds required for its operations and funds restricted as to other uses by donors, be distributed to or held for the exclusive benefit of the Hospital.

Hospital operations are overseen by a Board of Governors (the "Board"). The research activities of the Hospital are reviewed annually by a Scientific Advisory Board composed of internationally prominent physicians and scientists.

Cash — The Hospital has a cash management arrangement with ALSAC, generally providing for ALSAC's reimbursement of Hospital funds when Hospital expenditures are presented for payment.

Inventories — Inventories, consisting primarily of medical supplies and pharmaceuticals, are stated at the lower of cost (first in, first out method) or replacement market value.

Assets Limited as to Use — Assets limited as to use include assets set aside by the Board for liability insurance funding, over which the Board retains control and may, at its discretion, subsequently use for other purposes and assets held by the bond trustee under related indenture agreements.

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 interrelationship of the Hospital and ALSAC, ASC Topic 958 requires that the Hospital report its interest in the net assets of ALSAC in the consolidated statements of financial position, with corresponding changes in those net assets reported in a "quasi-equity-method" fashion in the accompanying consolidated statements of activities.

For purposes of classification as unrestricted, temporarily restricted, or permanently restricted, the change in the interest in ALSAC's net assets is reported in the accompanying consolidated statements of activities consistent with the reporting of such changes in ALSAC's financial statements.

Costs of Borrowing — Bond issuance costs and bond premiums are amortized over the term of the related bond issue. Approximately \$70,000 of bond issuance costs and approximately \$632,000 of bond premium were amortized during 2014. Approximately \$70,000 of bond issuance costs and approximately \$626,000 of bond premium were amortized during 2013.

The Hospital capitalizes interest cost on qualified construction expenditures, net of income earned on related trustee assets, as a component of the cost of related projects. Interest totaling approximately \$6,985,000 and \$2,897,000 was capitalized in 2014 and 2013, respectively.

Property and Equipment — Equipment is recorded at cost and is depreciated on a straight-line basis over estimated useful lives of 3 to 20 years. 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.

Temporarily and Permanently Restricted Net Assets — Temporarily restricted net assets are those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity.

Net Patient Service Revenues and Receivables — No family ever pays the Hospital for the care their child receives. Accordingly, net patient service revenue consists only of estimated net realizable amounts from third-party payors for services rendered, including estimated retroactive revenue adjustments (if necessary) due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Patient service revenue has been reduced by adjustments for uncollectible accounts totaling approximately \$681,000 and \$492,000 in 2014 and 2013, respectively.

Charity Care — The Hospital provides charity care to patients for all charges in excess of those realizable from third-party payors. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, such amounts are not reported as revenue.

Grant and Contract Revenue Recognition — The Hospital is the direct recipient of grant funding from various governmental agencies and nongovernmental sources for designated research projects initiated both internally and by these external entities. Revenues from grants and contracts are earned as related research costs are incurred.

Other Revenue — Other revenue includes technology licensing revenue, net of payouts to inventors. Technology licensing included in other revenue was approximately \$24,400,000 and \$3,300,000 for the years ended June 30, 2014 and 2013, 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.

As of June 30, 2014, the Hospital had not identified any uncertain tax positions under ASC Topic 740, *Income Taxes*, requiring adjustments to its consolidated financial statements. In the event the Hospital were to recognize interest and penalties related to uncertain tax positions, it would be recognized in the consolidated financial statements as interest expense for interest and miscellaneous for penalties. Generally, tax years ending in 2010 through 2014 are open to examination by the federal and state taxing authorities, respectively. There are no income tax examinations currently in process.

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, revenues, and expenses, as well as disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Significant items subject to such estimates and assumptions include the determination of the allowances for contractual adjustments, estimated professional and general liability costs, reserves for workers' compensation claims, and reserves for employee health care claims. In addition, laws and regulations governing various federal-sponsored and state-sponsored reimbursement programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates related to these programs may change in the near term.

Principles of Consolidation — The consolidated financial statements include the accounts of the Hospital and its wholly owned subsidiary, Children's GMP, LLC (GMP). The purpose of GMP is to lease, manage, and operate a facility that engages in the production of biologics and drugs as needed by the Hospital to complete research. All significant intercompany transactions have been eliminated in consolidation.

Subsequent Events — The Hospital has evaluated the impact of significant subsequent events. There have been no subsequent events through October 14, 2014, the date the consolidated financial statements were available to be issued, that require recognition or disclosure.

Recent Accounting Pronouncements — In October 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standard Update (ASU) No. 2012-05, *Statement of Cash Flows*, which amends ASC 230, *Statement of Cash Flows*, addressing how cash receipts arising from the sale of certain donated financial assets, such as securities, should be classified in the statement of cash flows of not-for-profit (NFP) entities. The ASU provides guidance for NFP entities to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without the NFP imposing any limitations for sale and were converted nearly immediately into cash. The new guidance is effective for reporting periods beginning after June 15, 2013. The adoption of this ASU did not have a material effect on the consolidated financial statements.

In April 2013, the FASB issued ASU 2013-06, *Services Received from Personnel of an Affiliate*, which amends ASC Topic 958, *Not-for-Profit Entities*. This ASU requires a recipient not-for-profit entity to recognize all services received from personnel of an affiliate that directly benefit the recipient not-for-profit entity. Those services should be measured at the cost recognized by the affiliate for the personnel providing those services. The new guidance is effective for reporting periods beginning after June 15, 2014. Management has not yet determined the impact of adoption on the Hospital's consolidated financial statements.

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers*, which outlines a single comprehensive model for recognizing revenue and supersedes most existing revenue recognition guidance, including guidance specific to the healthcare industry. This ASU is effective for fiscal years beginning after December 15, 2017. Management has not yet determined the impact of adoption on the Hospital's consolidated financial statements.

2. ASSETS LIMITED AS TO USE

The composition of assets limited as to use as of June 30, 2014 and 2013, is as follows.

	2014	2013
Under bond indenture agreements — held by trustee	\$ 10,445,000	\$ 10,327,250
Under self-insurance funding arrangements — pooled investment funds	<u>1,847,027</u>	<u>1,612,504</u>
	12,292,027	11,939,754
Less amounts classified as current assets	<u>(10,445,000)</u>	<u>(10,327,250)</u>
Total	<u>\$ 1,847,027</u>	<u>\$ 1,612,504</u>

Assets limited as to use under self-insurance funding arrangements are invested by the Hospital in two pooled investment funds (the "Funds") in exchange for units of those Funds. The Funds are administered by a third-party custodian and maintained for the exclusive use of the Hospital. As monies become available for investment, additional units in the Funds are purchased. The units are carried at net asset value (NAV) as computed based on the fair value of underlying securities, principally composed of limited investment partnerships, common stocks, and corporate and municipal bonds.

The composition of net investment gain for the years ended June 30, 2014 and 2013, is as follows.

	2014	2013
Interest and dividend income	\$ 13,967	\$ 14,489
Net realized and unrealized investment gains	<u>206,613</u>	<u>118,673</u>
Total	<u>\$ 220,580</u>	<u>\$ 133,162</u>

3. TRUSTEED BOND FUNDS

The trustee bond funds were established in accordance with the requirements of the indentures related to the Hospital Revenue Bonds discussed in Note 5. The trustee bond funds were \$10,445,000 and approximately \$10,327,000 as of June 30, 2014 and 2013, respectively. These funds are held by the bond trustee for the annual debt service of the Hospital Revenue Bonds.

4. PROPERTY AND EQUIPMENT

A summary of property and equipment as of June 30, 2014 and 2013, is as follows

	2014	2013
Leasehold interests		
Land improvements	\$ 6,670,104	\$ 6,564,402
Buildings and improvements	636,677,304	631,588,219
Owned property		
Equipment	339,673,821	314,600,910
Construction in progress	<u>194,186,962</u>	<u>99,512,418</u>
	1,177,208,191	1,052,265,949
Less accumulated depreciation	<u>(644,412,317)</u>	<u>(590,922,336)</u>
Total	<u>\$ 532,795,874</u>	<u>\$ 461,343,613</u>

All land improvements, buildings, and building improvements are leased from ALSAC. The major terms of the lease are described in Note 13. 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, 2014, was principally composed of costs related to Tower II. The new tower, a near mirror image of the 340,000-square-foot Chili's Care Center (the "CCC"), houses the Computational Biology Department and new surgery and intensive care suites. Tower II will also be home to a new proton-beam radiation therapy center for pediatric cancer treatment. Tower II is substantially complete and was placed in service in August, 2014. The proton beam facility is expected to be substantially complete in calendar year 2015. The total estimated cost of property and equipment for the Tower II project is \$198.8 million.

5. LONG-TERM DEBT

A summary of long-term debt as of June 30, 2014 and 2013, is as follows

	2014	2013
Series 2006 Revenue Bonds due in annual installments through 2036, fixed interest from 4%–5%	\$ 212,600,000	\$ 217,490,000
Unamortized premium on bonds	<u>10,434,956</u>	<u>11,067,040</u>
Total debt	223,034,956	228,557,040
Less current portion	<u>(5,130,000)</u>	<u>(4,890,000)</u>
Total	<u>\$ 217,904,956</u>	<u>\$ 223,667,040</u>

In November 2006, the Hospital entered into an agreement with Shelby County, Tennessee, to issue \$235,765,000 of Series 2006 Hospital Revenue Bonds (the "Series 2006 Bonds") at a premium of approximately \$14,960,000. The bonds were issued on December 21, 2006. The Series 2006 Bonds were issued to refund a portion of the Series 1999 Hospital Revenue Bonds, to refund prior capital expenditures funded by ALSAC relating to the construction of the CCC, and to fund future construction costs of CCC. Some of the funds were used to pay issuance costs for the Series 2006 Bonds as permitted.

Payments of principal and interest on the Series 2006 Bonds are guaranteed by ALSAC. Under a guaranty agreement dated November 15, 2006, ALSAC has agreed to pay to the bond trustee on demand such amounts as are necessary to enable the bond trustee to make payments on the Series 2006 Bonds. The Hospital is also subject to certain covenants, including limitations on the use of the proceeds, transfers of assets, and maintenance of corporate existence and status.

Future maturities of long-term debt, by year and in the aggregate, are as follows.

Years Ending June 30	Long-Term Debt
2015	\$ 5,130,000
2016	5,390,000
2017	5,660,000
2018	5,940,000
2019	6,240,000
Thereafter	<u>184,240,000</u>
	212,600,000
Plus unamortized premium on bonds	<u>10,434,956</u>
Total debt	<u><u>\$ 223,034,956</u></u>

The Hospital paid interest costs of approximately \$10,700,000 and \$11,000,000 during the years ended June 30, 2014 and 2013, respectively.

6. NET PATIENT SERVICE REVENUE

The Hospital has agreements with governmental and other third-party payors that provide for reimbursement to the Hospital at amounts different from its established rates. Contractual adjustments under third-party reimbursement programs represent the difference between the Hospital's billings at established rates for services and amounts reimbursed by third-party payors. A summary of the basis of reimbursement with major third-party payors is as follows.

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. Revenue from the Medicaid program accounted for approximately 31% and 26% of the Hospital's net patient service revenue for the years ended June 30, 2014 and 2013, respectively.

Blue Cross — All acute care services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates. Revenue from Blue Cross subscribers accounted for approximately 25% and 27% of the Hospital's net patient service revenue for the years ended June 30, 2014 and 2013, respectively.

The Hospital has also entered into other reimbursement arrangements providing for payment methodologies, which include prospectively determined rates per discharge, per diem amounts, and discounts from established charges

The components of net patient service revenue as of June 30, 2014 and 2013, consisted of the following

	2014	2013
Gross patient service revenue — net of charity care charges foregone	\$ 343,540,717	\$ 345,844,928
Less provision for contractual adjustments and uncollectible charges	<u>(246,119,287)</u>	<u>(241,830,786)</u>
Net patient service revenue	<u>\$ 97,421,430</u>	<u>\$ 104,014,142</u>

7. CHARITY CARE AND CONTRACTUAL ADJUSTMENTS

It is the Hospital's policy to provide care to patients for all charges in excess of those realizable from third-party payors. Following that policy, charges foregone, based on established rates, totaled approximately \$74,200,000 and \$68,200,000 in 2014 and 2013, respectively. Management's estimate of costs incurred to provide charity care were \$56,200,000 and \$49,300,000 in 2014 and 2013, respectively.

The Hospital also participates in TennCare and other states' Medicaid programs. Under these programs, the Hospital provides care to patients at payment rates, which are determined by state governments, regardless of actual cost. The Hospital recorded gross patient charges to Medicaid patients totaling approximately \$170,700,000 and \$159,000,000, and was reimbursed approximately \$30,200,000 and \$27,200,000 in 2014 and 2013, respectively. This resulted in a total contractual adjustment related to Medicaid programs of approximately \$140,500,000 and \$131,800,000, or 82% and 83%, of Medicaid program charges for 2014 and 2013, respectively.

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

8. EMPLOYEE RETIREMENT BENEFIT PLAN

The Hospital sponsors a defined contribution retirement annuity plan, generally covering all employees who have completed one year of service. The plan requires that the Hospital make annual contributions based on participants' base compensation and employment classification. The plan allows individuals to begin making contributions to the plan as pretax deferral as soon as administratively feasible after hire date. Hospital contributions are 50% vested after two years of service and 100% vested after three years of service. Employee contributions are 100% vested immediately. Total cash contributions to the plan were approximately \$18,900,000 and \$17,900,000 for the years ended June 30, 2014 and 2013, respectively.

9. ALSAC

The accompanying consolidated financial statements do not include the individual accounts of ALSAC. Because of the Hospital's relationship as ALSAC's sole beneficiary and the overall financial interrelationship 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, 2014 and 2013, and for the years then ended is as follows:

	2014	2013
Assets		
Cash and investments	\$3,250,712,696	\$2,717,114,846
Other assets	<u>105,656,743</u>	<u>106,696,708</u>
Total assets	<u>\$3,356,369,439</u>	<u>\$2,823,811,554</u>
Total liabilities	<u>\$ 57,530,305</u>	<u>\$ 54,868,882</u>
Net assets		
Unrestricted	2,317,652,900	1,864,955,132
Temporarily restricted	66,082,159	60,144,267
Permanently restricted	<u>915,104,075</u>	<u>843,843,273</u>
Total net assets	<u>3,298,839,134</u>	<u>2,768,942,672</u>
Total liabilities and net assets	<u>\$3,356,369,439</u>	<u>\$2,823,811,554</u>
Revenues, gains, and other support	<u>\$1,374,901,463</u>	<u>\$1,083,186,246</u>
Expenses		
Hospital support	530,494,893	488,001,943
Other program services	71,310,201	68,212,427
Supporting services	<u>242,814,949</u>	<u>213,304,506</u>
Total expenses	<u>844,620,043</u>	<u>769,518,876</u>
Loss from disposal of property and equipment	<u>(384,958)</u>	<u>(649,589)</u>
Net assets transferred from the Hospital	<u>-</u>	<u>1,469,788</u>
Changes in net assets	529,896,462	314,487,569
Net assets — beginning of year	<u>2,768,942,672</u>	<u>2,454,455,103</u>
Net assets — end of year	<u>\$3,298,839,134</u>	<u>\$2,768,942,672</u>

Investments — The composition of ALSAC's investments as of June 30, 2014 and 2013, is as follows

	2014	2013
Global equity	\$1,226,036,929	\$1,068,432,022
Marketable alternative	818,217,830	723,160,300
Real assets	475,178,829	389,863,714
Private equity	214,684,193	182,062,616
Fixed income	318,992,154	291,178,665
Cash	<u>67,919,456</u>	<u>26,912,273</u>
Total	<u>\$3,121,029,391</u>	<u>\$2,681,609,590</u>

Marketable alternative investments include hedged equity, distressed debt, and multi-strategy investments. ALSAC is obligated under certain investment contracts to periodically advance funding up to contractual levels. Such commitments were approximately \$338,630,000 and \$263,442,000 at June 30, 2014 and 2013, respectively.

The composition of net investment income for the years ended June 30, 2014 and 2013, is as follows

	2014	2013
Net realized and unrealized investment gains	\$ 364,694,402	\$ 175,564,116
Interest and dividend income	26,681,448	26,752,910
Investment expenses	<u>(952,546)</u>	<u>(880,343)</u>
Net investment income	<u>\$ 390,423,304</u>	<u>\$ 201,436,683</u>

Fair Value Measurements — ALSAC accounts for assets and liabilities measured at fair value using ASC Topic 820, *Fair Value Measurement*. Certain assets and liabilities are required to be recorded at fair value on a recurring basis, while other assets and liabilities are recorded at fair value on a nonrecurring basis, generally as a result of impairment charges. Under ASC Topic 820, fair value refers to the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Assets measured at fair value on a nonrecurring basis include 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, and accounts payable 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.

Most investments classified within Level 2 and Level 3 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. Since the net asset value (NAV) reported by each fund is used as a practical expedient to estimate the fair value of ALSAC's ownership interest, the fund's classification within Level 2 or Level 3 of the fair value hierarchy is based on ALSAC's ability to redeem its interest in the fund, or a portion thereof, at the financial statement measurement date or within the near term.

ALSAC considers the near term to be the period up to one calendar quarter after the measurement date. In 2013, ALSAC formally adopted this definition of near term based on guidance issued by the American Institute of Certified Public Accountants relating to the measurement of alternative investments that qualify for the NAV practical expedient. Adoption of this change resulted in fair value estimate transfers from Level 2 to Level 3 approximating \$316,758,000 during 2013.

ALSAC's assets and investments by asset class and fair value hierarchy level as of June 30, 2014 and 2013, are as follows:

	2014			
	Level 1	Level 2	Level 3	Total
Global equity	\$383,524,389	\$ 811,207,235	\$ 31,305,305	\$1,226,036,929
Marketable				
alternative	38,235,090	382,109,639	397,873,101	818,217,830
Real assets	210,714,309	79,810,237	184,654,283	475,178,829
Private equity	-	-	214,684,193	214,684,193
Fixed income	62,933,436	256,058,718	-	318,992,154
Cash	<u>67,919,456</u>	<u>-</u>	<u>-</u>	<u>67,919,456</u>
Total	<u>\$763,326,680</u>	<u>\$1,529,185,829</u>	<u>\$828,516,882</u>	<u>\$3,121,029,391</u>
	2013			
	Level 1	Level 2	Level 3	Total
Global equity	\$344,237,444	\$ 699,209,556	\$ 24,985,022	\$1,068,432,022
Marketable				
alternative	36,575,551	341,641,404	344,943,345	723,160,300
Real assets	163,531,220	73,441,436	152,891,058	389,863,714
Private equity	-	-	182,062,616	182,062,616
Fixed income	62,887,908	228,290,757	-	291,178,665
Cash	<u>26,912,273</u>	<u>-</u>	<u>-</u>	<u>26,912,273</u>
Total	<u>\$634,144,396</u>	<u>\$1,342,583,153</u>	<u>\$704,882,041</u>	<u>\$2,681,609,590</u>

There were no significant transfers between Level 1 and Level 2 (asset-level reclassifications) during the fiscal year ended June 30, 2014.

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, 2014 and 2013, are as follows

	Global Equity	Marketable Alternative	Real Assets	Private Equity	Total
Beginning balance at June 30, 2012	\$ -	\$ -	\$ 108,442,562	\$ 175,654,368	\$ 284,096,930
Transfers into Level 3 (a)	-	262,055,783	54,702,697	-	316,758,480
Transfers out of Level 3	-	-	-	-	-
Purchases	24,985,022	67,316,112	15,880,049	26,485,522	134,666,705
Sales	-	(10,034,775)	(937)	-	(10,035,712)
Distributions	-	(9,140,000)	(38,604,245)	(46,472,132)	(94,216,377)
Interest and dividends	-	6	3,652,972	6,163,053	9,816,031
Realized gain (b)	-	3,190,354	13,622,634	15,726,970	32,539,958
Unrealized (loss) gain (b)	-	31,555,865	(4,804,674)	4,504,835	31,256,026
Ending balance at June 30, 2013	24,985,022	344,943,345	152,891,058	182,062,616	704,882,041
Transfers into Level 3 (a)	-	10,743,500	-	-	10,743,500
Transfers out of Level 3 (c)	-	(37,305,008)	-	-	(37,305,008)
Purchases	-	74,000,000	34,101,557	44,674,191	152,775,748
Sales	-	(23,063,223)	(9,537)	-	(23,072,760)
Distributions	-	(13,019,217)	(30,896,524)	(46,511,853)	(90,427,594)
Interest and dividends	-	-	4,075,491	3,395,027	7,470,518
Realized gain (b)	-	7,857,046	18,178,108	22,000,842	48,035,996
Unrealized (loss) gain (b)	6,320,283	33,716,658	6,314,130	9,063,370	55,414,441
Ending balance at June 30, 2014	<u>\$31,305,305</u>	<u>\$397,873,101</u>	<u>\$184,654,283</u>	<u>\$214,684,193</u>	<u>\$828,516,882</u>

(a) Transfers into Level 3 relate to the reclassification of investment funds, in full or in part, that were not redeemable at the measurement date or within the one quarter near term. Transfers into Level 3 are measured as of the beginning of the year.

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

(c) Transfers out of Level 3 relate to the expiration of redemption lock-ups.

ALSAC's policy is to recognize transfers in and transfers out of Level 3 securities as of the actual date of the event or change in circumstances that caused the transfer.

ALSAC uses fund net asset values (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, 2014 and 2013, are as follows

2014	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Global equity (a)	\$ 397,219,605	\$ -	Daily, monthly, quarterly	0-60 days
Marketable alternatives (b) (c)	780,434,353	-	Monthly, quarterly, annually, greater than one year	30-180 days
Real assets (d) (e)	211,029,278	135,544,302	Not redeemable, monthly, quarterly	0-90 days
Private equity (f)	<u>213,156,172</u>	<u>203,085,915</u>	Not redeemable	
Total	<u>\$ 1,601,839,408</u>	<u>\$ 338,630,217</u>		

2013	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Global equity (a)	\$ 264,465,009	\$ -	Daily, monthly, quarterly	0–60 days
Marketable alternatives (b) (c)	684,077,013	6,000,000	Monthly, quarterly, annually, greater than one year	30–180 days
Real assets (d) (e)	173,455,559	110,460,680	Not redeemable, monthly, quarterly	0–90 days
Private equity (f)	<u>180,541,698</u>	<u>146,981,007</u>	Not redeemable	
Total	<u>\$1,302,539,279</u>	<u>\$263,441,687</u>		

There are approximately \$3,308,000 of funds undergoing full redemption from which ALSAC receives distributions through liquidation by fund managers of underlying, illiquid securities. Liquidation of approximately \$1,506,000 is expected to be completed within the next year. Illiquid balances expected to be distributed in the longer term remain from funds terminated in 2005, 2008 and 2010 totaling approximately \$195,000, \$825,000, \$782,000, respectively.

- (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, currency, commodities, and equities. The funds include short positions as well as long positions and use leverage.
- (c) Include funds that may have lock-up provisions or invest in private investments which are typically segregated into “side pockets” (a separate share class) and are not available for redemption until the investment is liquidated by the manager. The time at which the investments in side pockets will be liquidated cannot be estimated.
- (d) Includes funds that invest in a variety of real assets that include public and private real estate, real estate related debt and securities, public and private oil and gas and other energy related investments, timber, commodities, precious metals, public and private mining companies, and TIPS (Treasury Inflation Protected Securities).
- (e) Includes illiquid investments held in limited partnership funds. The nature of these illiquid investments is such that distributions are received through liquidation of the underlying assets of the funds. As a result, the timing of distributions from these illiquid investments is uncertain.
- (f) Includes investment mandates for global private equity and such as leveraged buyouts, growth equity, venture capital and distressed investments. The nature of these illiquid investments is such that distributions are received through liquidation of the underlying assets of the funds. As a result, the timing of distributions from these illiquid investments is uncertain. The funds in this category do not permit redemptions.

10. BUSINESS AND CREDIT CONCENTRATIONS

The Hospital routinely obtains assignment of (or is otherwise entitled to receive) patients’ benefits payable under their health insurance programs, plans, or policies (e.g., Medicaid, Blue Cross, preferred provider arrangements, and commercial insurance policies).

The mix of accounts receivable from third-party payors, net of contractual allowances, as of June 30, 2014 and 2013, is as follows

	2014	2013
Commercial insurance	46 %	52 %
Medicaid	29	18
Blue Cross	23	27
Other third-party payors	<u>2</u>	<u>3</u>
Total	<u>100 %</u>	<u>100 %</u>

11. FINANCIAL INSTRUMENTS

The carrying amounts of all applicable asset and liability financial instruments reported in the consolidated statements of financial position (except debt instruments) approximate their estimated fair values, in all significant respects, as of June 30, 2014 and 2013. Fair value of a financial instrument is defined as the amount at which the instrument could be exchanged in a current transaction between willing parties.

The fair values of the debt instruments have been estimated using interest rates currently available to the Hospital for borrowings having similar character, collateral, and duration. The aggregate fair value of such instruments approximated \$226,300,000 and \$232,600,000 as of June 30, 2014 and 2013, respectively.

12. SELF-INSURANCE PROGRAMS

The Hospital is self-insured for the following:

- Comprehensive general and professional liability coverage up to \$2 million per claim and \$7 million in the aggregate, with \$100 million of excess claims-made coverage above the self-insured retentions.
- Workers' compensation liabilities up to a specific retention of \$500,000, with excess coverage at statutory limits.
- Employee health coverage up to \$400,000 per covered individual per claim with no lifetime limit.

The Hospital records a reserve for the estimated ultimate costs of both reported claims and claims incurred, but not reported, related to the above-described self-insurance programs. The Hospital also has substantial excess liability coverage available under the provisions of certain claims-made policies. To the extent that any claims-made coverage is not renewed or replaced with equivalent insurance, claims based on occurrences during the term of such coverage, but reported subsequently, would be uninsured. Management believes, based on incidents identified through the Hospital's incident reporting system, that any such claims would not have a material effect on the Hospital's consolidated results of operations or financial position. In any event, management anticipates that the claims-made coverage currently in place will be renewed or replaced with equivalent insurance as the term of such coverage expires. Excess policies for professional liability coverage, workers' compensation coverage, and employee health coverage expire on May 1, 2015, January 1, 2015, and December 31, 2014, respectively.

13. LEASES

Rental expense for all operating leases was approximately \$1,600,000 and \$1,300,000 for the years ended June 30, 2014 and 2013, respectively

A schedule by year of future minimum lease payments under operating leases as of June 30, 2014, that have initial or remaining lease terms in excess of one year is as follows

**Years Ending
June 30**

2015	\$ 1,264,318
2016	717,427
2017	405,647
2018	38,827
2019	<u>28,855</u>
Total	<u>\$ 2,455,074</u>

The Hospital conducts its operations from leased property and facilities, which includes certain land, administration facilities, two 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, 2014 and 2013, is as follows

	2014	2013
Land improvements	\$ 6,670,104	\$ 6,564,402
Buildings and improvements	<u>636,677,304</u>	<u>631,588,219</u>
	643,347,408	638,152,621
Less accumulated depreciation	<u>(396,980,438)</u>	<u>(369,077,605)</u>
	<u>\$ 246,366,970</u>	<u>\$ 269,075,016</u>

There are no future minimum lease payments under this capital lease

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