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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC		<b>D</b> Employer identification number  62-0646012
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number  (901) 595-3903
	262 DANNY THOMAS PLACE		
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 381053678		<b>G</b> Gross receipts \$ 795,772,079
<b>F</b> Name and address of principal officer JAMES R DOWNING 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678			
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
<b>H(c)</b> Group exemption number ▶			
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.STJUDE.ORG			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1959	<b>M</b> State of legal domicile TN
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Part I

Summary

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities 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		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	46
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	42
	<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a) . . . . .	<b>5</b>	4,411
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	2,792
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0
	Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>
<b>9</b>		Program service revenue (Part VIII, line 2g) . . . . .	611,432,510	674,808,276
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	97,421,430	105,576,630
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,220,243	-528,233
<b>12</b>		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	33,097,275	14,958,853
			740,730,972	794,815,526
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	1,326,841	4,441,777
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	374,130,447	395,123,545
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	307,818,741	354,119,545
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	683,276,029	753,684,867
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	57,454,943	41,130,659
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	3,880,303,145	4,080,012,224
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	320,485,796	324,768,253
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	3,559,817,349	3,755,243,971

Part II

Signature Block

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

Sign Here	<div><div></div><div>Signature of officer</div></div>		<div><div></div><div>2016-05-06</div></div> <div><div></div><div>Date</div></div>		
	<div><div></div><div>PAT KEEL SVP AND CFO</div></div> <div><div></div><div>Type or print name and title</div></div>				
Paid Preparer Use Only	Print/Type preparer's name FRAN BEDARD	Preparer's signature FRAN BEDARD	Date	Check <input type="checkbox"/> if self-employed	PTIN P00752421
	Firm's name ▶ DELOITTE TAX LLP			Firm's EIN ▶ 86-1065772	
	Firm's address ▶ 1033 DEMONBREUN SUITE 400  NASHVILLE, TN 37203			Phone no (615) 259-1800	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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 \$ 367,779,303 including grants of \$ 4,408,827 ) (Revenue \$ 105,576,630 )

PATIENT CARE THE HOSPITAL PROVIDED 17,623 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 4,478 OR 25% OF THOSE INPATIENT DAYS PATIENTS MADE 73,821 CLINIC VISITS DURING THE YEAR

4b

(Code ) (Expenses \$ 339,670,870 including grants of \$ 32,950 ) (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

4c

(Code ) (Expenses \$ 7,650,773 including grants of \$ ) (Revenue \$ )

EDUCATION TRAINING AND COMMUNITY SERVICES 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

4d

Other program services (Describe in Schedule O )
























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

4e

Total program service expenses ▶ 715,100,946

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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 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 Yes	
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 domestic 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 or for domestic individuals 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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	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 "Yes," 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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <b>Note.</b> 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.	1,049	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	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.	4,411	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b 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>		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	0
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		14b	

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	Yes
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, address, and telephone number of the person who possesses the organization's books and records	SHARON HENDRIX

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			



## Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	7,483,035	646,921	1,003,217

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 601

		Yes	No
3	Did the organization list any <b>former</b> 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	26,488,083
BELZ CONSTRUCTION SERVICES 100 PEABODY PLACE SUITE 1400 MEMPHIS, TN 38103	GENERAL CONTRACTOR	7,624,462
METHODIST HEALTHCARE MEMPHIS 1265 UNION AVE MEMPHIS, TN 38104	MEDICAL SERVICES	7,128,569
CERNER CORPORATION 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	CONSULTING SERVICES	5,751,166
UNIVERSITY OF TENNESSEE HEALTH SCIENCE C 62 SOUTH DUNLAP STE 300 MEMPHIS, TN 38163	MEDICAL SERVICES	5,538,036

**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 ►208

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	589,461,640				
	e	Government grants (contributions)	1e	73,972,657				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,373,979				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f . . . . .		674,808,276				
Program Service Revenue	2a	PATIENT CARE	Business Code 621110	105,576,630	105,576,630			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		105,576,630				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	11,453			11,453	
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	373,979	42,888			
		c	Gain or (loss)	316,158	640,395			
		d	Net gain or (loss) . . . . .	57,821	-597,507			
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	7,568,375			7,568,375		
b	CAFETERIA/VENDING	722212	3,534,638	3,534,638				
c	CHGME/CHCA	900099	1,454,365	1,454,365				
d	All other revenue . . . . .		2,401,475	2,401,475				
e	Total. Add lines 11a-11d . . . . .		14,958,853					
12	Total revenue. See Instructions . . . . .		794,815,526	112,967,108	0	7,040,142		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	4,441,777	4,441,777		
2	Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,795,277	2,764,993	2,030,284	
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 . . . . .	308,386,194	287,987,756	20,398,438	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	19,052,017	17,791,807	1,260,210	
9	Other employee benefits . . . . .	41,761,118	38,998,797	2,762,321	
10	Payroll taxes . . . . .	21,128,939	19,731,349	1,397,590	
11	Fees for services (non-employees)				
a	Management . . . . .	22,719,543	21,385,164	1,334,379	
b	Legal . . . . .	1,826,991	1,719,687	107,304	
c	Accounting . . . . .	239,669	225,593	14,076	
d	Lobbying . . . . .	25,058	25,058		
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) . . . . .	70,974,261	62,885,616	8,088,645	
12	Advertising and promotion . . . . .	1,241,112	1,168,218	72,894	
13	Office expenses . . . . .	2,883,888	2,836,022	47,866	
14	Information technology . . . . .	14,553,266	13,698,514	854,752	
15	Royalties . . . . .				
16	Occupancy . . . . .	26,624,273	23,527,870	3,096,403	
17	Travel . . . . .	10,269,430	9,668,119	601,311	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,680,671	1,272,431	408,240	
20	Interest . . . . .	6,189,110	6,182,216	6,894	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	68,533,666	65,266,273	3,267,393	
23	Insurance . . . . .	1,457,237	983,512	473,725	
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	47,611,887	46,821,646	790,241	0
b	LABORATORY SUPPLIES	37,645,066	37,020,250	624,816	0
c	TELEPHONE	1,745,272	1,519,959	225,313	0
d	ALLOCATION ADJUSTMENTS	0	13,601,441	-13,601,441	0
e	All other expenses	37,899,145	33,576,878	4,322,267	
25	Total functional expenses. Add lines 1 through 24e	753,684,867	715,100,946	38,583,921	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 . . . . .			18,460	1	672,963
	2	Savings and temporary cash investments . . . . .			10,445,000	2	10,576,750
	3	Pledges and grants receivable, net . . . . .			5,247,477	3	16,106,541
	4	Accounts receivable, net . . . . .			15,892,018	4	16,785,015
	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 . . . . .			5,315,567	8	6,915,766
	9	Prepaid expenses and deferred charges . . . . .			8,746,958	9	15,183,552
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,259,732,527			
	b	Less accumulated depreciation . . . . .	10b	701,347,832	532,795,874	10c	558,384,695
	11	Investments—publicly traded securities . . . . .			1,847,027	11	1,894,745
	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 . . . . .			3,299,994,764	15	3,453,492,197
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,880,303,145	16	4,080,012,224	
Liabilities	17	Accounts payable and accrued expenses . . . . .			92,820,914	17	101,181,607
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			6,906,828	19	8,912,438
	20	Tax-exempt bond liabilities . . . . .			217,904,956	20	211,881,404
	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 . . . . .			2,853,098	25	2,792,804
	26	Total liabilities. Add lines 17 through 25 . . . . .			320,485,796	26	324,768,253
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 . . . . .			2,578,631,115	27	2,814,919,510
	28	Temporarily restricted net assets . . . . .			66,082,159	28	66,439,327
	29	Permanently restricted net assets . . . . .			915,104,075	29	873,885,134
	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 . . . . .			3,559,817,349	33	3,755,243,971
34	Total liabilities and net assets/fund balances . . . . .			3,880,303,145	34	4,080,012,224	

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	794,815,526
2	Total expenses (must equal Part IX, column (A), line 25)	2	753,684,867
3	Revenue less expenses Subtract line 2 from line 1	3	41,130,659
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,559,817,349
5	Net unrealized gains (losses) on investments	5	-44,465
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	154,340,428
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,755,243,971

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	

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE ABOUSSIE ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(1) SALEM ABRAHAM ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(2) SUSAN MACK AGUILLARD MD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(3) MAHIR AWDEH MD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(4) JOSEPH S AYOUB JR ESQ ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(5) PAUL J AYOUB ESQ ..... VOTING DIRECTOR	4 00 ..... 8 00	X						0	0	0
(6) FREDERICK M AZAR MD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(7) JAMES B BARKATE ..... VOTING DIRECTOR	4 00 ..... 8 00	X						0	0	0
(8) JOSE BARRA ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(9) MARTHA PERINE BEARD ..... VOTING DIRECTOR	8 00 ..... 4 00	X						0	0	0
(10) SHERYL BOURISK ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(11) ROBERT A BREIT MD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(12) TERRY BURMAN ..... VOTING DIRECTOR	8 00 ..... 4 00	X						0	0	0
(13) ANN M DANNER ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(14) FRED P GATTAS JR ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(15) FRED P GATTAS III PHARMD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(16) RUTH GAVIRIA ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(17) CHRISTOPHER GEORGE MD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(18) JUDY HABIB ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(19) GABRIEL GABY HADDAD MD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(20) PAUL K HAJAR ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(21) CHUCK HAJJAR ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(22) FOUAD HAJJAR MD ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(23) FRED R HARRIS ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(24) BRUCE B HOPKINS ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MICHAEL D MCCOY ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(1) ROBERT T MOLINET ESQ ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(2) DWAYNE M MURRAY ESQ ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(3) JIM NAIFEH JR ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(4) RAMZI NUWAYHID ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(5) THOMAS PENN III ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(6) CAMILLE F SARROUF SR ESQ ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(7) CAMILLE F SARROUF JR ESQ ..... VOTING DIRECTOR	8 00 ..... 4 00	X						0	0	0
(8) JOSEPH C SHAKER ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(9) JOSEPH G SHAKER ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(10) GEORGE A SIMON II ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(11) MICHAEL SIMON ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(12) PAUL J SIMON ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(13) TERRE THOMAS ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(14) TONY THOMAS ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(15) RICHARD M UNES ..... VOTING DIRECTOR	4 00 ..... 8 00	X						0	0	0
(16) PAUL H WEIN ESQ ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(17) TOM WERTZ ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(18) TAMA ZAYDON ..... VOTING DIRECTOR	4 00 ..... 4 00	X						0	0	0
(19) RICHARD SHADYAC JR ..... EX-OFFICIO DIRECTOR	1 00 ..... 55 00	X						0	646,921	115,281
(20) JAMES R DOWNING ..... PRESIDENT AND CEO (7/15/14-6/30/15)	55 00 ..... 1 00	X		X				921,312	0	120,905
(21) WILLIAM E EVANS ..... PRESIDENT AND CEO (7/1/14-7/14/14)	55 00 ..... 1 00	X		X				975,035	0	36,605
(22) LARRY KUN ..... EVP/CLINICAL DIRECTOR	55 00 ..... 0 00			X				837,862	0	48,405
(23) RICHARD GILBERTSON ..... EVP/DIRECTOR CANCER CENTER	55 00 ..... 0 00			X				666,278	0	175,357
(24) MARY ANNA QUINN ..... EVP/CHIEF ADMIN OFFICER	55 00 ..... 0 00			X				296,132	0	62,831

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(51) MICHAEL C CANARIOS ..... SVP/CHIEF FINANCIAL OFFICER	55 00 ..... 0 00			X				407,359	0	89,354
(1) DORALINA ANGHELESCU ..... FACULTY	55 00 ..... 0 00					X		660,137	0	63,947
(2) ANDREW DAVIDOFF ..... CHAIR/FACULTY	55 00 ..... 0 00					X		663,788	0	107,456
(3) WING-HANG LEUNG ..... FACULTY	55 00 ..... 0 00					X		617,440	0	60,589
(4) CHING-HON PUI ..... CHAIR/FACULTY	55 00 ..... 0 00					X		643,355	0	38,542
(5) JOSEPH P TAYLOR ..... CHAIR/FACULTY	55 00 ..... 0 00					X		623,337	0	83,945
(6) JOSEPH H LAVER ..... FORMER EVP/CLINICAL DIRECT	0 00 ..... 0 00						X	171,000	0	0



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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An 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

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations . . . . . \_\_\_\_\_
- g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI )						
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 section 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. . . . .			
b From 2010. . . . .			
c From 2011. . . . .			
d From 2012. . . . .			
e From 2013. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. . . . .			
b From 2011. . . . .			
c From 2012. . . . .			
d From 2013. . . . .			
e From 2014. . . . .			

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

**Facts And Circumstances Test**

Return Reference

Explanation



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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>Form 1120-POL</b> for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		6,516
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		18,542
j	Total Add lines 1c through 1i			25,058
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, lines 1 and 2 (see instructions), 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.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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

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 value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <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) Revenue 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

Revenue included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

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

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

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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 . . . . .	915,104,075	843,843,273	782,714,653	788,633,390	662,773,900
b Contributions . . . . .	2,970,640	1,097,137	705,311	3,859,109	4,402,533
c Net investment earnings, gains, and losses	8,222,632	121,617,552	69,209,599	-8,877,846	123,156,706
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	52,412,213	51,453,887	8,786,290	900,000	1,699,749
f Administrative expenses . . . . .					
g End of year balance . . . . .	873,885,134	915,104,075	843,843,273	782,714,653	788,633,390

- 2

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

Board designated or quasi-endowment

☐
- b

Permanent endowment

☐ 100 000 %
- 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

	Yes	No
(i) unrelated organizations . . . . .	3a(i) Yes	
(ii) related organizations . . . . .	3a(ii) Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' 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 . . . . .		886,333,571	429,769,235	456,564,336
c Leasehold improvements . . . . .				
d Equipment . . . . .		365,512,555	267,190,695	98,321,860
e Other . . . . .		7,886,401	4,387,902	3,498,499
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				558,384,695



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	205,906,928
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	-44,465
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	-44,465
3	Subtract line 2e from line 1 . . . . .	3	205,951,393
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	588,864,133
c	Add lines 4a and 4b . . . . .	4c	588,864,133
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	794,815,526

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	753,684,867
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	753,684,867
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	753,684,867

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 V, LINE 4	THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC , A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE FUTURE NEEDS OF ST JUDE
PART X, LINE 2	AS OF JUNE 30, 2015, 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 2012 THROUGH 2015 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 589,461,640. LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT -597,507



[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.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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) See Add'l Data					
( 2)					
( 3)					
( 4)					
( 5)					
3a Sub-total	0	1			7,525,368
b Total from continuation sheets to Part I	0	1			375,282
c Totals (add lines 3a and 3b)	0	2			7,900,650

**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.

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

**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; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☐ 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).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA & THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	1,063,960
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	499,268
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	65,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	1,515,882
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	269,729
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	706,530

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH	2,615,295
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICE	RESEARCH	789,704
SOUTH ASIA	0	0	PROGRAM SERVICES	RESEARCH	30,000



Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
EUROPE	0	1	PROGRAM SERVICES	RESEARCH	126,274
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH	219,008
	0	0			

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

OMB No 1545-0047

2014

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 _____ %	3a	No
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 _____ %	3b	No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .	4 Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .	5b 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? . . . . .	5c	No
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	No
b	If "Yes," did the organization make it available to the public? . . . . .	6b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Financial Assistance and Certain Other Community Benefits at Cost

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) . . . .			58,069,183	368,485	57,700,698	7 660 %
b Medicaid (from Worksheet 3, column a) . . . . .			120,345,189	31,839,676	88,505,513	11 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . .			4,364,851	1,154,807	3,210,044	0 430 %
d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . .			182,779,223	33,362,968	149,416,255	19 830 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . .			13,323,247	926	13,322,321	1 770 %
f Health professions education (from Worksheet 5) . . . .			8,101,198	238,597	7,862,601	1 040 %
g Subsidized health services (from Worksheet 6) . . . .			29,072,635		29,072,635	3 860 %
h Research (from Worksheet 7) . . . .			307,441,591	75,249,237	232,192,354	30 810 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . .			5,236,134		5,236,134	0 690 %
j <b>Total.</b> Other Benefits . . . .			363,174,805	75,488,760	287,686,045	38 170 %
k <b>Total.</b> Add lines 7d and 7j . . . .			545,954,028	108,851,728	437,102,300	58 000 %

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						0 %
2Economic development			76,184		76,184	0 010 %
3Community support						0 %
4Environmental improvements						0 %
5Leadership development and training for community members						0 %
6Coalition building			57,184		57,184	0 010 %
7Community health improvement advocacy			10,903		10,903	0 %
8Workforce development			39,185		39,185	0 010 %
9Other						0 %
10Total			183,456		183,456	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare 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

831,000

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

764,450

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

7

-764,450

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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		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 letter of facility reporting group

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

1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	3	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 significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input 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 Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	6a	No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	6b	No
7 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)	7	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"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	10	Yes
a If "Yes" (list url) <u>WWW.STJUDE.ORG/IMPLEMENTATIONPLAN</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

ST JUDE CHILDREN'S RESEARCH HOSPITAL

		Yes	No
Financial Assistance Policy (FAP)			
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
	a <input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of __% and FPG family income limit for eligibility for discounted care of __% b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input type="checkbox"/> Insurance status f <input type="checkbox"/> Underinsurance discount g <input type="checkbox"/> Residency h <input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients? . . . . .	14	No
15	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
	a <input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e <input checked="" type="checkbox"/> Other (describe in Section C)		
16	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)	16	Yes
	a <input type="checkbox"/> The FAP was widely available on a website (list url) _____ b <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____ c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____ d <input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	17	Yes
	18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) e <input type="checkbox"/> None of these actions or other similar actions were permitted			

Part V

Facility Information (continued)

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of hospital facility or letter of facility reporting group		Yes	No
<b>19</b> Did the hospital facility or other 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		<b>19</b>	No
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process			
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
<b>a</b> <input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
<b>b</b> <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
<b>c</b> <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
<b>d</b> <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
<b>e</b> <input type="checkbox"/> Other (describe in Section C)			
<b>f</b> <input type="checkbox"/> None of these efforts were made			
<b>Policy Relating to Emergency Medical Care</b>			
<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		<b>21</b>	Yes
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b> <input type="checkbox"/> Other (describe in Section C)			
<b>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</b>			
<b>22</b> Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
<b>a</b> <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
<b>b</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			
<b>c</b> <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		<b>23</b>	No
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		<b>24</b>	No

Part V

Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	



**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)
<b>1</b>	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

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 THE 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 THE PATIENT AND UP TO THREE FAMILY MEMBERS AND TRANSPORTATION FOR THE PATIENT AND ONE GUARDIAN TRAVELING TO ST JUDE FOR CARE WE ALSO PROVIDE 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 WE ALSO CONTRACT WITH A VENDOR TO PROVIDE CERTIFIED APPLICATION COUNSELOR SERVICES TO ASSIST FAMILIES APPLYING FOR HEALTH INSURANCE COVERAGE THROUGH FEDERAL OR STATE FACILITATED MARKETPLACES

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, LINE 7B MEDICAID, AND LINE 7C COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS PART I, LINE 7C SOME CHIPS VOLUME IS INCLUDED IN MEDICAID IN PART I, LINE 7B BECAUSE IN MANY STATES THE CHIPS PROGRAMS ARE MANAGED BY THE SAME THIRD PARTY ADMINISTRATORS AND IT IS DIFFICULT TO DISTINGUISH BETWEEN CHIPS AND MEDICAID COVERAGE

Form and Line Reference	Explanation
PART I, LINE 7G	ST JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR SEVEN AFFILIATE CLINICS TOTALING APPROXIMATELY \$7.7 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 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 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 ST 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 THERE ARE ANOTHER 150 STUDENTS INVOLVED IN THESE INTERNSHIPS THESE PROGRAMS SUPPORT INCREASING THE AWARENESS OF CAREERS IN RESEARCH SCIENCE, HEALTHCARE, OR HEALTHCARE MANAGEMENT AND CONTRIBUTE TO PREPARING STUDENTS TO ENTER THESE CAREERS THE CLINICAL EDUCATION AND TRAINING OFFICE HOSTS THIRTY TO FORTY STUDENTS AS PATIENT CARE OBSERVERS THESE STUDENTS ARE AT DIFFERENT STAGES OF TRAINING FROM HIGH SCHOOL TO COLLEGE OR PROFESSIONAL HEALTHCARE SCHOOLS INCLUDING MEDICAL SCHOOLS THE OBSERVERS ARE DECIDING ON OR CONFIRMING CAREER HEALTHCARE DECISIONS THE VOLUNTEER SERVICES DEPARTMENT PROVIDES SUMMER PROGRAMS FOR HIGH SCHOOL AND COLLEGE STUDENTS THAT DRIVE ENTRY INTO HEALTH CAREERS THE OFFICE OF LEGAL SERVICES OFFERS LEGAL INTERNSHIPS TO LOCAL (UNIVERSITY OF MEMPHIS, OLE MISS) LAW STUDENTS DURING THE ACADEMIC YEAR AND TO NATIONAL LAW SCHOOLS DURING THE SUMMER MINIMUM REQUIREMENTS ARE UNDERGRADUATE DEGREE, BE IN AT LEAST A SECOND SEMESTER OF THE SECOND YEAR IN AN ABA ACCREDITED LAW SCHOOL, AND EITHER HAVING COMPLETED THE MANDATORY LAW COURSE PROFESSIONAL RESPONSIBILITY OR PASSED THE MULTI-STATE PROFESSIONAL RESPONSIBILITY EXAM 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 A</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	ND UNDERSTANDING OF RESEARCH, CLINICAL, BUSINESS, AND HEALTH CARE OPERATIONS THE CHIEF LEG AL OFFICER PARTICIPATES ON COMMITTEES OF THE MEMPHIS CHILD ADVOCACY CENTER, WHICH HELPS LO CAL CHILDREN FIND SAFETY AND HEALING (INCLUDING ACCESS TO A MENTAL HEALTH PROFESSIONAL) AFTER A REPORT OF SEXUAL OR OTHER SEVERE ABUSE, AND OFFERS ABUSE PREVENTION TRAINING TO COMM UNITY VOLUNTEERS AND PARENTS THE CHIEF LEGAL OFFICER SERVES ON THE ADVISORY BOARD OF THE I NSTITUTE FOR HEALTH LAW & POLICY OF THE CECIL C HUMPHREYS UNIVERSITY OF MEMPHIS SCHOOL OF LAW, WHICH ENDEAVORS TO ADDRESS UNMET HEALTH LAW NEEDS OF THE LOCAL COMMUNITY AND WORK WI TH COMMUNITY LEADERS TO PROACTIVELY ADDRESS HEALTH POLICY NEEDS THE SENIOR ASSOCIATE COUNS EL IS CHAIR OF THE MEMPHIS BAR ASSOCIATION HEALTH LAW SECTION, AND THE CHIEF LEGAL OFFICER CHAIRS THE COMMUNITY AFFAIRS COMMITTEE OF THAT SECTION, WHICH ANNUALLY SPONSORS A SATURDA Y LEGAL CLINIC PROVIDING UNREPRESENTED MEMBERS OF THE COMMUNITY AN OPPORTUNITY TO MEET WIT H A VOLUNTEER ATTORNEY AND DISCUSS LEGAL ISSUES, INCLUDING THOSE THAT HAVE AN IMPACT ON PE RSONAL HEALTH, SUCH AS SOCIAL SECURITY DISABILITY AND HEALTH EXCHANGE ELIGIBILITY THE COM MUNITY AFFAIRS COMMITTEE ALSO CONTRIBUTES TO THE MEMPHIS CHILDREN'S HEALTH LAW DIRECTIVE, THE ONLY MEDICO-LEGAL PARTNERSHIP SERVING THE MID-SOUTH THE CANCER EDUCATION COORDINATOR I N INTERNATIONAL OUTREACH PARTICIPATES IN THE FOOD ADVISORY COUNCIL OF MEMPHIS THIS AGENCY FOCUSES ON LOCAL FOOD POLICIES TO BUILD HEALTHIER COMMUNITIES IN THE MEMPHIS AREA ST JU DE IS ALSO INVOLVED IN THE CHRISTIAN BROTHERS HIGH SCHOOL STEM COLAB, WHICH PROVIDES TEAC HERS PROFESSIONAL DEVELOPMENT IN THE AREAS OF SCIENCE, TECHNOLOGY, ENGINEERING, MATH, AND MEDICINE IN THE MEMPHIS AREA

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTSDETERMINED TO BE UNCOLLECTIBLE SEE NARRATIVE FOR PART I, LINE 3REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form and Line Reference	Explanation
PART III, LINE 4	BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS FOLLOWS "NET PATIENT SERVICE REVENUES AND RECEIVABLES -- NO FAMILY EVER PAYS THE HOSPITAL FOR THE CARE THEIR CHILD RECEIVES ACCORDINGLY, NET PATIENT 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 \$831,000 AND \$681,000 IN 2015 AND 2014 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 TREATMENTS FOR CHILDHOOD CANCERS AND OTHER CATASTROPHIC DISEASES IN CHILDREN. CHILDHOOD CANCERS ARE RARE. ONLY 10,380 NEW CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN 2015, HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN U.S. CHILDREN (FOOTNOTE 1). THE PRINCIPLE FOCUS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS CANCER. SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST. JUDE ARE INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS, AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. SEVENTY 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 TO RACE, ETHNICITY, AND GENDER IS CONSISTENTLY ALIGNED WITH THE GENERAL DEMOGRAPHICS OF THAT 10-STATE REGION (BASED ON 2010 DATA FROM THE U.S. CENSUS BUREAU) AND WITH THE CANCER-SPECIFIC DEMOGRAPHICS (BASED ON SURVEILLANCE EPIDEMIOLOGY AND END RESULTS (SEER) 2009 DATA). FOR 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 PATIENT POPULATION (FOOTNOTE 2). (NOT EQUAL TO 100% SINCE SUMMARIZES RACE AND ETHNICITY). DEMOGRAPHICS FROM THE ST. JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH THE DEMOGRAPHICS OF THE 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 RESEARCH 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 TRIALS ARE INSTITUTIONALLY SPONSORED, HOWEVER, ST. JUDE ALSO PARTICIPATES IN A NUMBER OF CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A VARIETY OF THERAPEUTIC STUDIES. PEDIATRIC CANCER PATIENTS MAY EXPERIENCE TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFTER DIAGNOSIS. THE CHILDHOOD CANCER SURVIVOR STUDY AND ST. JUDE LIFE ARE TWO STUDIES, ACTIVE AT ST. JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS. INFORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTIONS. THE RARITY OF PEDIATRIC CANCERS AND OUR UNIQUE POSITION AS A NATIONAL RESOURCE FOR THE RESEARCH AND TREATMENT OF CANCER MEANS THAT OUR REACH IS EXTENSIVE, INCLUDING LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL LEVELS. MANY OF OUR INITIATIVES ARE DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A GLOBAL SCALE. THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN), A NOT-FOR-PROFIT ALLIANCE OF 26 OF THE WORLD'S LEADING CANCER CENTERS, IS DEDICATED TO IMPROVING THE QUALITY, EFFECTIVENESS AND EFFICIENCY OF CARE PROVIDED TO PATIENTS WITH CANCER (WWW.NCCN.ORG). ST. 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 QUALITY AND EFFECTIVENESS OF CARE PROVIDED TO PATIENTS WITH CANCER. THE NCCN GUIDELINES HAVE BECOME THE MOST WIDELY USED GUIDELINES IN ONCOLOGY PRACTICE AND HAVE BEEN REQUESTED BY CANCER CARE PROFESSIONALS IN MORE THAN 115 COUNTRIES. ACCORDING TO THE AMERICAN CANCER SOCIETY, INDIVIDUALS WITH LOWER SOCIOECONOMIC STATUS HAVE HIGHER CANCER INCIDENCE RATES BECAUSE OF ENGAGING IN LIFESTYLE BEHAVIORS THAT INCREASE CANCER RISK (FOOTNOTE 1). THE ST. JUDE CANCER EDUCATION FOR CHILDREN PROGRAM IS A LOCAL COMMUNITY EFFORT THAT USES EDUCATION AND POSITIVE REINFORCEMENT TO PROMOTE HEALTHY LIFESTYLE CHOICES THAT CAN HELP CHILDREN REDUCE THEIR RISK OF CANCER IN ADULTHOOD. EDUCATIONAL COMPONENTS OF THE PROGRAM SPECIFICALLY ADDRESS OBESITY, NUTRITION, SMOKING, AND SUN EXPOSURE, IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND PRIMARY CANCER PREVENTION. THE PROGRAM DEVELOPMENT IS OVERSEEN BY A MULTIDISCIPLINARY TEAM COMPOSED OF ST. JUDE FACULTY AND STAFF, LOCAL EDUCATORS, AND LOCAL HEALTH EXPERTS WHO WORK TOGETHER TO ENSURE THAT THE CONTENT ACHIEVES THE GOALS OF THE PROGRAM WHILE ALIGNING TO STATE AND NATIONAL EDUCATION STANDARDS. DURING THE 2014-2015 SCHOOL YEAR, THE SCHOOL OUTREACH TEAM WORKED WITH 21 EDUCATORS FROM 18 SCHOOLS AND 1 COMMUNITY ORGANIZATION IN THE MEMPHIS AREA TO DELIVER THE PROGRAM TO OVER 1600 K-12 STUDENTS. IMPORTANTLY, ONE THIRD OF THE SCHOOLS THAT PARTICIPATED IN THE PROGRAM</p>

Form and Line Reference	Explanation
PART VI, LINE 2	<p>AM WERE TITLE I FUNDED BECAUSE OF THE HIGH PERCENTAGE OF CHILDREN ENROLLED FROM LOW SOCIOE CONOMIC FAMILIES HEMATOLOGYTHE GEOGRAPHIC CATCHMENT AREA FOR ST JUDE ENCOMPASSES 21 COUNT IES IN WESTERN TENNESSEE INCLUDING MEMPHIS, AND AREAS IN EAST ARKANSAS, NORTH MISSISSIPPI, AND A FEW COUNTIES IN MISSOURI MORE THAN 70,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE (SCD), AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE SUFFER F ROM THE DISEASE IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN THE WORLD ST JUDE HAS ONE OF THE LARGEST PEDIATRIC SCD PROGRAMS IN THE COUNTRY AND PROVIDES COMPREHENSIVE TREAT MENT AND EDUCATION TO ABOUT 900 CHILDREN WITH SCD IN THE GEOGRAPHIC CATCHMENT AREA SCD IS DIAGNOSED BY STATE-WIDE NEWBORN SCREENING IN ALL 50 STATES ST JUDE HAS A PARTNERSHIP WI TH NEWBORN SCREENING PROGRAMS IN TN AND MS THAT ENSURES A STABLE RELATIONSHIP AMONG PARENT S, PATIENTS, PRIMARY CARE PROVIDERS ABOUT 50 NEWBORNS WITH SCD ARE IDENTIFIED EACH YEAR I N OUR GEOGRAPHIC CATCHMENT AREA OUR SCD INFANT TODDLER PROGRAM CONTACTS AND ACCEPTS ALL C HILDREN DIAGNOSED WITH THE DISEASE TO ITS COMPREHENSIVE CARE SERVICE</p> <p>ADDITIONALLY, ST JU DE PROVIDES TRAIT COUNSELING SERVICE TO ALL INFANTS BORN WITH SICKLE CELL TRAIT TO 21 COUN TIES IN WESTERN TN ST JUDE PROVIDES CONFIRMATORY TESTING, EDUCATION AND COMPREHENSIVE CA RE AND FOLLOW-UP THROUGHOUT CHILDHOOD FOR CHILDREN WITH SCD DISEASE FROM BIRTH TO AGE 18 YEARS, PATIENTS ARE CLINICALLY EVALUATED AT LEAST EVERY 6 MONTHS, RECEIVE EDUCATION AND MU LTI-DISCIPLINARY SERVICES ACCORDING TO STANDARDIZED TREATMENT AND EDUCATION GUIDELINES SE RVICES ALSO INCLUDE COMMUNITY OUTREACH AND EDUCATION OF THE LOCAL COMMUNITY ST JUDE HAS ESTABLISHED A FORMAL TRANSITION PROGRAM TO ADULT CARE FOR PATIENTS WITH SCD AND PROVIDES S UPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRANSITION PROCESS BY WORKING CLOSELY WITH THE ADULT SCD PROGRAMS AT METHODIST UNIVERSITY HOSPITAL AND REGIONAL ONE HOSPITAL THE SCD PROGRAM AT ST JUDE CLOSELY COLLABORATES WITH SEVERAL FEDERALLY QUALIFIED HEALTH CARE CEN TERS, WITH COMMUNITY PRIMARY CARE PHYSICIANS, LATINO MEMPHIS (THE LARGEST HISPANIC SOCIAL AGENCY IN TENNESSEE), WITH THE SICKLE CELL FOUNDATION OF TENNESSEE (A COMMUNITY-BASED SCD ORGANIZATION), AND WITH REGIONAL SCD PROVIDERS TO ENSURE A MEDICAL HOME AND ADEQUATE SOCIA L SUPPORT FOR ALL SCD PATIENTS IN THE AREA ST JUDE ASSESSES PATIENT NEEDS THROUGH PARENT AND PATIENT SURVEYS, INTER-ACTIVE EDUCATION, MATERIALS REVIEW, AND THROUGH GROUP DISCUSSI ONS WITH PARENTS AND PATIENTS ST JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY 8 00 CHILDREN PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A STRONG REL ATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS ALL CHILDREN FROM THE GEOGRAPHIC CATCHMENT AREA OF ST JUDE (AS OUTLINED ABOVE) WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROM BOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA AND OTHER NON-MALIG NANT HEMATOLOGIC DISORDERS ARE REFERRED TO AND RECEIVE STATE-OF-THE-ART CARE FROM ST JUDE PHYSICIANS AND MEDICAL STAFF ST JUDE IS ONE OF A SELECT GROUP OF FEDERALLY RECOGNIZED P EDIATRIC HEMOPHILIA TREATMENT CENTERS AND PROVIDES STATE-OF-THE-ART COMPREHENSIVE CARE TO APPROXIMATELY 300 CHILDREN WITH BLEEDING AND THROMBOSIS DISORDERS (NOTE THIS NARRATIVE FO R PART VI, LINE 2 CONTINUED BELOW )-SEE PAGE 83/116</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, COVER KIDS, 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 8,200 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 80 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 THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL MARKET, AFFILIATE INS TITUTIONS, OTHER AREAS OF THE UNITED STATES/U S TERRITORIES, AND THE INTERNATIONAL COMMUN ITY THE LOCAL MARKET ENCOMPASSES MEMPHIS, TENNESSEE AND THE SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 24% OF NEW ONCOLOGY PATIENTS RESIDING WITHIN THIS AREA FY15 NEW CANCER P ATIENTSPATIENT ORIGIN % OF TOTALMEMPHIS, TN AND SURROUNDING AREA 24% AFFILIATE 32%NATIONAL (OTHER AREAS OF U S ) 37%INTERNATIONAL 7%GRAND TOTAL 100% THE ST JUDE AFFILIATE PROGRAM ( AP) IS A NETWORK OF SEVEN AFFILIATED PEDIATRIC HEMATOLOGY/ONCOLOGY CLINICS IN THE U S , AL LOWING ST JUDE TO EXTEND CARE AND BENEFITS TO MORE CHILDREN AND INCREASE THE NUMBER OF CH ILDREN ABLE TO BE TREATED ON ST JUDE CLINICAL TRIALS THE PHYSICIANS AND STAFF AT THESE S ITES WORK IN COLLABORATION WITH THE STAFF AT ST JUDE TO DELIVER PROTOCOL RELATED CARE OR EVIDENCE BASED TREATMENT WHEN NOT PARTICIPATING IN A TRIAL TO PEDIATRIC HEMATOLOGY-ONCOLOG Y PATIENTS, SO THAT PATIENTS CAN RECEIVE CARE CLOSER TO HOME AFFILIATES ARE CURRENTLY LOC ATED IN BATON ROUGE LA, CHARLOTTE NC (AFFILIATION BEGAN APRIL 2015) HUNTSVILLE AL, JOHNSON CITY TN, PEORIA IL, SHREVEPORT LA, AND SPRINGFIELD MO THE AFFILIATES' ENROLLMENT OF PATI ENTS ON ST JUDE CLINICAL TRIALS HELPS ST JUDE FIND CURES FASTER AND SAVE MORE CHILDREN ST JUDE PROVIDES FINANCIAL SUPPORT FOR CLINICAL OPERATIONS TO ENSURE EXCELLENT QUALITY OF CARE THAT MEETS ST JUDE PROTOCOL GUIDELINES AND TO PROVIDE PATIENT ASSISTANCE THE AP AN D OTHER STAFF ASSIST THE AFFILIATES IN THE DEVELOPMENT OF NEW PEDIATRIC HEMATOLOGY-ONCOLOG Y PROGRAMS, PROVIDE MONITORING AND CONSULTATION TO IMPROVE PATIENT CARE AND CLINICAL PROCE SSES FOR THE AFFILIATE CLINIC AND CHILDREN'S HOSPITAL, AND PROVIDE NUMEROUS EDUCATIONAL OF FERINGS AND MENTORING FOR AFFILIATE STAFF IN ADDITION, ST JUDE HAS MANY PROCESSES TO ENSURE GOOD CONTINUITY OF CARE BETWEEN THE AFFILIATES AND ST JUDE THE AFFILIATES' CLINICAL RECORDS FOR SHARED PATIENTS ARE AVAILABLE IN ST JUDE MEDICAL RECORDS AND EVERY AFFILIATE HAS ACCESS TO ST JUDE ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS THE AFFILIATES ALSO HAVE ACCESS TO ALL ELECTRONIC RESOURCES, E G , PATIENT EDUCATION MATERIALS, RESEARCH PROTO COLS, CLINICAL GUIDELINES AND RESOURCES, EVERYTHING ON THE ST JUDE INTRANET IN ADDITION TO ASSISTING THE AFFILIATES, ST JUDE PROVIDES CONSULTATION SERVICES FOR MORE THAN 3000 NA TIONAL AND 700 INTERNATIONAL PHYSICIAN REQUESTS FOR FY15 PATIENT CONSULTATIONS BY CONTINE NT TOTALED 3,761 AS FOLLOWS CONTINENT NUMBER OF PATIENTS CONSULTATIONSNORTH AMERICA 3,213S OUTH AMERICA 93EUROPE 137AFRICA 35ASIA 232AUSTRALIA 34UNKNOWN LOCATION 17TOTAL 3,761ST JU DE ALSO OPERATES AN INTERNATIONAL OUTREACH PROGRAM (IOP) AIMED AT IMPROVING SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE ST JUDE ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, IMPLEMENTING NEW APPROACH ES TO TREAT PEDIATRIC CANCER GLOBALLY, AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN THERE ARE AN ESTIMATED 175,000 NEWLY DIAGNOSED CASES OF CH ILDHOOD CANCER WORLDWIDE EACH YEAR, AND 84% OCCUR IN LOW- AND MIDDLE- INCOME COUNTRIES CAN CER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN ALL DEVELOPING COUNTRIES, REPLACING OTHER CAUSES OF CHILDHOOD MORTALITY (E G HIV, MALNUTRITION, INFECTIONS) DESPITE VAST IM PROVEMENTS IN THERAPY AND SURVIVAL IN HIGH-INCOME COUNTRIES OVER THE PAST 30 YEARS, AN EST IMATED 60% DO NOT HAVE ACCESS TO ADEQUATE DIAGNOSIS AND MODERN CARE ST JUDE STRIVES TO A DDRESS THE NEEDS OF THOSE CHILDREN IN COUNTRIES TH</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>AT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN BURDEN OF CASES EFFECTIVELY WH ILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OUR HOSPITAL IN MEMPHIS, RECEIVIN G TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND LESS DISRUPTIVE FOR THEM AND THEI R FAMILIES BECAUSE OF OUR INTERNATIONAL EFFORTS, WE ARE ABLE TO REACH FAR MORE CHILDREN T HAN WOULD EVER BE ABLE TO COME TO MEMPHIS A BASIC HEALTHCARE INFRASTRUCTURE IS NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER IMPROVES THE DEVELOPMENT OF BAS IC HEALTHCARE AT THE LOCAL LEVEL, THE IOP DEVELOPS PARTNERSHIPS WITH MEDICAL INSTITUTIONS AND FUND-RAISING ORGANIZATIONS AND FACILITATES THE INVOLVEMENT OF OTHER AND GOVERNMENT OR GANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LOCAL PERSONNEL AT THE REGIONAL LEVEL, THE IOP DEVELOPS PROGRAMS THROUGH THE USE OF TECHNOLOGY AND FOSTERS REGIONAL AND IN TERNATIONAL COLLABORATIONS WITH OTHER PEDIATRIC MEDICAL INSTITUTIONS THE PRIMARY GOAL IS TO DEVELOP LOCAL AND REGIONAL SELF-SUFFICIENCY THIS MODEL RESULTS IN SIGNIFICANT OVERALL IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE CONFIDENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT ST JUDE EMPHASIZES THE BUILDING OF REGIONAL E XPERTISE AND DIAGNOSTIC CAPABILITIES, WHICH PROVIDE A CRITICAL MASS OF PROFESSIONALS WHO C ONTINUALLY LEARN FROM AND ASSIST EACH OTHER COST EFFICIENCY IS ALSO REALIZED BECAUSE OF S HARED RESOURCES ST JUDE HAS PARTNERSHIPS WITH 24 MEDICAL INSTITUTIONS (AND THEIR SUPPORTI NG FOUNDATIONS) ACROSS 17 DIFFERENT COUNTRIES-BRAZIL, CHILE, CHINA, COSTA RICA, DOMINICAN REPUBLIC, ECUADOR, EL SALVADOR, GUATEMALA, HAITI, HONDURAS, JORDAN, LEBANON, MEXICO, MOROC CO, NICARAGUA, PHILIPPINES, VENEZUELA ST JUDE WORKS WITH ITS PARTNERS TO DEVELOP EVIDENC ED-BASED TREATMENT PROTOCOLS TAILORED TO REGIONAL NEEDS AND RESOURCES ADDITIONALLY, ST JUDE PHYSICIANS AND NURSES SERVE AS MENTORS TO CLINICAL PERSONNEL AT PARTNER SITES, PROVIDE LOCAL AND ONLINE TRAINING FOR ONCOLOGY CARE, DIAGNOSIS, AND SUPPORTIVE CARE, AND PARTICIP ATE IN ONLINE MEETINGS TO DISCUSS CLINICAL CARE BEST PRACTICES THE MAJORITY OF ONLINE MEE TINGS HELD AND TRAINING PROVIDED IS VIA ST JUDE'S WEB-BASED PLATFORM, ST JUDE CURE4KIDS( TM), A FREE RESOURCE FOR ALL GLOBAL PEDIATRIC ONCOLOGY PROFESSIONALS, REGARDLESS OF THEIR AFFILIATION WITH ST JUDE OR ITS PARTNERS FINALLY, ST JUDE PARTNERS WITH LOCAL FUNDRAISI NG ORGANIZATIONS THAT SUPPORT THE MEDICAL PROGRAMS THIS MODEL HAS PROVEN TO BE HIGHLY EFF ECTIVE IN PROVIDING POOR CHILDREN IN DEVELOPING COUNTRIES ACCESS TO MODERN TREATMENT AND C ARE ST JUDE IS A RESEARCH ORGANIZATION, AND THERE ARE TIMES WHEN BASIC RESEARCH DISCOVERI ES PERTAIN TO DISEASES THAT ARE BEYOND THE SCOPE OF DISEASES TREATED AS A PRIMARY DIAGNOSI S 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 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 THE PCGP RECENTLY LAUNCHED PHASE 2 OF THE PROJECT, A TWO-YEAR, \$30 MILLION ENDEAVOR THAT WILL EXAMINE THE CANCER SAMPLES FROM 300 CHILDREN AND FOCUS ON DEFINING MUTATIONS THAT CONTRIBUTE TO TUMOR FORMATION, CHARACTERIZING THE STATE OF THE CANCER CELL'S EPIGENOME AND DESCRIBE HOW IT DIFFERS FROM WHAT IS SEEN IN THE NORMAL CELLS THE SECOND PHASE ALSO INCLUDES A CLINICAL GENOMICS PROJECT CALLED GENOMES FOR KIDS THAT WILL INVOLVE NEXT-GENERATION SEQUENCING FOR EVERY CHILD WITH CANCER WHO WALKS THROUGH THE DOORS AT ST JUDE WHEN PHASE 2 IS COMPLETE, ST JUDE HOPES TO HAVE A MODEL FOR HOW TO EXTEND GENOME SEQUENCING TO EVERY CHILDHOOD CANCER PATIENT IN THE UNITED STATES FROM ITS BEGINNINGS IN 2010, THE PCGP IS THE LARGEST, BROADEST, PRIVATELY FUNDED SEQUENCING PROJECT FOR CHILDREN WITH CANCER AND NOW HAS SEQUENCED MORE THAN 700 MATCHED PAIRS OF TUMOR AND HEALTHY GENOMES FROM YOUNG PATIENTS THE PCGP HAS PROVIDED NEW DETAILS ABOUT THE MUTATIONS THAT UNDERLIE THE DEVELOPMENT AND GROWTH OF A RANGE OF CHILDHOOD CANCERS, AND HAS LAID THE FOUNDATION FOR IMPROVED DIAGNOSTIC TESTING AND THE NEXT GENERATION OF MORE EFFECTIVE, LESS TOXIC THERAPIES THE PROJECT HAS LED TO NEW DIRECTIONS IN RESEARCH INVOLVING HIGH-RISK LEUKEMIA, BRAIN AND SOLID TUMORS AS WELL AS NEW COMPUTATIONAL METHODS THAT HAVE BEEN SHARED FOR FREE WITH THE GLOBAL SCIENTIFIC COMMUNITY THE CYCLOTRON (PARTICLE ACCELERATOR) AT ST JUDE ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS OF ADULT PATIENTS RETURNING TO ST JUDE FOR LIFETIME FOLLOW-UP THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND CHILD</p>



Form and Line Reference	Explanation
PART VI, LINE 5	<p>           DHOOD 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 T HE 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 MANUFACT URING DRUGS FOR LESSER KNOWN DISEASES THE FACILITY, OPERATING ACCORDING TO APPROVED FDA S TANDARDS, ALLOWS DOCTORS TO TAILOR TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD THE CEL L AND TISSUE IMAGING CENTER INCLUDES ELECTRON MICROSCOPY AND LIGHT MICROSCOPY THE FACILIT Y PROVIDES INVESTIGATORS ACCESS TO TRANSMISSION ELECTRON MICROSCOPY, CONFOCAL LASER SCANNI NG MICROSCOPY, MULTIPHOTON MICROSCOPY, IMAGE ANALYSIS, CELL MICROINJECTION AND LIVE CELL I MAGING THE FEI TECNAI 20 200KV FEG ELECTRON MICROSCOPE, WHICH CAN MAGNIFY AN OBJECT 700,0 00 TIMES, IS AT THE HEART OF THIS PROGRAM THE ELECTRON MICROSCOPE INSTRUMENT IS ONE OF ON LY 200 OF ITS TYPE IN THE WORLD THIS TECHNOLOGY ALLOWS RESEARCHERS TO GET A CLOSER LOOK A T 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 SPRE AD 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 TISSU E THAN OTHER CURRENT RADIATION THERAPIES THIS EQUIPMENT WILL ENABLE ST JUDE TO PROVIDE T HIS 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 PROT ON THERAPY CENTERS IN THE WORLD DEDICATED SOLELY TO THE TREATMENT OF CHILDREN TO FURTHER P ALLIATIVE SERVICES IN THE COMMUNITY, ST JUDE PARTICIPATED WITH LE BONHEUR CHILDREN'S HOSP ITAL IN DEVELOPING THE QUALITY OF LIFE FOR ALL KIDS PALLIATIVE PROGRAM FOR SERIOUSLY ILL C HILDREN HOSPICE STAFF, BOTH IN THE HOME AND IN THE HOSPICE RESIDENCE, PROVIDES INTERDISCI PLINARY CARE TO CHILDREN THROUGHOUT THE ILLNESS TRAJECTORY AND CONCURRENT THERAPIES ST JU DE ADMINISTRATIVE LEADERS AND FACULTY MEMBERS OF THE DEPARTMENT OF PHARMACEUTICAL SCIENCES HAVE BEEN AT THE FOREFRONT OF BRINGING NATIONAL ATTENTION TO THE PEDIATRIC CANCER DRUG SH ORTAGE TOPIC, ACTIVELY ENGAGING REGULATORY AND LEGISLATIVE BODIES TO UNDERSTAND THE IMPACT THESE DRUG SHORTAGES HAVE ON PEDIATRIC CARE AND RESEARCH PRESENTATIONS OR WRITTEN TESTIM ONY HAVE BEEN PROVIDED TO THE FDA CENTER FOR DRUG EVALUATION AND RESEARCH WORKSHOP, TWO SE NATE 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 AD DITION TO ONSITE EDUCATION, THE INTERNATIONAL OUTREACH PROGRAM PROVIDES AN EDUCATION AND C OLLABORATION WEB SITE, CURE4KIDSTM (WWW.CURE4KIDS.ORG) (NOTE THIS NARRATIVE FOR PART VI, LINE 5 IS CONTINUED BELOW )- SEE PAGE 86/116         </p>

Form and Line Reference	Explanation
PART VI, LINE 2 (CONTINUATION FROM PAGE 72/116)	<p>IN ADDITION TO PROVIDING AND CONTINUOUSLY IMPROVING STANDARDIZED CARE TO THESE PATIENT POPULATIONS, ST JUDE HEMATOLOGY DEDICATES A SIGNIFICANT AMOUNT OF RESOURCES TO CLINICAL, TRANSLATIONAL, AND BASIC RESEARCH TO IMPROVE SURVIVAL AND DECREASE MORBIDITY OF CHILDREN WITH NON-MALIGNANT CHRONIC BLOOD DISEASES. MOST PATIENTS PARTICIPATE IN RESEARCH STUDIES, WHICH HAVE RESULTED IN MAJOR IMPROVEMENTS IN CLINICAL CARE. FOR EXAMPLE, RECENT RESULTS FROM THE BABY HUG TRIAL SHOWED THAT DAILY ORAL HYDROXYUREA IS SAFE AND EFFECTIVE FOR INFANTS AND YOUNG CHILDREN WITH SCD, WHICH LED TO THE RECOMMENDATION OF ITS GENERAL USE IN THIS SUBPOPULATION. ALSO, IN A FIRST-IN-MAN TRIAL, ST JUDE HEMATOLOGY SHOWED THE SAFETY AND EFFICACY OF A NOVEL GENE TRANSFER AGENT CARRYING THE FACTOR IX GENE FOR TREATMENT OF HEMOPHILIA B, ALL TEN ADULT PARTICIPANTS WITH SEVERE HEMOPHILIA B HAD NO SERIOUS UNEXPECTED SIDE EFFECTS AND ALL PARTICIPANTS SHOWED AN INCREASE IN FACTOR IX LEVELS LEADING TO A SUBSTANTIAL REDUCTION IN THEIR BLEEDING TENDENCY. FUTURE EFFORTS WILL CONTINUE TO FOCUS ON FINDING VIABLE CURES AND/OR TREATMENTS TO PREVENT COMPLICATIONS IN CHILDREN WITH SCD AND OTHER NON-MALIGNANT, CHRONIC HEMATOLOGIC DISEASES.</p> <p>THE COMPREHENSIVE HIV CARE AND PREVENTION PROGRAM FOR CHILDREN AND YOUTH AT ST JUDE CHILDREN'S RESEARCH HOSPITAL (SJCRRH) WAS INITIATED IN 1987. LOCATED IN MEMPHIS, TN AND COLLABORATIVE AFFILIATIONS AT THE UNIVERSITY OF TN HEALTH SCIENCE CENTER, THE PROGRAM SERVES IN AN AREA OF THE COUNTRY WHICH HAS BEEN PARTICULARLY AFFECTED BY THE HIV EPIDEMIC, ESPECIALLY AMONG YOUTH. SINCE ITS BEGINNING, THE HIV CLINICAL AND RESEARCH PROGRAM AT ST JUDE HAS SERVED INFANTS, CHILDREN, ADOLESCENTS AND YOUNG ADULTS (BIRTH THROUGH 24 YEARS OF AGE) BY PROVIDING COMPREHENSIVE MEDICAL CARE, CASE MANAGEMENT SERVICES, A FULL PHARMACY, PATIENT ADVOCACY, PSYCHOSOCIAL, AND SPIRITUAL SUPPORT FOR PATIENTS AND THEIR FAMILIES. THE SERVICES INCLUDE AN ONSITE DYSPLASIA CLINIC SETUP FOR HIGH RESOLUTION ANOSCOPY AND COLPOSCOPY. THE 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 HIV CARE AND PREVENTION PROGRAM HAS ESTABLISHED AND STRENGTHENED OVER THE PAST NINE YEARS. THE COALITION, THROUGH ITS WORK TO DEVELOP SUSTAINABLE POLICIES, PROGRAMS AND PRACTICES FOR THE SOLE PURPOSE OF REDUCING THE NUMBER OF INFECTED INDIVIDUALS IN VULNERABLE POPULATIONS, INCLUDES 25 PARTNERS REPRESENTING A RICH AND DIVERSE MIX OF INDIVIDUALS FROM VARIOUS SECTORS IN MEMPHIS. THIS UNIQUE MOBILIZATION OF COMMUNITY RESOURCES ALLOWS FOR THE EXECUTION OF AN AGGRESSIVE PREVENTION STRATEGY PURPOSED TO REDUCE THE RATES OF HIV/AIDS THROUGH ADVOCACY, AWARENESS AND EVIDENCED-BASED INTERVENTIONS. THESE STRATEGIC PARTNERSHIPS (I.E., THE LOCAL HEALTH DEPARTMENT, FAITH AND COMMUNITY BASED ORGANIZATIONS, HEALTH CARE ORGANIZATIONS) HAVE ALLOWED FOR SHARED RESPONSIBILITY IN THE TRANSFORMATION OF THE COMMUNITY. THIS HAS BEEN ESPECIALLY IMPORTANT TO ENSURE EFFORTS TO CREATE NEW POLICIES, PRACTICES AND PROGRAMS, A TOTAL OF 44 TO DATE, ARE DEVELOPED IN A MANNER THAT GUARANTEES SUSTAINABILITY AND IMPACTS HIV ACQUISITION AND TRANSMISSION. WORKING TO ALIGN THE STRATEGIC PLAN WITH THE HIV CONTINUUM OF CARE THAT SPECIFICALLY ADDRESSES YOUTH BARRIERS TO TESTING, SURVEILLANCE REPORTING AND LINKAGE OF NEWLY DIAGNOSED HIV+ YOUTH TO MEDICAL CARE IN RESOURCE POOR COMMUNITIES HAS BEEN A STRONG ASSET TO OUR COMMUNITY INFRASTRUCTURE. THROUGH DATA OBTAINED FROM THE STRATEGIC MULTISITE INITIATIVE FOR LINKAGE AND ENGAGEMENT (SMILE) PROGRAM, COALITION MEMBERS FACILITATED DIALOGUE AND DISCUSSIONS WITH KEY STAKEHOLDERS, AND STRATEGIZED ON NEW POLICY AND PRACTICE CHANGES RELATED TO COMMONLY IDENTIFIED BARRIERS (DISCLOSURE, TIMELINES OF CONFIRMATORY TEST, MEDICATION/APPOINTMENT ADHERENCE). THIS HAS RESULTED IN APPROXIMATELY 96% (419/437) OF NEWLY DIAGNOSED HIV+ YOUTH BEING ENGAGED IN MEDICAL CARE. THIS SUCCESS SPEAKS TO THE SHARED GOAL, AMONG PARTNER AGENCIES, OF HIV PREVENTION AND IMPROVING ACCESS TO CARE FOR THOSE INFECTED. ADDITIONALLY, OUR COMMUNITY EFFORTS HAVE BEEN INVOLVED IN 34 COMMUNITY BASED EDUCATION AND TESTING EVENTS WITH AN IMPACT OF WELL OVER 3,677 PEOPLE THIS CALENDAR YEAR.</p> <p>1 AMERICAN CANCER SOCIETY. CANCER FACTS &amp; FIGURES 2015. ATLANTA: AMERICAN CANCER SOCIETY, 2015. 2 FOR THE PERIOD FROM JULY 1, 2013 TO JUNE 30, 2014.</p>

Form and Line Reference	Explanation
PART VI, LINE 5 (CONTINUATION FROM 83/116)	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 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 \$589 MILLION IN FY15 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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION FROM PAGE 59/116)	<p>3 ENSURE THAT SURVIVORS UNDERSTAND HOW TO APPROACH HEALTHCARE POST-TREATMENTSURVIVORS AND THEIR FAMILIES ATTENDING THE AFTER COMPLETION OF THERAPY AND ST JUDE LIFETIME COHORT CLINICS ROUTINELY RECEIVE COUNSELING ABOUT THEIR HEALTH HISTORY, CANCER-RELATED HEALTH RISKS, HEALTH SCREENING RECOMMENDED FOR THEIR SPECIFIC CANCER TREATMENT EXPOSURES, AND METHODS OF RISK REDUCTION A SURVIVORSHIP CARE PLAN IS PROVIDED AT THE FIRST EVALUATION THAT DETAILS THE CANCER DIAGNOSIS, TREATMENT, MAJOR HEALTH EVENTS THAT HAVE OCCURRED DURING AND AFTER THERAPY, CANCER-RELATED HEALTH RISKS, AND RECOMMENDED HEALTH SCREENING THE SURVIVORSHIP CARE PLAN IS UPDATED AFTER EVERY HEALTH EVALUATION FOR SURVIVORS WHO DO NOT WISH TO PARTICIPATE IN THE ACT OR ST JUDE LIFETIME COHORT PROGRAMS, THESE SAME SERVICES ARE AVAILABLE THROUGH THE ST JUDE ALUMNUS PROGRAM OFFICE 4 OFFER AN ONLINE RESOURCE FOLLOWING THE CONFERENCE FOR CONTINUOUS FLOW OF SURVIVORSHIP INFORMATIONPERIODIC BRIEF PUBLICATIONS FEATURE SURVIVOR STORIES AND EDUCATIONAL TOPICS -LONG-TERM FOLLOW-UP NEWSLETTERS AND BRIEFS (AVAILABLE AT <a href="https://LTFU.STJUDE.ORG/">HTTPS //LTFU STJUDE ORG/</a>) ARE PUBLISHED ON A QUARTERLY BASIS -LIFELINE NEWSLETTERS (AVAILABLE AT <a href="https://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-LIFE-STUDY/LIFELINE-NEWSLETTER.HTML">HTTPS //WWW STJUDE ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-LIFE-STUDY/LIFELINE-NEWSLETTER HTML</a>) ARE PUBLISHED SEMIANNUALLY OTHER SURVIVORSHIP RESOURCES ARE AVAILABLE AT <a href="https://WWW.STJUDE.ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-LIFE-STUDY/HANDOUTS.HTML">HTTPS //WWW STJUDE ORG/TREATMENT/SURVIVORSHIP/PARTICIPATE-IN-ST-JUDE-LIFE-STUDY/HANDOUTS HTML</a>PEDIATRIC HEALTH NEED COMMUNITY EDUCATIONHEALTH FACILITIES/RESOURCES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL, COMMUNICATIONS AND PUBLIC RELATIONS DEPARTMENTSUMMARY METRIC USE URBAN RADIO TO PROVIDE INFORMATION AND EDUCATION ABOUT HEALTH CARE RESOURCES AND HEALTH CARE CAREERSPROGRESS ON ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 OFFER RADIO STATION PRODUCERS ST JUDE PROFESSIONALS THAT CAN PROVIDE LISTENERS DETAILS ABOUT COMMUNITY RESOURCES AVAILABLE FOR LEARNING ABOUT AND BEING TESTED FOR DISORDERS/DISEASES SUCH AS SICKLE CELL TRAIT AND HIVST JUDE "VOICES" HELP AIDS PATIENTS FEEL LESS ISOLATEDWMOT NPR MIDDLE TENNESSEEBY MICHAEL OSBORNE11/18/14HTTP //WMOT ORG/POST/ST-JUDE-VOICES-HELP-AIDS-PATIENTS-FEEL-LESS-ISOLATED#STREAM/0THROUGH STORYTELLING, 'VOICES PROJECT' EMPOWERS PEOPLE IMPACTED BY HIVWFAE NPR CHARLOTTEBY MICHAEL TOMSIC12/01/14HTTP //WFAE ORG/POST/THROUGH-STORYTELLING-VOICES-PROJECT-EMPOWERS-PEOPLE-IMPACTED-HIV2 USE THIS PLATFORM TO DISPEL MYTHS AND MISCONCEPTIONS ABOUT THESE TWO DISEASES AND CHILDHOOD CANCERIN ADDITION TO THE RADIO WE HAVE UTILIZED ARTICLES IN OTHER FORUMS THE AUTUMN 2014 PROMISE INCLUDED A STORY ON RESEARCH ABOUT BACTERIA THAT THREATENS KIDS WITH SCD INCLUDING A SIDEBAR EXPLAINING WHAT SCD IS <a href="https://WWW.STJUDE.ORG/THWARTING-THE-THREAT">HTTPS //WWW STJUDE ORG/THWARTING-THE-THREAT</a>IN THE STRATEGIC PLAN STORY OF THE AUTUMN 2015 PROMISE, WE INCLUDED INFO ABOUT OUR PLANS FOR EXPANDING SICKLE CELL TREATMENT AND RESEARCH <a href="https://WWW.STJUDE.ORG/IF-NOT-ST-JUDE-THEN-WHO">HTTPS //WWW STJUDE ORG/IF-NOT-ST-JUDE-THEN-WHO</a>PROMISE IS MAILED TO ABOUT 220,000 READERS, WHICH INCLUDE DONORS, EMPLOYEES, PEER INSTITUTIONS, CEOS OF FORTUNE 500 COMPANIES, SELECT MEDIA AND INDIVIDUALS WHO SUBSCRIBE THROUGH OUR ONLINE SUBSCRIPTION FORM ALL THE ARTICLES APPEAR ONLINE, WHERE THEY HAVE AN EVEN WIDER READERSHIP WE HAVE TWO SICKLE CELL ARTICLES PLANNED FOR THE WINTER 2016 ISSUE</p>

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION FROM SECTION IMMEDIATELY ABOVE)	<p>AIM #2 IMPROVING COORDINATION OF CAREPEDIATRIC HEALTH NEED PHYSICIAN COORDINATION OF CAREH EALTH FACILITIES/RESOURCES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL ST JUDE AFFILIA TE INSTITUTIONS ALL DOMESTIC AND INTERNATIONAL REFERRING CLINICIANS AND CENTERSSUMMARY MET RIC IMPROVE CONTINUITY OF CARE BY ENHANCING COMMUNICATION TOOLS AND EFFORTS TO PROVIDE PHY SICIANS WITH UNPARALLELED ACCESS TO PATIENT INFORMATIONPROGRESS ON ACTION ITEMS TO MEET ID ENTIFIED HEALTH NEED 1 CONSIDER IMPLEMENTATION OF CLINICIAN PORTAL TO PERMIT REFERRING AND AFFILIATED PHYSICIANS' CONVENIENT ACCESS TO PATIENT INFORMATION, IN ACCORDANCE WITH APPLIC ABLE LAW PLANS ARE UNDERWAY TO FINALIZE THE COMMUNICATION TOOLS WHICH INCLUDE A WEB PORTAL AND TRADITIONAL COMMUNICATION THE PORTAL HAS BEEN BUILT AND IS CURRENTLY BEING TESTED M ETRICS TO QUALIFY TIMELY ENTRY AND CLINICIAN USAGE ARE ALSO BEING DEFINED A REFERRING PHY SICIAN TASK FORCE (COMPRISED OF CLINICAL DIRECTOR, CLINICAL SERVICE LEADERS, FACULTY MEMBE RS, AND CLINICAL AND ADMINISTRATIVE PROCESS LEADERS (INFORMATION SCIENCES, HEALTH INFORMAT ION MANAGEMENT, PHYSICIAN/PATIENT REFERRAL OFFICE) IS CURRENTLY REVIEWING COMMUNICATION PR OCESSES BY CLINICAL SERVICES TO ENSURE COMPLIANCE WITH THE COMMUNICATION POLICY FOR EXTERN AL CLINICIANS THERE HAS ALSO BEEN AN EFFORT TO EXTEND AN INVITATION TO THE AFFILIATE PHY SICIANS TO PARTICIPATE REMOTELY IN WEEKLY MULTIDISCIPLINARY CONFERENCES TO AID IN COMMUNICA TION AND SERVE AS AN OPPORTUNITY FOR TRAINING AIM #3 IMPROVING CHILD HEALTH STATUS THROUGH BEHAVIORAL MODIFICATIONPEDIATRIC HEALTH NEED CHILD KNOWLEDGE OF CANCER PREVENTION, NUTRIT ION, OBESITY, AND PHYSICAL ACTIVITYHEALTH FACILITIES/RESOURCES INVOLVED ST JUDE CHILDREN' S RESEARCH HOSPITAL, INTERNATIONAL OUTREACH PROGRAM (IOP)SUMMARY METRIC INCREASE THE NUMBE R OF STUDENTS AND TEACHERS PARTICIPATING IN ST JUDE CANCER AND HEALTHY LIVING EDUCATION P ROGRAMINCREASE THE KNOWLEDGE THAT CHILDREN HAVE ON CANCER AND HEALTHY LIVING TOPICS (NUTRI TION, EXERCISE, SUN PROTECTION, AVOIDING TOBACCO) WITH PRE AND POST QUIZZESIMPROVE ATTITUD ES OF CHILDREN TOWARD HEALTHY LIVING PRACTICES (AVOIDING SMOKING, BETTER NUTRITION HABITS, MORE EXERCISE, AVOIDING EXCESSIVE SUN) USING SURVEY INSTRUMENTSPROGRESS ON ACTION ITEMS T O MEET IDENTIFIED HEALTH NEED THE PROGRAM THAT IS RESPONSIBLE FOR ADDRESSING THE ACTION IT EMS BELOW HAS GONE THROUGH A TRANSITION ST JUDE HAS RECENTLY COMPLETED ITS STRATEGIC PLA N FOR THE NEXT FIVE YEARS WHICH ALSO INCLUDES AN EXPANSION OF THE IOP AND A NEW LEADER OF THE PROGRAM UNDER THE NEW LEADER, A FORMAL STRATEGIC PLANNING PROCESS WILL BE INITIATED D URING FY16 TO DEFINE THE OVERALL VISION FOR THE PROGRAM AND THE SPECIFIC GOALS AND OBJECTI VES FOR THE ENSUING FIVE YEARS ACTION ITEM TWO HAS BEEN ADDRESSED AND ACTION ITEMS ONE, T HREE AND FOUR WILL BE UPDATED BASED ON THE NEW DIRECTION OF IOP 1 ASSESS INTERNAL AND EXT ERNAL COMMUNITY RESOURCES FOR EDUCATIONAL MATERIAL ON CANCER AND HEALTHY LIVING TOPICS TAI LORED TO THE AGE-SPECIFIC NEEDS OF CHILDREN IN PRE-K, ELEMENTARY, MIDDLE AND HIGH SCHOOL 2 REVIEW CURRENT ST JUDE CREATED CONTENT TO SCHOOLS USING TEACHER LESSON PLANS, TEACHER TRAINING WORKSHOPS, AND SCHOOL VISITSTHE ST JUDE CANCER EDUCATION FOR CHILDREN PROGRAM IS A SCHOOL-BASED OUTREACH PROGRAM THAT USES EDUCATION AND POSITIVE REINFORCEMENT TO HELP PR OMOTE HEALTHY LIFESTYLE CHOICES AND TO REDUCE A CHILD'S LIFETIME RISK OF DEVELOPING CANCER THE PROGRAM'S EDUCATIONAL OBJECTIVES ARE TO (A) EDUCATE ELEMENTARY SCHOOL CHILDREN ABOUT CANCER AND DISPEL COMMON MISCONCEPTIONS, (B) EDUCATE ABOUT AND PROMOTE HEALTHY LIFESTYLE CHOICES THAT CAN HELP CHILDREN REDUCE THEIR RISK OF CANCER IN ADULthood, AND (C) INSPIRE A N INTEREST IN SCIENCE AND SCIENTIFIC CAREERS IT SPECIFICALLY ADDRESSES OBESITY, NUTRITION , SMOKING, AND SUN EXPOSURE, IMPORTANT ISSUES IN PROMOTING CHILDHOOD HEALTH AND PRIMARY CA NCER PREVENTION THE PROGRAM DEVELOPMENT IS OVERSEEN BY A MULTIDISCIPLINARY TEAM COMPOSED OF ST JUDE FACULTY AND STAFF, LOCAL EDUCATORS, AND LOCAL HEALTH EXPERTS WHO WORK TOGETHER TO ENSURE THAT THE CONTENT ACHIEVES THE GOALS OF THE PROGRAM WHILE ALIGNING TO STATE AND NATIONAL EDUCATION STANDARDS DURING THE 2014-2015 SCHOOL YEAR, THE SCHOOL OUTREACH TEAM WO RKED WITH 21 EDUCATORS FROM 18 SCHOOLS AND 1 COMMUNITY ORGANIZATION IN THE MEMPHIS AREA TO DELIVER THE PROGRAM TO OVER 1600 K-12 STUDENTS OF THE 18 SCHOOLS THAT PARTICIPATED IN TH E PROGRAM, 6 WERE TITLE 1 SCHOOLS OF THE 6 TITLE 1 SCHOOLS, 3 WERE IZONE SCHOOLS, WHICH A RE DEFINED AS SCHOOLS PERFORMING IN THE BOTTOM 5% OF SCHOOLS IN THE STATE AND RECEIVE FUND S TO IMPROVE STUDENT ACHIEVEMENT IN ADDITION, THE OUTREACH TEAM COLLABORATED WITH THE IZONE SCHOOL SCIENCE COACHES TO PROVIDE EXTRA SUPPORT AND PROFESSIONAL DEVELOPMENT FOR OVER 50 SCIENCE TEACHERS AT IZONE SCHOOLS THE SCHOOL OUTREACH TEAM ALSO INCREASED THE NUMBER OF TEACHERS ENGAGED IN THE PROGRAM BY ATTENDING SIX LOCAL TEACHER PROFESSIONAL DEVELOPMENT CO NFERENCES TO PROVIDED TRAINING AND MATERIALS TO OV</p>

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 (CONTINUATION FROM SECTION IMMEDIATELY ABOVE)	ER 250 K-12 EDUCATORS (TABLE 1)TABLE 1 THE NUMBER OF TEACHERS AND STUDENTS WHO PARTICIPATED IN EDUCATIONAL PROGRAMSSCHOOL YEAR NUMBER OF TEACHERS NUMBER OF STUDENTS 2012-2013 65 10142013-2014 143 9902014-2015 245 1621A MANUSCRIPT WAS PUBLISHED AS A RESULT OF THE SCHOOL OUTREACH PROGRAM AYERS, K , VILLALOBOS, A , LI, Z , KRASIN, M (2014) THE ST JUDE CANCER EDUCATION FOR CHILDREN PROGRAM PILOT STUDY DETERMINING THE KNOWLEDGE ACQUISITION AND RETENTION OF 4TH-GRADE STUDENTS JOURNAL OF CANCER EDUCATION3 EVALUATE PARTICIPATION IN HEALTH FAIRS AND PUBLIC VENUES TO DISSEMINATE EDUCATIONAL MATERIAL AND ASSESS UTILITY IN MEETING NEEDS OF THE COMMUNITY AND UTILIZING EXPERTISE AT ST JUDE 4 CREATE AN EDUCATIONAL KIOSK FOR THE CHILDREN'S MUSEUM OF MEMPHIS HEALTH NEEDS NOT BEING ADDRESSEDIN ORDER TO EFFECTIVELY ADDRESS THE NEEDS IDENTIFIED, ST JUDE IS FOCUSING ON THE NEEDS OUTLINED IN THE TABLES 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 THE IMPLEMENTATION PLAN WILL BE ASSESSED ANNUALLY AND PROGRESS RECORDED THE HOSPITAL RESERVES THE RIGHT TO AMEND THIS IMPLEMENTATION PLAN AT ANY TIME AS CIRCUMSTANCES WARRANT COMMUNITY HEALTH NEEDS MAY EVOLVE, REQUIRING ADJUSTMENTS TO THE DESCRIBED STRATEGIC INITIATIVES



Additional Data

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

Form 990 Part V Section C Supplemental Information for Part V, Section B.

**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	PART V, SECTION B, LINE 5 THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY TRIPP UMBACH UNDER THE DIRECTION OF LEADERSHIP FROM ST JUDE CHILDREN'S RESEARCH HOSPITAL INTERVIEWS WITH KEY STAKEHOLDERS TRIPP UMBACH WORKED CLOSELY WITH HOSPITAL LEADERSHIP TO IDENTIFY LEADERS FROM ORGANIZATIONS WITH SPECIAL KNOWLEDGE AND/OR EXPERTISE IN PUBLIC HEALTH AND IN SPECIALTY AREAS WHERE ST JUDE PROVIDES SERVICES SUCH PERSONS WERE INTERVIEWED AS PART OF THE NEEDS ASSESSMENT PLANNING PROCESS REPRESENTATIVES FROM THE FOLLOWING ORGANIZATIONS PROVIDED DETAILED INPUT DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS - THE ST JUDE AFFILIATE CLINIC AT HUNTSVILLE, AL - HOSPITAL FOR WOMEN AND CHILDREN - DEPARTMENT OF PEDIATRICS FOR THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER - RYAN WHITE PROGRAM - UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER COLLEGE OF MEDICINE - METHODIST AFFILIATED SERVICES' HOME CARE, HOSPICE AND PALLIATIVE SERVICES - AMERICAN SOCIETY FOR CLINICAL PHARMACOLOGY AND THERAPEUTICS - DEPARTMENTS OF BIOPHARMACEUTICAL SCIENCES AND PHARMACEUTICAL CHEMISTRY, UCSF - VANDERBILT UNIVERSITY SCHOOL OF MEDICINE - DEPARTMENT OF MEDICINE, SECTION OF HEMATOLOGY/ONCOLOGY, CANCER RESEARCH CENTER, UNIVERSITY OF CHICAGO - COMPREHENSIVE SICKLE CELL CENTER/BENIGN HEMATOLOGY, METHODIST UNIVERSITY HOSPITAL - METHODIST UNIVERSITY YOUNG ADULT TRANSITION UNIT - UNIVERSITY OF MICHIGAN SPECIALTY PEDIATRIC HEMATOLOGY/ONCOLOGY - TENNESSEE CANCER COALITION - THE ST JUDE AFFILIATE CLINIC IN JOHNSON CITY, TN - BRISTOL MEYERS MEDICAL MONITOR - THE HENRY J KAISER FAMILY FOUNDATION - THE WEST CLINIC, MEMPHIS, TN - CHILDREN'S HOSPITAL OF ILLINOIS - LE BONHEUR CHILDREN'S MEDICAL CENTER - SARROUF LAW, LLP - STATE OF TENNESSEE DEPARTMENT OF HEALTH - ST JUDE CHILDREN'S RESEARCH HOSPITALFOCUS GROUPS WITH RELEVANT COMMITTEES TRIPP UMBACH WORKED CLOSELY WITH THE HOSPITAL TO IDENTIFY GROUPS WITH KNOWLEDGE OF SPECIALIZED CHILDREN'S HEALTH ISSUES WHO COULD BE REPRESENTED IN A FOCUS GROUP ST JUDE IDENTIFIED THE FAMILY ADVISORY COUNCIL AND THE MEDICAL EXECUTIVE COMMITTEE AS GROUPS WITH EXPERIENCE AND UNDERSTANDING OF CHILDREN'S HEALTH NATIONALLY, REGIONALLY, AND WITHIN ST JUDE TWO FOCUS GROUPS WERE CONDUCTED WITH A TOTAL OF APPROXIMATELY 50 PARTICIPANTS



**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	<p>PART V, SECTION B, LINE 11 ST JUDE CHILDREN'S RESEARCH HOSPITALCOMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IMPLEMENTATION PLAN UPDATE (06/30/15)AIM #1 IMPROVING ACCESS TO HEALTHCARE SERVICESPEDIATRIC HEALTH NEED TRANSITION OF PATIENTS FROM PEDIATRIC TO ADULT HEALTH CARE SERVICESHEALTH FACILITIES/RESOURCES INVOLVED -ST JUDE CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF HEMATOLOGY, CLINICAL HEMATOLOGY DIVISION-DIGGS-KRAUS SICKLE CELL CENTER AT REGIONAL ONE HEALTH-METHODIST HEALTHCARE COMPREHENSIVE SICKLE CELL CENTER (MCSCC)SUMMARY METRIC INCREASE THE NUMBER OF PATIENTS WITH SICKLE CELL DISEASE (SCD) WHO ESTABLISH SUSTAINED ADULT CARE AFTER LEAVING PEDIATRIC CARE AT ST JUDE PROGRESS ON ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 IDENTIFICATION OF POSSIBLE ADULT MEDICAL HOMES FOR ST JUDE YOUNG ADULT PATIENTS WITH PEDIATRIC HEMATOLOGIC CONDITIONSWE HAVE IDENTIFIED TWO SICKLE CELL CENTERS HERE IN MEMPHIS WHERE YOUNG ADULTS WITH SCD TRANSFER TO POST PEDIATRIC CARE DIGGS-KRAUS SICKLE CELL CENTER LOCATED AT 880 MADISON AVE AND METHODIST HEALTHCARE COMPREHENSIVE SICKLE CELL CENTER LOCATED AT 1325 EAST MORELAND IN 2014, 42 YOUNG ADULTS 18 YEARS OF AGE GRADUATED AND TRANSITIONED FROM OUR SICKLE CELL PROGRAM OF THE FORTY-TWO YOUNG ADULTS WHO TRANSITIONED, THIRTY-FIVE HAVE SUCCESSFULLY TRANSITIONED TO ADULT CARE THE OTHER SEVEN WERE LOST TO FOLLOW UP THE TRANSITION CASE MANAGER CONTINUES TO REACH OUT TO THOSE WHO ARE LOST TO FOLLOW UP BY WAY OF PHONE, AND LETTERS TO GET THEM SCHEDULED FOR AN INITIAL VISIT WITH THE ADULT PROVIDER 2 CREATE ADOLESCENT AND YOUNG ADULTS (AYA) TRANSITION CLINICS WITH OVERLAP OF PEDIATRIC AND ADULT HEM/ONC CAREEFFORTS TO PARTNER WITH MSSCC TO CREATE A "TRANSITION PROGRAM" FOR YOUNG ADULTS AGES 18-25 ARE ONGOING THIS PROGRAM WILL BE KEY IN DECREASING CARE ABANDONMENT ISSUES 3 CREATE FORMAL PROGRAMMING AND PLANNING PROCESSES FOR ADOLESCENTS WITH HEMATOLOGIC AND ONCOLOGIC DISEASES, THROUGH DEVELOPMENT OF DISEASE EDUCATIONAL CURRICULUM AND TRAINING MODULES TO FOSTER INCREASED ADOLESCENT AUTONOMY AND MEDICAL LITERACY EACH YOUNG ADULT PATIENT HAS AN INDIVIDUALIZED PLAN OF CARE THE FREQUENCY OF THEIR VISIT IS DETERMINED BY WHETHER THEY ARE ON MEDICATION THERAPY LIKE HYDROXYUREA OR IF THEY ARE RECEIVING CHRONIC TRANSFUSION THERAPY IF THE YOUNG ADULT IS NOT RECEIVING THERAPY, THEY ARE SCHEDULED FOR FOLLOW UP VISITS EVERY FOUR MONTHS DURING THE FIRST YEAR AND EVERY SIX MONTHS THEREAFTER STARTING AT THE AGE OF 12 THE PLAN OF CARE VISITS START TO FOCUS ON PLANNING AND PROGRAMMING FOR TRANSITION THE INITIATIVES IN THE PLAN OF CARE THAT TARGETS TRANSITION ARE AS FOLLOWS QUARTERLY TRANSITION TOURS THAT ARE OFFERED TO OUR 17 AND 18 YEAR OLD YOUNG ADULTS, TRANSITION READINESS MULTIDISCIPLINARY TEAM MEETING MONTHLY TO DISCUSS READINESS OF THE 17 YEAR OLD BASED ON MEDICAL STABILITY, PSYCHOSOCIAL, EMOTIONAL AND ACADEMIC STATUS WE'VE ALSO IMPLEMENTED A SKILLS LAB THAT IS IN THE PILOT STAGE, WHERE WE ARE TEACHING THEM HOW TO ORDER MEDICATION REFILLS, HOW TO IDENTIFY THE MEDICATION BASED ON THE DESCRIPTION WRITTEN ON THE BOTTLE, HOW TO SCHEDULE DOCTOR'S APPOINTMENTS BY WAY OF ROLE MODELING THEY ARE ALSO LEARNING HOW TO READ THEIR HEALTH INSURANCE CARD AND IDENTIFY IMPORTANT PHONE NUMBERS THAT WILL GIVE THEM ACCESS TO THEIR BENEFITS AT THE AGE OF 15, WE START SEEING THE PATIENT WITHOUT THE PARENT THE PARENT IS ASKED TO REMAIN IN THE WAITING AREA AT THE AGE OF 15 THE ADOLESCENT COMPLETES A PERSONAL HEALTH RECORD IN AN EFFORT TO PREPARE THEM FOR COMPLETING NECESSARY DOCUMENTATIONS AFTER LEAVING THE PEDIATRIC SETTING IN ADDITION , THE "SICKLE CELL TRANSITION E-LEARNING PROGRAM (STEP) FOR TEENS WITH SICKLE CELL DISEASE ", A WEB-BASED EDUCATION PROGRAM, WAS DEVELOPED TO PROVIDE ADOLESCENTS AND YOUNG ADULTS SICKLE CELL EDUCATION TO HELP PREPARE THEM FOR TRANSITION <a href="https://www.stjude.org/treatment/disease/sickle-cell-disease/step-program">https://www.stjude.org/treatment/disease/sickle-cell-disease/step-program</a> HTMLPEDIATRIC HEALTH NEED ACCESS TO AFFORDABLE HEALTH INSURANCE COVERAGEHEALTH FACILITIES/RESOURCES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL, MANAGED CARE DEPARTMENTSUMMARY METRIC INCREASE ELIGIBILITY AND ENROLLMENT ASSISTANCE FOR PATIENTSPROGRESS ON ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 CONTRACT WITH VENDOR TO PROVIDE CERTIFIED APPLICATION COUNSELOR SERVICES TO ASSIST FAMILIES APPLYING FOR HEALTH INSURANCE COVERAGE THROUGH FEDERAL OR STATE FACILITATED MARKETPLACES2 APPLY FOR A GRANT FROM THE TENNESSEE HOSPITAL ASSOCIATION TO ASSIST WITH ENROLLMENT PROCESSES3 DESIGN AND IMPLEMENT A SYSTEM TO FACILITATE THE CAC ENROLLMENT ASSISTANCE PROCESS AT ST JUDE4 IDENTIFY UNINSURED PATIENTS AND FAMILIES AND HAVE CACS ASSIST IN THE ENROLLMENT PROCESSAN AGREEMENT WAS EXECUTED WITH FIRSTSOURCE SOLUTIONS USA, LLC DBA MEDASSIST, EFFECTIVE 9/9/13 THIS VENDOR ASSISTS PATIENTS IN ENROLLING IN A HEALTH PLAN VIA THE HEALTH INSURANCE MARKETPLACE WHEN ELIGIBLE ST JUDE CHILDREN'S RESEARCH HOSPITAL RECEIVED A \$28,000 GRANT FROM THE TENNESSEE HOSPITAL ASSOCIATION, EFFECTIVE 11/5</p>

**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	/13 TO ASSIST WITH THESE NEW ENROLLMENT PROCESSES ONE HUNDRED PERCENT OF UNINSURED PATIENTS AND THEIR FAMILIES ARE REFERRED TO MEDASSIST PERSONNEL FOR EVALUATION VIA A DAILY REPORT GENERATED BY REGISTRATION RECORDS IN THE EVENT THAT THEY ARE DEEMED ELIGIBLE, THE PATIENTS AND THEIR FAMILIES ARE GIVEN ASSISTANCE WITH THE ENROLLMENT PROCESS (NOTE THIS NARRATIVE FOR PART V, SECTION B, LINE 11 IS CONTINUED BELOW) - SEE PAGE 54/116

Form 990 Part V Section C Supplemental Information for Part V, Section B.

**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	PART V, SECTION B, LINE 13H SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

**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	PART V, SECTION B, LINE 15E SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Form 990 Part V Section C Supplemental Information for Part V, Section B.

**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	PART V, SECTION B, LINE 22D SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

**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
PART V, SECTION B, LINE 11 (CONTINUATION FROM PAGE 53/116)	<p>THIS EFFORT WAS INITIATED IN FY14 AND IN THAT YEAR 22 UNINSURED PATIENTS WERE ENROLLED IN MEDICAID OR OTHER HEALTH PLANS THIS WAS AN IMPROVEMENT OVER FY13 (11 PATIENTS CONVERTED T O INSURED) AND FY12 (15 PATIENTS CONVERTED TO INSURED) WHILE THESE NUMBERS MAY LOOK LOW A S COMPARED TO A TRADITIONAL HOSPITAL, IT IS EXCELLENT RELATIVE TO OUR NEW PATIENT POPULATI ON IN FY14, ST JUDE ACCEPTED LESS THAN 900 NEW PATIENTS, AND ONLY 21% OF THE PATIENT POP ULATION WAS FROM THE U S AND UNINSURED, IN OTHER WORDS POTENTIALLY ELIGIBLE FOR MEDICAID OR OTHER COVERAGE PEDIATRIC HEALTH NEED PALLIATIVE CAREHEALTH FACILITIES/RESOURCES INVOLVE D ST JUDE CHILDREN'S RESEARCH HOSPITAL, DEPARTMENT OF ONCOLOGY, DIVISION OF QUALITY OF LI FE AND PALLIATIVE CARESUMMARY METRIC INCREASE THE NUMBER OF CLINICIANS TRAINED IN PALLIATI VE CARE MEDICINE (PCM) AND EDUCATIONAL OPPORTUNITIES FOR PCMPROGRESS ON ACTION ITEMS TO ME ET IDENTIFIED HEALTH NEED 1 RECRUIT AND TRAIN TWO PHYSICIAN FELLOWS IN THE NEWLY FORMED P ALLIATIVE CARE TRAINING PROGRAM THE PALLIATIVE CARE TRAINING PROGRAM WAS SUCCESSFUL IN TRA INING PHYSICIAN FELLOWS WHO ALSO PASSED THE BOARD FORMER TRAINEES HAVE ALSO BEEN SUCCESSF UL IN FINDING EMPLOYMENT AT ST JUDE (THREE) AND LE BONHEUR (ONE) 2 PROVIDE TRAINING IN P ALLIATIVE CARE FOR ADVANCED PRACTICE HEALTH CARE PERSONNEL THROUGH TARGETED CONFERENCES AN D OTHER EDUCATIONAL OPPORTUNITIES WE HAVE TRAINED MORE THAN 200 TOTAL CLINICIANS IN OUR QU ALITY OF LIFE SEMINAR AND OUR ELNEC 2-DAY SEMINAR THIS YEAR WE PROVIDED 25 LOCAL ADVANCED TOPIC PRESENTATIONS THROUGHOUT ST JUDE THIS IS IN ADDITION TO THE QUALITY OF LIFE SEMINA R AND ELNEC 3 CREATE A REQUIRED EDUCATION SERIES FOR BEDSIDE NURSES INVOLVING END-OF-LIFE NURSING EDUCATION CONSORTIUM (ELNEC) AND AN INSTITUTION-SPECIFIC QUALITY OF LIFE SEMINAR ALL BEDSIDE NURSES WILL BE REQUIRED TO COMPLETE WITHIN THREE YEARS INPATIENT AND OUTPATIE NT NURSES ARE REQUIRED AND SUPPORTED TO COMPLETE BOTH SEMINARS (A TOTAL OF 24 5 CEUS IN PC M) 4 EDUCATE COMMUNITY PROVIDERS ABOUT PCM THROUGH COMMUNITY-BASED BRIDGING PROGRAMS FOR HOME HEALTH AND HOSPICE CARE THROUGH THE QUALITY OF LIFE FOR ALL KIDS PROGRAM A THREE HO UR DIDACTIC CURRICULUM HAS BEEN CREATED AND WILL BE IMPLEMENTED THIS IS HAPPENING ON A MON THLY BASIS THROUGH OUR COMBINED FELLOWSHIP PROGRAM BOARD REVIEW SERIESWE HAVE BEEN TRACKIN G ATTENDANCE TO DATE WE HAVE HAD 50 ATTENDEES RANGING FROM GRADUATE STUDENTS TO MEDICAL S TUDENTS TO ADVANCED CLINICIANS PEDIATRIC HEALTH NEED HEALTH CARE OF CHILDHOOD CANCER SURVI VORSHEALTH FACILITIES/RESOURCES INVOLVED ST JUDE CHILDREN'S RESEARCH HOSPITAL, ONCOLOGY D IVISION, CANCER SURVIVORSHIP DEPARTMENTSUMMARY METRIC PROVIDE CANCER SURVIVORSHIP INFORMAT ION TO BOTH CAREGIVERS AND SURVIVORS VIA SURVIVORS' DAY CONFERENCEPROGRESS ON ACTION ITEMS TO MEET IDENTIFIED HEALTH NEED 1 PROVIDE WORKSHOPS AND SPEAKERS THAT OFFER INFORMATION A BOUT AVAILABLE RESOURCESTHE ST JUDE FACULTY PROVIDE LECTURES AND PARTICIPATE IN WORKSHOPS RELATED TO A VARIETY OF SURVIVORSHIP ISSUES AUDIENCES INCLUDE HEALTH CARE PROVIDERS OF S URVIVORS, SURVIVORS AND THEIR FAMILIES LECTURES/WORKSHOPS PROVIDED BY MELISSA M HUDSON -A MERICAN ACADEMY OF PEDIATRICS NATIONAL CONFERENCE &amp; EXHIBITION, "LONG-TERM FOLLOW-UP OF PE DIATRIC CANCER SURVIVORS", ORLANDO, FLORIDA, OCTOBER 26-29, 2013-GRAND ROUNDS, WINTHROP P ROCKEFELLER CANCER INSTITUTE UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES, "THE ABCS OF AC HIEVING HIGH QUALITY SURVIVORSHIP CARE", LITTLE ROCK, ARKANSAS, NOVEMBER 20, 2013-AMERICAN ASSOCIATION OF PHYSICIANS ASSISTANTS CONFERENCE, "LONG-TERM FOLLOW-UP FOR PEDIATRIC CANCE R SURVIVORS", BOSTON, MASSACHUSETTS, MAY 24, 2014-UNIVERSITY OF ALABAMA HUNTSVILLE GRAND R OUNDS, "LONG-TERM FOLLOW-UP OF PEDIATRIC CANCER SURVIVORS", HUNTSVILLE, ALABAMA, OCTOBER 1 4, 2014-AMERICAN SOCIETY OF PEDIATRIC HEMATOLOGY ONCOLOGY ESSENTIALS, "SUPPORTIVE CARE/SUR VIVORSHIP", MONTEVIDEO, URUGUAY, NOVEMBER 4-6, 2014-BAPTIST CANCER CENTER MID-SOUTH CANCER SYMPOSIUM, "THE ABCS OF ACHIEVING HIGH QUALITY SURVIVORSHIP CARE", MEMPHIS, TENNESSEE, NO VEMBER 14, 2014-NATIONAL COALITION FOR CANCER SURVIVORSHIP CANCER POLICY ADVOCATE TRAINING PROGRAM, "LATE AND LONG-TERM EFFECTS RECENT RESEARCH FINDINGS", WASHINGTON, D C , JUNE 2 5, 2015LECTURES/WORKSHOPS PROVIDED BY DANIEL MULROONEY - TRANSITION OF CARE TO THE ADULT WO RLD, SURVIVORSHIP CONFERENCE, ALL CHILDREN'S HOSPITAL, TAMPA, FL, NOVEMBER 9, 2013-CHILDHO OD CANCER THERAPY MORE THAN JUST A CURE, NEMOURS CHILDREN'S CLINIC, JACKSONVILLE, FL NOV EMBER 16, 2013 -CHILDHOOD CANCER THERAPY - MORE THAN JUST A CURE, DOMESTIC AFFILIATE PROGR AM'S RN-CRA ANNUAL CONFERENCE ST JUDE CHILDREN'S RESEARCH HOSPITAL, AUGUST 16-17, 2013-DO MESTIC AFFILIATE SOCIAL WORKER CONFERENCE LATE EFFECTS IN CHILDHOOD CANCER SURVIVORS, ST JUDE HOSPITAL, MEMPHIS, TN APRIL 2, 2014-CARDIOVASCULAR DISEASE IN ADULT SURVIVORS OF CHI LDHOOD AND ADOLESCENT CANCER, GRAND ROUNDS, LOYOLA UNIVERSITY MEDICAL CENTER, CHICAGO, IL, JUNE 17, 2014-HEART HEALTH AFTER CANCER, CHILDHOOD</p>

**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
PART V, SECTION B, LINE 11 (CONTINUATION FROM PAGE 53/116)	D CANCER SURVIVORS CONFERENCE, UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL, DALLAS, TX , NOVEMBER 8, 20142 GIVE SURVIVORS AND THEIR FAMILIES THE OPPORTUNITY TO LEARN FROM OTHER SURVIVORSST JUDE HOSTS PERIODIC CELEBRATIONS OF SURVIVORSHIP ATTENDED BY SURVIVORS, FAMI LIES AND FRIENDS THE EVENT PROVIDES A FORUM TO CELEBRATE SURVIVORSHIP, EDUCATE ATTENDEES ABOUT HEALTH EFFECTS OF CHILDHOOD CANCER AND RESEARCH PROGRESS IN THIS AREA, AND SHARE INF ORMATION ABOUT HEALTH RESOURCES ST JUDE SURVIVOR DAY ACTIVITIES, SEPTEMBER 7, 2013-SURVI VOR PANEL WITH Q & A ABOUT CANCER EXPERIENCES-GOOGLE HANG-OUT DISCUSSION, PARTICIPANTS DA NIEL MULROONEY, MD AND DEBBIE CROM, PNP, PHD TOPICS "TALKING TO YOUR DOCTOR ABOUT YOUR UN IQUE HEALTH RISKS AND "THE IMPORTANCE OF STAYING HEALTHY"-WORKSHOP, PRESENTER MELISSA HUD SON, MD, "SKILLS FOR SURVIVING AFTER GRADUATION FROM ST JUDE" -WORKSHOP, PRESENTER CYRIN E HAIDAR, PHARM D "WHAT MEDICINE IS RIGHT FOR ME? IT'S ALL IN THE DNA!"ST JUDE SURVIVOR D AY ACTIVITIES, SEPTEMBER 6, 2014"HOW DOES YOUR HOPE GROW? ADAPTING AND CHANGING WITH THE S EASONS OF SURVIVORSHIP AND "PRACTICAL TOOLS FOR SUCCESSFUL SURVIVORSHIP" MODERATORS MELIS SA HUDSON, MD, MARRIAH MABE, LCSW, JAMES KLOSKY, PHD, DENISE WILLIAMS, LCSW, DANIEL MULROO NEY, MD, MARY KEATHLEY (NOTE THIS NARRATIVE FOR PART V, SECTION B, LINE 11 IS CONTINUED BE LOW) - SEE PART VI PAGE 87/116

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**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 PART V, SECTION B, LINE 16C WEBSITE	WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
62-0646012

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 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

9

3

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

1

Part III

Grants and Other Assistance to Domestic Individuals. 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 Domestic Organizations and Domestic Governments.

(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
AMERICAN SOCIETY OF PEDIATRIC HEMATOLOGYONCOLOGY NURSES INC8735 W HIGGINS RD SUITE 300 CHICAGO,IL 60631	11-2564191	501(C)(3)	5,000				CONFERENCE SPONSORSHIP
AMERICAN BRAIN TUMOR ASSOCATION8550 W BRYN MAWR AVE SUITE 550 CHICAGO,IL 60631	23-7286648	501(C)(3)	5,000				CONFERENCE SPONSORSHIP
VANDERBILT UNIVERSITY MEDICAL CENTER504 OXFORD HOUSE NASHVILLE,TN 372324315	62-0476822	501(C)(3)	5,000				CONFERENCE SPONSORSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	5,000				SPONSOR ANNUAL CONFERENCE
UNIVERSITY OF TENNESSEE50 NORTH DUNLAP SUITE 462R MEMPHIS,TN 38105	62-6001636	GOV'T ENTITY	3,842,818				COLLABRATION AND SUPPORT AGREEMENT
SAINT FRANICS MEDICAL CENTER530 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 Domestic Organizations and Domestic Governments.

(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
FEDERATION OF AMERICAN SOCIETIES FOR EXPERIMENTAL BIOLOGY 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-0700497	501(C)(3)	5,000				SUPPORT RESEARCH CONFERENCE
CHURCH HEALTH CENTER OF MEMPHIS INC1210 PEABODY AVENUE MEMPHIS,TN 381044570	58-1716113	501(C)(3)	40,000				FINANCIAL SUPPORT
MIDSOUTH MINORITY BUSINESS COUNCIL COUNCIL CONTINUUM INC 185 MADISON AVE MEMPHS,TN 38103	62-1198163	501(C)(6)	9,750				SPONSOR ECONOMIC DEVELOPMENT FORUM, LUNCHEON AND AWARD

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INC8735 W HIGGINS RD SUITE 300 CHICAGO,IL 60631	23-7446224	501(C)(3)	20,000				CONFERENCE SPONSORSHIP

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.

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

OMB No 1545-0047

2014

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 type="checkbox"/> Housing allowance or residence for personal use</div></div><div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div><div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div><div><div><input type="checkbox"/> Discretionary spending account</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"/> Written employment contract</div></div><div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div><div><div><input checked="" type="checkbox"/> Form 990 of other organizations</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), 501(c)(4), and 501(c)(29) organizations 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 in column(B) 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 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 JAMES R DOWNING, \$149,392, RICHARD GILBERTSON, \$125,994, MARY ANNA QUINN, \$26,447, WILLIAM E EVANS, \$192,747, MICHAEL C CANARIOS, \$36,092, DORALINA ANGHELESCU, \$168,985, ANDREW DAVIDOFF, \$56,863, WING-HANG LEUNG, \$141,915, CHING-HON PUI, \$48,560, JOSEPH P TAYLOR, \$33,250
SCHEDULE J, PART II	RICHARD C SHADYAC, JR SERVES AS AN EX-OFFICIO VOTING DIRECTOR OF THE BOARD OF ST JUDE MR SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A RELATED ORGANIZATION TO ST JUDE THE COMPENSATION SHOWN IN COLUMNS (B), (C), (D) AND (E) WAS PAID TO MR SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
RICHARD SHADYAC JR, EX-OFFICIO DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	644,599	0	2,322	97,608	17,673	762,202	0
JAMES R DOWNING, PRESIDENT AND CEO (7/15/14-6/30/15)	(i)	792,513	50,000	78,799	103,600	17,305	1,042,217	0
	(ii)	0	0	0	0	0	0	0
WILLIAM E EVANS, PRESIDENT AND CEO (7/1/14-7/14/14)	(i)	777,766	138	197,131	28,600	8,005	1,011,640	0
	(ii)	0	0	0	0	0	0	0
LARRY KUN, EVP/CLINICAL DIRECTOR	(i)	754,328	75,000	8,534	28,600	19,805	886,267	0
	(ii)	0	0	0	0	0	0	0
RICHARD GILBERTSON, EVP/DIRECTOR CANCER CENTER	(i)	604,259	0	62,019	154,594	20,763	841,635	0
	(ii)	0	0	0	0	0	0	0
MARY ANNA QUINN, EVP/CHIEF ADMIN OFFICER	(i)	292,885	0	3,247	55,047	7,784	358,963	0
	(ii)	0	0	0	0	0	0	0
MICHAEL C CANARIOS, SVP/CHIEF FINANCIAL OFFICER	(i)	402,991	0	4,368	64,692	24,662	496,713	0
	(ii)	0	0	0	0	0	0	0
DORALINA ANGHELESCU, FACULTY	(i)	485,290	15,138	159,709	39,453	24,494	724,084	0
	(ii)	0	0	0	0	0	0	0
ANDREW DAVIDOFF, CHAIR/FACULTY	(i)	641,446	138	22,204	85,463	21,993	771,244	0
	(ii)	0	0	0	0	0	0	0
WING-HANG LEUNG, FACULTY	(i)	442,368	138	174,934	38,428	22,161	678,029	0
	(ii)	0	0	0	0	0	0	0
CHING-HON PUI, CHAIR/FACULTY	(i)	561,862	28,537	52,956	28,600	9,942	681,897	0
	(ii)	0	0	0	0	0	0	0
JOSEPH P TAYLOR, CHAIR/FACULTY	(i)	431,807	190,138	1,392	61,850	22,095	707,282	0
	(ii)	0	0	0	0	0	0	0
JOSEPH H LAVER, FORMER EVP/CLINICAL DIRECT	(i)	0	171,000	0	0	0	171,000	0
	(ii)	0	0	0	0	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.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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		X		X		X

Part II Proceeds									
		A		B		C		D	
1	Amount of bonds retired	38,843,867							
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						
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	2 250 %							
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	2 250 %							
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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
PART I, BOND ISSUES - (F) DESCRIPTION OF PURPOSE (CON'T)	FACILITY, \$120 MILLION TO ADVANCE REFUND 1999 SERIES ISSUE PART II, LINE 3 TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS IN THE AMOUNT OF \$1,278,726 SCHEDULE K, PART IV, ARBITRAGE, LINE 2C DATE THE REBATE COMPUTATION WAS PERFORMED 12/21/2011

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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Open to Public Inspection

▶ 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.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Employer identification number  
62-0646012

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b				
1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?
				YesNo

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	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.				
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**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, PRESIDENT AND CEO	54,254	EMPLOYMENT		No
(2) JULIE GATTAS	FAMILY MEMBER OF FRED P GATTAS, JR , DIRECTOR	54,261	EMPLOYMENT		No
(3) MARY RELING	FAMILY MEMBER OF WILLIAM E EVANS, PRESIDENT AND CEO	473,347	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 990-EZ or to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	Employer identification number  62-0646012
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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 2014 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 3	THE ROLE OF CHIEF FINANCIAL OFFICER HAS BEEN PERFORMED ON AN INTERIM BASIS BY STEPHEN PICKETT OF Warbird Consulting (2/4/15-6/30/15)

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ST JUDE BY LAWS WERE UPDATED TO ADD ONE ADDITIONAL STANDING COMMITTEE (THE BUILDING COMMITTEE) TO THE LIST OF STANDING COMMITTEES, AND TO CLARIFY THAT THE BOARD COMMITTEE RESPONSIBLE FOR MEDICAL STAFF APPOINTMENTS SHALL HAVE AUTHORITY FOR FINAL REVIEW AND APPROVAL FOR SUCH APPOINTMENTS, SUBJECT TO THE RESERVED RIGHTS OF THE FULL BOARD OF GOVERNORS

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 CONFLICT OF INTEREST POLICY , COMPLETE THE ORGANIZATION'S CONFLICT OF INTEREST DISCLOSURE FORM AND RECEIVE TRAINING ON CONFLICTS OF INTEREST THERE IS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD OF DIRECTORS THAT REVIEWS THE ANNUAL CONFLICT 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 CONFLICT 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 CONFLICT 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 BOARD'S COMPENSATION COMMITTEE COMMISSIONS ANNUAL THIRD PARTY SALARY SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS: CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CLINICAL DIRECTOR, CHIEF ADMINISTRATIVE OFFICER, DEPUTY DIRECTOR, CHIEF GOVERNANCE OFFICER/CORPORATE SECRETARY AND CHIEF LEGAL OFFICER. IN ADDITION, THREE EMPLOYEES ARE CONSIDERED "DISQUALIFIED" BECAUSE THEY ARE FORMER EXECUTIVES OR RELATIVES OF CURRENT OR FORMER EXECUTIVES, AND THEIR COMPENSATION THEREFORE FALLS UNDER THE PURVIEW OF THE COMPENSATION COMMITTEE. ALL CHANGES TO OFFICERS' SALARY ARE APPROVED BY THE COMPENSATION COMMITTEE AND REPORTED TO THE BOARD. THE LAST REVIEW WAS COMPLETED IN 2015.

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 194,429,369 CHANGE IN INTEREST IN NET ASSETS OF ALSAC -40,861,773 NET ASSETS TRANFERRED FROM ALSAC 772,832

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.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

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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	-1,972,514	1,047,072	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) Disproporionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

Part V

Transactions With Related Organizations

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

Other 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

Yes

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	589,461,640	CASH
(2) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	M	589,461,640	CASH
(3) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	P	1,558,898	CASH
(4) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	Q	1,349,306	CASH
(5) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	S	772,832	NBV

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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