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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 Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST JUDE HOSPITAL INC

% ED SALVADOR

Doing business as

ST JUDE MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address)

101 EAST VALENCIA MESA DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

FULLERTON, CA 92835

F Name and address of principal officer

LEE PENROSE

101 EAST VALENCIA MESA DRIVE

FULLERTON,CA 92835

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

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

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.STJUDEMEDICALCENTER.ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other ☐

L Year of formation

1942

M State of legal domicile

CA

| Part I | Summary | | |
|-----------------------------|---------|--|-------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities SEE SCHEDULE O | |
| | | | |
| | | | |
| | | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | |
| | | | |
| | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 15 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 13 |
| | 5 | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 2,567 |
| | 6 | Total number of volunteers (estimate if necessary) | 700 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| | 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | |
| | 9 | Program service revenue (Part VIII, line 2g) | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | |
| | | | |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 1,491,516 | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | |
| | 21 | Total liabilities (Part X, line 26) | |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | |
| | | | |

Part II

Signature Block

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

Sign Here

Signature of officer

2016-05-10

Date

LEE PENROSE CEO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

KARA ADAMS

Preparer's signature

KARA ADAMS

Date

Check ☐ if self-employed

PTIN P00023315

Firm's name

ERNST & YOUNG US LLP

Firm's EIN

Firm's address

18101 VON KARMAN AVENUE SUITE 1700

IRVINE, CA 92612

Phone no

(949) 794-2300

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)

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

SEE SCHEDULE O

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

If "Yes," describe these changes on Schedule O

4a (Code) (Expenses \$ 427,958,711 including grants of \$ 5,832,907) (Revenue \$ 470,244,449)
SEE SCHEDULE O
























4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

| | | |
|-----------|---------------------------------------|--------------------|
| 4e | Total program service expenses | 427,958,711 |
|-----------|---------------------------------------|--------------------|

Part IV Checklist of Required Schedules

| | Yes | No |
|---|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2 Yes | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  | 4 Yes | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 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 | No |
| 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 | No |
| 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 | No |
| 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 | No |
| 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 Yes | |
| 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 Yes | |
| 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 | Yes | |
| 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 | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 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 | | No |
| 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 | Yes | |
| 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 | | No |
| 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 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 | 15 | |
| 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 | | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 13 | |
| 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 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 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 | Yes |
| 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 | Yes |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | a The governing body? | 8a | Yes |
| 8b | 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 | No |
| 10b | 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 | |
| 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 |
| 12b | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| 12c | 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? | | |
| 15a | a The organization's CEO, Executive Director, or top management official | 15a | No |
| 15b | 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 | Yes |
| 16b | 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 | No |

Section C. Disclosure

| | | |
|----|--|----|
| 17 | List the States with which a copy of this Form 990 is required to be filed | CA |
| 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 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 | |
| | ED SALVADOR 101 E VALENCIA MESA DRIVE FULLERTON, CA 92835 (714) 446-7200 | |

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below 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 | | | |
| | | | | | | | | | | |

| | | | | | |
|----|---|---|-----------|-----------|---------|
| 1b | Sub-Total | ▶ | | | |
| c | Total from continuation sheets to Part VII, Section A | ▶ | | | |
| d | Total (add lines 1b and 1c) | ▶ | 4,002,283 | 4,165,630 | 639,494 |

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▶372

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| THE REGENTS UCI MEDICAL CENTER, PO BOX 31001-1363 PASADENA, CA 91110 | MED PHYSICIAN FEES | 3,133,187 |
| ST JUDE HOSPITAL YORBA LINDA, 500 S MAIN STREET ORANGE, CA 92868 | MED PHYSICIAN FEES | 1,906,877 |
| FULLERTON ANESTHESIA ASSOCIATION, 11830 NORTH RIVERIA TUSTIN, CA 92782 | MED PHYSICIAN FEES | 1,293,722 |
| UNIVERSAL PROTECTION SERVICE, PO BOX 101034 PASADENA, CA 91189 | SECURITY SERVICES | 1,029,010 |
| INVESTAMED LIMITED PARTNERSHIP, 1835 SUNNYCREST DRIVE FULLERTON, CA 92835 | PROPERTY MGMT SRVCS | 889,951 |

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 ▶64

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 | 540,760 | | | | |
| | d | Related organizations 1d | 2,972,840 | | | | |
| | e | Government grants (contributions) 1e | 17,310 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 4,524,660 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ | 187,850 | | | | |
| | h | Total. Add lines 1a-1f | 8,055,570 | | | | |
| Program Service Revenue | 2a | NET PATIENT SRVC REVENUE | 622110 | 456,959,052 | 456,959,052 | 0 | 0 |
| | b | MOB RENTAL REVENUE | 531120 | 4,364,060 | 4,364,060 | 0 | 0 |
| | c | CAFETERIA | 722310 | 1,703,019 | 1,703,019 | 0 | 0 |
| | d | EHR MEANINGFUL USE REV | 900099 | 1,017,093 | 1,017,093 | 0 | 0 |
| | e | PARKING REVENUE | 900099 | 872,504 | 872,504 | 0 | 0 |
| | f | All other program service revenue | | 5,328,721 | 5,328,721 | 0 | 0 |
| | g | Total. Add lines 2a-2f | 470,244,449 | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | -630,796 | | | -630,796 |
| 4 | | Income from investment of tax-exempt bond proceeds | 0 | | | | |
| 5 | | Royalties | 0 | | | | |
| 6a | | Gross rents | (i) Real | (ii) Personal | | | |
| | | b | Less rental expenses | | | | |
| | | c | Rental income or (loss) | 0 | 0 | | |
| | | d | Net rental income or (loss) | 0 | | | |
| 7a | | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | b | Less cost or other basis and sales expenses | 24,490,349 | | | |
| | | c | Gain or (loss) | 1,376,444 | | | |
| | | d | Net gain or (loss) | 23,113,905 | | | 23,113,905 |
| 8a | | Gross income from fundraising events (not including \$ 540,760 of contributions reported on line 1c) See Part IV, line 18 | a | 196,502 | | | |
| | | b | Less direct expenses b | 191,998 | | | |
| | | c | Net income or (loss) from fundraising events | 4,504 | | | 4,504 |
| 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 | 0 | | | |
| 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 | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | 0 | | | | | |
| 12 | Total revenue. See Instructions | | 500,787,632 | 470,244,449 | 0 | 22,487,613 | |

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 | 5,832,907 | 5,832,907 | | |
| 2 | Grants and other assistance to domestic individuals See Part IV, line 22 | 8,778 | 8,778 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 | 0 | 0 | | |
| 4 | Benefits paid to or for members | 0 | 0 | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 3,134,961 | 2,281,559 | 853,402 | 0 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | 0 | 0 | 0 |
| 7 | Other salaries and wages | 132,584,138 | 122,081,466 | 9,594,001 | 908,671 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 9,193,357 | 8,354,422 | 760,381 | 78,554 |
| 9 | Other employee benefits | 40,985,484 | 37,193,147 | 3,594,861 | 197,476 |
| 10 | Payroll taxes | 10,608,213 | 10,011,777 | 526,882 | 69,554 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 55,544,588 | 43,880,225 | 11,664,363 | 0 |
| b | Legal | 1,758,165 | 2,179 | 1,755,986 | 0 |
| c | Accounting | 0 | 0 | 0 | 0 |
| d | Lobbying | 59,996 | 59,996 | 0 | 0 |
| e | Professional fundraising services See Part IV, line 17 | 65,589 | | | 65,589 |
| f | Investment management fees | 0 | 0 | 0 | 0 |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 26,097,068 | 24,618,408 | 1,478,660 | |
| 12 | Advertising and promotion | 0 | 0 | 0 | 0 |
| 13 | Office expenses | 5,567,403 | 4,321,045 | 1,245,906 | 452 |
| 14 | Information technology | 6,144,377 | 5,806,961 | 311,692 | 25,724 |
| 15 | Royalties | 0 | 0 | 0 | 0 |
| 16 | Occupancy | 10,564,831 | 9,249,369 | 1,173,683 | 141,779 |
| 17 | Travel | 263,365 | 129,888 | 132,964 | 513 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | 0 | 0 | 0 |
| 19 | Conferences, conventions, and meetings | 159,193 | 137,566 | 21,627 | 0 |
| 20 | Interest | 18,425,245 | 16,626,031 | 1,799,214 | 0 |
| 21 | Payments to affiliates | 0 | 0 | 0 | 0 |
| 22 | Depreciation, depletion, and amortization | 33,377,564 | 31,588,452 | 1,785,908 | 3,204 |
| 23 | Insurance | 3,224,376 | 2,103,516 | 1,120,860 | 0 |
| 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 | MEDICAL SUPPLIES | 57,813,064 | 57,813,064 | 0 | 0 |
| b | HOSPITAL FEE | 37,692,738 | 37,692,738 | 0 | 0 |
| c | EQUIPMENT MAINTENANCE | 8,803,130 | 3,575,081 | 5,228,049 | 0 |
| d | ALL OTHER EXPENSES | 6,141,354 | 4,590,136 | 1,551,218 | 0 |
| e | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 474,049,884 | 427,958,711 | 44,599,657 | 1,491,516 |
| 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) | 0 | | | |

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 | | 4,450 | 1 | 4,450 |
| | 2 | Savings and temporary cash investments | | 59,002,158 | 2 | 3,639,386 |
| | 3 | Pledges and grants receivable, net | | 2,666,006 | 3 | 2,666,006 |
| | 4 | Accounts receivable, net | | 50,797,778 | 4 | 43,439,126 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 0 | 5 | 0 |
| | 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 | | 0 | 6 | 0 |
| | 7 | Notes and loans receivable, net | | 4,087 | 7 | 2,019 |
| | 8 | Inventories for sale or use | | 4,232,598 | 8 | 4,996,372 |
| | 9 | Prepaid expenses and deferred charges | | 1,207,747 | 9 | 1,163,923 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a957,649,494 | | | |
| | b | Less accumulated depreciation | 10b312,004,192 | 613,833,702 | 10c | 645,645,302 |
| | 11 | Investments—publicly traded securities | | 300,810,671 | 11 | 294,285,539 |
| | 12 | Investments—other securities See Part IV, line 11 | | 0 | 12 | 0 |
| | 13 | Investments—program-related See Part IV, line 11 | | 0 | 13 | 0 |
| | 14 | Intangible assets | | 0 | 14 | 0 |
| | 15 | Other assets See Part IV, line 11 | | 9,335,990 | 15 | 10,864,049 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 1,041,895,187 | 16 | 1,006,706,172 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 42,230,114 | 17 | 42,497,880 |
| | 18 | Grants payable | | 0 | 18 | 0 |
| | 19 | Deferred revenue | | 0 | 19 | 0 |
| | 20 | Tax-exempt bond liabilities | | 0 | 20 | 0 |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 0 | 21 | 0 |
| | 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 | | 0 | 22 | 0 |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 0 | 23 | 0 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 | 24 | 0 |
| | 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 | | 362,066,414 | 25 | 361,400,631 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 404,296,528 | 26 | 403,898,511 |
| 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 | | 853,321,272 | 27 | 862,309,954 |
| | 28 | Temporarily restricted net assets | | -215,747,613 | 28 | -259,527,293 |
| | 29 | Permanently restricted net assets | | 25,000 | 29 | 25,000 |
| | 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 | | 637,598,659 | 33 | 602,807,661 |
| | 34 | Total liabilities and net assets/fund balances | | 1,041,895,187 | 34 | 1,006,706,172 |

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 | 500,787,632 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 474,049,884 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 26,737,748 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 637,598,659 |
| 5 | Net unrealized gains (losses) on investments | 5 | -18,770,919 |
| 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 | -42,757,827 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 602,807,661 |

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 checked="" type="checkbox"/> Consolidated basis <input 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: 95-1643325

Name: ST JUDE 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) CHARLES ROONEY VICE CHAIRMAN | 4 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (1) LEE PENROSE CEO/TRUSTEE | 56 0 4 0 | X | | X | | | | 0 | 911,846 | 45,054 |
| (2) DARRIN MONTALVO PRES, INTERGRATED SRVC (PT YR) | 2 0 54 0 | X | | | | | | 0 | 1,556,291 | 58,114 |
| (3) DENNIS BUCHANAN MD CHAIRMAN | 5 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (4) WILLIAM BILL RUSSELL TRUSTEE/SVP, CHIEF INFO OFFCR | 2 0 50 0 | X | | | | | | 0 | 667,485 | 38,115 |
| (5) JAMES BENOIT MD CHIEF OF STAFF (PART YEAR) | 2 0 0 0 | X | | | | | | 17,417 | 0 | 0 |
| (6) PANAGIOTIS BOUGAS CHIEF OF STAFF | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (7) TERRY BRICK TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (8) DONALD BITTNER MD TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (9) JUAN GARCIA TRUSTEE (PART YEAR) | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (10) CHRIS MEYER TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (11) CHRIS CELIO MD TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (12) FATHER TIMOTHY FREYER TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (13) MARIA MINON TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (14) SISTER JANE DE LISLE TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (15) SISTER MARIE JEANNE GAILLAC TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (16) SISTER MARY ROGERS CSJ TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (17) SISTER MICHELLE TOCHTROP CSJ TRUSTEE | 2 0 0 0 | X | | | | | | 0 | 0 | 0 |
| (18) BRIAN LEE HELLELAND CHIEF OPERATION OFFICER | 50 0 2 0 | | | X | | | | 558,493 | 0 | 45,403 |
| (19) EDUARDO SALVADOR CHIEF FINANCIAL OFFICER | 50 0 2 0 | | | X | | | | 384,627 | 0 | 41,146 |
| (20) MARK JABLONSKI VP MISSION INTEGRATION | 50 0 2 0 | | | X | | | | 363,798 | 0 | 42,268 |
| (21) KAREN CANNIZZARO VP - OPERATIONS | 50 0 0 0 | | | | X | | | 300,810 | 0 | 41,971 |
| (22) TERESA FREY VP - CLINICAL EXCELLENCE | 50 0 0 0 | | | | X | | | 278,734 | 0 | 17,047 |
| (23) LAURA RAMOS VP - NURSING SERVICES | 50 0 0 0 | | | | X | | | 256,605 | 0 | 29,501 |
| (24) RYAN OLSEN VP OPERATIONS (PART YEAR) | 50 0 2 0 | | | | X | | | 268,509 | 0 | 30,899 |

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) LINDA JENKINS | 50 0 | | | | X | | | 275,168 | 0 | 2,223 |
| VP NURSING (PART YEAR) | 0 0 | | | | | X | | 221,637 | 0 | 44,467 |
| (1) DON MILLER | 50 0 | | | | | X | | 310,049 | 0 | 39,308 |
| DIRECTOR OF PHARMACY | 0 0 | | | | | X | | 300,231 | 0 | 45,259 |
| (2) SUSAN SMITH | 50 0 | | | | | X | | 214,088 | 0 | 51,932 |
| VP - PHILANTHROPY | 0 0 | | | | | X | | 252,117 | 0 | 12,393 |
| (3) BARRY ROSS | 50 0 | | | | | X | | 0 | 432,441 | 50,389 |
| VP - HEALTHY COMMUNITIES | 0 0 | | | | | X | | 0 | 597,567 | 4,005 |
| (4) MEENA KRISHNAN | 50 0 | | | | | X | | | | |
| CHIEF MEDICAL PHYSICIST | 0 0 | | | | | X | | | | |
| (5) DRU ANN COPPING | 50 0 | | | | | X | | | | |
| VP - MKTG PUBLIC AFFAIRS | 0 0 | | | | | X | | | | |
| (6) KEVIN MURPHY | 0 0 | | | | | X | | | | |
| FORMER OFFICER | 50 0 | | | | | X | | | | |
| (7) MICHAEL MARINO MD | 0 0 | | | | | X | | | | |
| VP - MED AFFAIRS (FMR KEY EMP) | 52 0 | | | | | X | | | | |

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.

OMB No 1545-0047

2014

Open to Public Inspection

| | |
|--|--|
| Name of the organization ST JUDE HOSPITAL INC | Employer identification number 95-1643325 |
|--|--|

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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | |
| c Substitutions only. 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 Part VI . | 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 Part VI . | 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 Part VI . | 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 Part VI . | 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 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 Part VI 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 Part VI 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 Part VI 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 Part VI 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 line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 2 <u>Activities Test</u> Answer (a) and (b) below. | | Yes | No |
| 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a | | |
| 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | 2b | | |
| 3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below. | | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. | 3a | | |
| 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. | 3b | | |

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 HOSPITAL INC | Employer identification number 95-1643325 |
|--|--|

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 Form 1120-POL 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)? | | No | |
| c | Media advertisements? | | No | 0 |
| d | Mailings to members, legislators, or the public? | | No | 0 |
| e | Publications, or published or broadcast statements? | | No | 0 |
| f | Grants to other organizations for lobbying purposes? | | No | 0 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | 0 |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | 0 |
| i | Other activities? | Yes | | 59,996 |
| j | Total. Add lines 1c through 1i. | | | 59,996 |
| 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 |
|--------------------------------|---|
| SCHEDULE C, PART II-B, LINE 1I | LOBBYING ACTIVITIES DURING THE YEAR, ST JOSEPH HEALTH SYSTEM CONDUCTED ADVOCACY EFFORTS WHICH INCLUDED SOME LOBBYING ACTIVITIES. THESE ACTIVITIES INCLUDED MEETING WITH LOCAL, STATE AND FEDERAL LEGISLATORS, THEIR STAFF AND OTHER GOVERNMENTAL OFFICIALS, AS WELL AS COMMUNICATION TO LEGISLATORS ADVOCATING POSITIONS ON LEGISLATION. THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO ST JUDE MEDICAL CENTER. |
| | |
| | |
| | |
| | |
| | |
| | |

[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.

OMB No 1545-0047

2014

Open to Public Inspection

| | |
|--|--|
| Name of the organization ST JUDE HOSPITAL INC | Employer identification number 95-1643325 |
|--|--|

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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 | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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 | 12,037,885 | 8,592,051 | 7,843,042 | 7,989,889 | 6,529,804 |
| b Contributions | 1,189,788 | 2,108,616 | 0 | | |
| c Net investment earnings, gains, and losses | 336,268 | 1,563,415 | 975,206 | -138,547 | 1,468,385 |
| d Grants or scholarships | | | 0 | | |
| e Other expenditures for facilities and programs | 8,300 | 226,197 | 226,197 | 8,300 | 8,300 |
| f Administrative expenses | | | | | |
| g End of year balance | 13,555,641 | 12,037,885 | 8,592,051 | 7,843,042 | 7,989,889 |

- 2

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

Board designated or quasi-endowment

99 680 %
- b

Permanent endowment
- c

Temporarily restricted endowment

0 320 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 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 | | 8,637,168 | | 8,637,168 |
| b Buildings | | 385,381,990 | 145,931,300 | 239,450,690 |
| c Leasehold improvements | | 11,233,526 | 9,919,808 | 1,313,718 |
| d Equipment | | 198,573,113 | 156,153,084 | 42,420,029 |
| e Other | | 353,823,697 | | 353,823,697 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 645,645,302 |

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 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| 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 | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 | |

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 | |
| 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 | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 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 | |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 | |

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 |
|----------------------------|---|
| SCHEDULE D, PART V, LINE 4 | INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS THE ENDOWMENT FUNDS PROVIDE INCOME TO SUPPORT CARE FOR THE POOR PROGRAMS, NURSING SCHOLARSHIPS, AND ACTIVITIES DESIGNATED BY THE BOARD TO SUPPORT ST JUDE MEDICAL CENTER'S CONTINUING NEEDS AND MISSION |
| SCHEDULE D, PART X, LINE 2 | CONSOLIDATED AUDIT FOOTNOTE FOR FIN 48 (ASC 740) ACCOUNTING STANDARDS CODIFICATION (ASC 740), INCOME TAXES, CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING A MINIMUM RECOGNITION THRESHOLD THAT A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, MEASUREMENT, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE AND TRANSITION. THE GUIDANCE IS APPLICABLE TO PASS-THROUGH ENTITIES AND TAX-EXEMPT ORGANIZATIONS. NO SIGNIFICANT TAX LIABILITY FOR TAX BENEFITS, INTEREST OR PENALTIES WAS ACCRUED AT JUNE 30, 2015 OR 2014. |
| | |
| | |
| | |
| | |
| | |

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the
organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

| | |
|--|--|
| Name of the organization ST JUDE HOSPITAL INC | Employer identification number 95-1643325 |
|--|--|

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒ Mail solicitations

b

☒ Internet and email solicitations

c

☒ Phone solicitations

d

☒ In-person solicitations

e

☒ Solicitation of non-government grants

f

☒ Solicitation of government grants

g

☒ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|--|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| 1 ADVANCED MARKETING DIRECT BUFFALO 99 THIELMAN BUFFALO, NY 14206 | DIRECT MAIL | | No | 99,191 | 20,251 | 78,940 |
| 2 BLISS ST JOSEPH MINNESOTA 56374 PO BOX 129 ST JOSEPH, MN 56374 | DIRECT MAIL | | No | 14,720 | 36,366 | -21,646 |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total ▶ | | | | 113,911 | 56,617 | 57,294 |

3

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through col (c)) | |
|-----------------|----|---|-----------------------------|---------------------------------------|----------------------------|--|-----------|
| | | | <u>GOLF</u> (event type) | <u>WLK AMNG STARS</u> (event type) | <u>1</u> (total number) | | |
| | 1 | Gross receipts | 252,448 | 323,832 | 160,982 | 737,262 | |
| | 2 | Less Contributions . . . | 168,454 | 232,394 | 139,912 | 540,760 | |
| | 3 | Gross income (line 1 minus line 2) | 83,994 | 91,438 | 21,070 | 196,502 | |
| Direct Expenses | 4 | Cash prizes | 0 | 0 | 0 | 0 | |
| | 5 | Noncash prizes . . . | 5,661 | 0 | 1,006 | 6,667 | |
| | 6 | Rent/facility costs . . . | 133 | 133 | 475 | 741 | |
| | 7 | Food and beverages . | 33,267 | 58,245 | 1,401 | 92,913 | |
| | 8 | Entertainment | 0 | 0 | 0 | 0 | |
| | 9 | Other direct expenses . | 31,891 | 50,656 | 9,130 | 91,677 | |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | | (191,998) |
| | 11 | Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | | 4,504 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|-----------------|---|---|--|------------------|--|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| | 3 | Non-cash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses . . . | | | |
| Direct Expenses | 6 | Volunteer labor | | | |
| | 7 | Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | |
| | 8 | Net gaming income summary Subtract line 7 from line 1, column (d) ▶ | | | |

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activities conducted in

| | | | |
|---|-----------------------------|-----|---|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | % |

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ and the \$

c

If "Yes," enter name and address of the third party

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Schedule G (Form 990 or 990-EZ) 2014

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 HOSPITAL INC

Employer identification number
95-1643325

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 checked="" 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 checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 500 % 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 | 3a | Yes | |
| 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 | | No |
| 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 | | |
| 6a | Did the organization prepare a community benefit report during the tax year? | 6a | Yes | |
| b | If "Yes," did the organization make it available to the public? | 6b | Yes | |
| 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) | | | 4,980,268 | 0 | 4,980,268 | 1 050 % |
| b Medicaid (from Worksheet 3, column a) | | | 79,345,528 | 32,713,360 | 46,632,168 | 9 840 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 84,325,796 | 32,713,360 | 51,612,436 | 10 890 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 2,666,804 | 1,297,842 | 1,368,962 | 0 290 % |
| f Health professions education (from Worksheet 5) | | | 125,750 | | 125,750 | 0 030 % |
| g Subsidized health services (from Worksheet 6) | | | 282,282 | | 282,282 | 0 060 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 3,223,973 | | 3,223,973 | 0 700 % |
| j Total. Other Benefits | | | 6,298,809 | 1,297,842 | 5,000,967 | 1 080 % |
| k Total. Add lines 7d and 7j | | | 90,624,605 | 34,011,202 | 56,613,403 | 11 970 % |

Part IICommunity Building Activities

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing | | | | | | |
| 2Economic development | | | | | | |
| 3Community support | | | | | | |
| 4Environmental improvements | | | | | | |
| 5Leadership development and training for community members | | | | | | |
| 6Coalition building | | | | | | |
| 7Community health improvement advocacy | | | | | | |
| 8Workforce development | | | | | | |
| 9Other | | | | | | |
| 10Total | | | | | | |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|-------------|-----|----|
| 1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | | No |
| 2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 221,692,000 | | |
| 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. | 30 | | |
| 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). | 580,858,933 | | |
| 6Enter Medicare allowable costs of care relating to payments on line 5. | 698,363,143 | | |
| 7Subtract line 6 from line 5. This is the surplus (or shortfall). | 7-17,504,210 | | |
| 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. | | | |
| <input type="checkbox"/> Cost accounting system | <input type="checkbox"/> Cost to charge ratio | <input checked="" type="checkbox"/> Other | |

Section C. Collection Practices

| | | |
|---|-------|--|
| 9aDid the organization have a written debt collection policy during the tax year? | 9aYes | |
| 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. | 9bYes | |

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 | | | | |
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| 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 | | | | | | | | | | |
| | | | | | | | | | | | |
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Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

ST JUDE HOSPITAL INC

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 checked="" 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 13 | | |
| 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) SEE SCHEDULE H, PART V, SECTION C | | |
| b <input type="checkbox"/> Other website (list url) | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input checked="" 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 13 | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? | 10 | Yes |
| a If "Yes" (list url) SEE SCHEDULE H, PART V, SECTION C | | |
| 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 HOSPITAL INC

| | | 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 checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? | 15 | Yes |
| | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) | | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" 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 checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? | 16 | Yes |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |

Part V

Facility Information (continued)

ST JUDE HOSPITAL INC

| | | | | |
|---|--|----|-----|----|
| Name of hospital facility or letter of facility reporting group | | | Yes | No |
| 19 | 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 | 19 | | No |
| 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) | | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) | | | |
| a | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission | | | |
| b | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge | | | |
| c | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | | |
| d | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | | |
| f | <input type="checkbox"/> None of these efforts were made | | | |
| Policy Relating to Emergency Medical Care | | | | |
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why | 21 | Yes | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | | |
| Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals) | | | | |
| 22 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | | |
| a | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| 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 | | | |
| c | <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| d | <input checked="" type="checkbox"/> Other (describe in Section C) | | | |
| 23 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C | 23 | | No |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C | 24 | | 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 | |
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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? **17**

| Name and address | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| 1 See Additional Data Table | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI

Supplemental Information

Provide the following information

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

| Form and Line Reference | Explanation |
|---------------------------------------|---|
| FORM 990, SCHEDULE H, PART I, LINE 3C | IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES, INCLUDING BUT NOT LIMITED TO DISABILITY AND HOMELESSNESS ARE CONSIDERED WHEN DETERMINING ELIGIBILITY |

| Form and Line Reference | Explanation |
|--|--|
| FORM 990, SCHEDULE H, PART I, LINE 6A | ST JUDE MEDICAL CENTER PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT http //www stjudemedicalcenter org/documents/SJMC_CB_Report_FY14-final115r evised pdf |

| Form and Line Reference | Explanation |
|---|---|
| FORM 990, SCHEDULE H, PART I, LINE 7 | THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING VARIOUS METHODS 1 THE ORGANIZATION'S COST ACCOUNTING SYSTEM, 2 CALCULATED USING A COST-TO- CHARGE RATIO, AND 3 ACTUAL AMOUNTS AS REPORTED IN THE GENERAL LEDGER THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT ACCOUNT TYPES (INPATIENT, OUTPATIENT, REHAB AND SKILLED NURSING FACILITY) AS WELL AS ALL TYPES OF INSURANCE (MEDICARE, MEDI-CAL, SELF-PAY, WORKERS COMP, COMMERCIAL, HMO, HMO SENIOR, PPO, COUNTY INDIGENT, OTHER INDIGENT, CAPITATED) |

| Form and Line Reference | Explanation |
|--|--|
| FORM 990, SCHEDULE H, PART I, LINE 7G | SUBSIDIZED HEALTH SERVICES INCLUDES PAYMENTS FOR THE SUBSIDIZED CARE OF UNINSURED EMERGENCY DEPARTMENT PATIENTS TO ON CALL PHYSICIAN SPECIALISTS, SUPPORT FOR NON-BILLABLE CANCER CENTER SERVICES SUCH AS PATIENT NAVIGATION, SOCIAL WORK, SUPPORT GROUPS, ETC AND SUBSIDIZED POST-HOSPITAL DISCHARGE CONTINUING CARE SERVICES FOR INDIGENT PATIENTS |

| Form and Line Reference | Explanation |
|---|---|
| FORM 990, SCHEDULE H, PART III, LINE 2 | THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE |

| Form and Line Reference | Explanation |
|---|---|
| FORM 990, SCHEDULE H, PART III, LINE 3 | THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS. THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT. COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE). AFTER THE RECLASSIFICATION THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY. |

| Form and Line Reference | Explanation |
|---|---|
| FORM 990, SCHEDULE H, PART III, LINE 4 | PAGE 11 OF THE AUDITED FINANCIAL STATEMENTS - THE ORGANIZATION RECEIVES PAYMENT FOR SERVICES RENDERED TO PATIENTS FROM FEDERAL AND STATE GOVERNMENTS UNDER THE MEDICARE AND MEDICAID PROGRAMS, PRIVATELY SPONSORED MANAGED CARE PROGRAMS FOR WHICH PAYMENT IS MADE BASED ON TERMS DEFINED UNDER FORMAL CONTRACTS, AND OTHER PAYORS THE ORGANIZATION BELIEVES THERE ARE NO SIGNIFICANT RISKS ASSOCIATED WITH RECEIVABLES FROM GOVERNMENT PROGRAMS RECEIVABLES FROM CONTRACTED AND OTHERS ARE FROM VARIOUS PAYORS WHO ARE SUBJECT TO DIFFERING ECONOMIC CONDITIONS, AND DO NOT REPRESENT ANY CONCENTRATED RISKS TO THE ORGANIZATION THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS USING THIS METHODOLOGY, BAD DEBT EXPENSE IS CORRESPONDINGLY RECORDED IN THE GENERAL LEDGER |

| Form and Line Reference | Explanation |
|---|--|
| FORM 990, SCHEDULE H, PART III, LINE 8 | THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT MEDICARE COSTS ARE DETERMINED FROM THE MEDICARE COST REPORT USING CMS STANDARD COSTING METHODS THIS INCLUDES STEP-DOWN ALLOCATION PROCESSES WHICH ARE APPLIED TO CALCULATE ALLOWABLE MEDICARE COSTS |

| Form and Line Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE H, PART III, LINE 9B | PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE |

| Form and Line Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE H, PART VI, LINE 2 | NEEDS ASSESSMENT ST JUDE MEDICAL CENTER PARTICIPATES AND CO-LEADS THE ORANGE COUNTY HEALTH IMPROVEMENT PARTNERSHIP, A COUNTY-WIDE COLLABORATIVE FOCUSED ON IMPROVING THE HEALTH OF ORANGE COUNTY RESIDENTS THE PARTNERSHIP SUPPORTS THE OC HEALTHIER TOGETHER WEBSITE WHICH PROVIDES REGULARLY UPDATED HEALTH AND DEMOGRAPHIC INDICATORS THAT ARE UTILIZED TO CONTINUOUSLY ASSESS THE HEALTH NEEDS OF THE COMMUNITY |

| Form and Line Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE H, PART VI, LINE 3 | PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE THE ORGANIZATION POSTED NOTICES INFORMING THE PUBLIC OF THE FINANCIAL ASSISTANCE PROGRAM NOTICES WERE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS NOTICES WERE ALSO POSTED AT LOCATIONS WHERE A PATIENT COULD PAY THEIR BILL NOTICES INCLUDED CONTACT INFORMATION ON HOW A PATIENT COULD OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE THESE NOTICES WERE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT WERE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA ALL PATIENTS WHO DEMONSTRATED LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS WERE OFFERED AN OPPORTUNITY TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION AND WERE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY HAVE BEEN ELIGIBLE |

| Form and Line Reference | Explanation |
|--|--|
| FORM 990, SCHEDULE H, PART VI, LINE 4 | <p>COMMUNITY INFORMATION THE MEDICAL CENTER'S TOTAL SERVICE AREA INCLUDES NORTH ORANGE COUNTY AND ADJACENT CITIES IN LOS ANGELES, SAN BERNARDINO AND RIVERSIDE COUNTY THE POPULATION IS 1 6 MILLION WITH A MEDIAN HOUSEHOLD INCOME OF \$67,114 14 8% OF THE POPULATION HAS A MEDIAN HOUSEHOLD INCOME OF LESS THAN \$25,000 28 6% OF THE POPULATION IS UNDER THE AGE OF 20 IT IS EXTREMELY ETHNICALLY DIVERSE WITH 45 5% OF THE POPULATION HISPANIC AND 19 5 % ASIAN/PACIFIC ISLANDER THE MEDICAL CENTER'S GEOGRAPHICAL AREA OF FOCUS FOR COMMUNITY BENEFIT PROGRAMS ARE THE CITIES OF BREA, BUENA PARK, FULLERTON, LA HABRA, PLACENTIA AND YORBA LINDA THE SOCIO-DEMOGRAPHIC DATA FOR THE SIX AREAS SERVED BY ST JUDE MEDICAL CENTER COMMUNITY BENEFIT DEMONSTRATES WIDE DISPARITIES IN RACIAL/ETHNIC AND ECONOMIC INDICATORS LA HABRA IS THE CITY WITH THE LOWEST MEDIAN INCOME AND THE GREATEST RACIAL/ETHNIC DIVERSITY WHILE YORBA LINDA HAS THE HIGHEST INCOME AND LEAST RACIAL/ETHNIC DIVERSITY WITHIN EACH CITY, WITH THE EXCEPTION OF YORBA LINDA, THERE ARE NEIGHBORHOODS THAT HAVE A HIGHER PERCENTAGE OF DISPROPORTIONATE UNMET HEALTH NEEDS POPULATION THE OVERALL PERCENTAGE OF PERSONS WITH INCOMES BELOW THE FEDERAL POVERTY LEVEL IS APPROXIMATELY 12 3% THE PERCENTAGE OF THE MEDICAL CENTERS PATIENTS THAT ARE UNINSURED IS APPROXIMATELY 2% AND PATIENTS WHO ARE INSURED BY MEDICAL IS 8 8% THE COMMUNITY BENEFIT SERVICE AREA INCLUDES SEVERAL AREAS DESIGNATED AS MEDICALLY UNDERSERVED POPULATION, INCLUDING SOUTH FULLERTON, WEST BREA AND LA HABRA OTHER HOSPITALS IN THE COMMUNITY INCLUDE UC IRVINE MEDICAL CENTER, CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC), ST JOSEPH HOSPITAL ORANGE, WESTERN MEDICAL SANTA ANA, KAISER PERMANENTE ORANGE COUNTY, AND ANAHEIM REGIONAL MEDICAL CENTER FOR MORE INFORMATION, GO TO THE ST JUDE MEDICAL CENTER'S COMMUNITY BENEFIT REPORT POSTED ON ITS WEBSITE AT http //www stjudemedicalcenter org/documents/SJMC_CB_Report_FY14-final1115r evised pdf</p> |

| Form and Line Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE H, PART VI, LINE 5 | <p>PROMOTION OF COMMUNITY HEALTH REALIZING OUR MISSION ST JUDE MEDICAL CENTER IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE OF ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS, THERE IS A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION, AN OPEN MEDICAL STAFF, AND WE MANAGE COMMUNITY BENEFIT PROGRAMS WHICH ARE PARTLY FUNDED BY CARE FOR THE POOR DOLLARS ST JUDE MEDICAL CENTER IS A HEALING MINISTRY OF ST JOSEPH HEALTH, AN INTEGRATED HEALTHCARE DELIVERY SYSTEM ST JOSEPH HEALTH IS ORGANIZED INTO THREE REGIONS NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/EASTERN NEW MEXICO ST JOSEPH HEALTH INCLUDES ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPITAL CARE, OUTPATIENT SERVICES, AFFILIATED COMMUNITY CLINICS AND PHYSICIAN ORGANIZATIONS EACH ASSOCIATED MINISTRY WORKS TO LIVE OUT THE MISSION LOCAL COMMUNITY BENEFIT COMMITTEE THE ROLE OF THE ST JUDE MEDICAL CENTER COMMUNITY BENEFIT COMMITTEE IS TO SUPPORT THE BOARD OF TRUSTEES IN OVERSEEING COMMUNITY BENEFIT EFFORTS THE COMMITTEE ACTS IN ACCORDANCE WITH A BOARD-APPROVED CHARTER THE COMMUNITY BENEFIT COMMITTEE IS CHARGED WITH DEVELOPING POLICIES AND PROGRAMS THAT ADDRESS IDENTIFIED NEEDS IN THE SERVICE AREA PARTICULARLY FOR UNDERSERVED POPULATIONS, OVERSEEING DEVELOPMENT AND IMPLEMENTATION OF THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATEGY REPORTS, AND PROVIDING DIRECTION TO COMMUNITY BENEFIT ACTIVITIES THE COMMUNITY BENEFIT COMMITTEE HAS A MINIMUM OF EIGHT MEMBERS INCLUDING THREE MEMBERS OF THE BOARD OF TRUSTEES AND EIGHT COMMUNITY MEMBERS CURRENT MEMBERSHIP INCLUDES FOUR MEMBERS OF THE BOARD OF TRUSTEES AND 14 COMMUNITY MEMBERS A MAJORITY OF MEMBERS HAVE KNOWLEDGE AND EXPERIENCE WITH THE POPULATIONS MOST LIKELY TO HAVE DISPROPORTIONATE UNMET HEALTH NEEDS THE COMMUNITY BENEFIT COMMITTEE MEETS QUARTERLY ST JUDE NEIGHBORHOOD HEALTH CENTERS ST JUDE MEDICAL CENTER PROVIDED A GRANT OF \$1,204,063 TO ST JUDE NEIGHBORHOOD HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER PROVIDING PRIMARY CARE, DENTAL CARE, MENTAL HEALTH AND HEALTH EDUCATION SERVICES TO THE UNDERSERVED IN NORTH ORANGE COUNTY IN FY 2015 THE HEALTH CENTER PROVIDED OVER 24,000 VISITS TO OVER 5,000 PATIENTS THE CENTER OPENED UP A NEW SATELLITE PRIMARY CARE PEDIATRIC CLINIC AT TOPAZ ELEMENTARY SCHOOL IN PARTNERSHIP WITH THE PLACENTIA YORBA LINDA SCHOOL DISTRICT MOVE MORE EAT HEALTHY INITIATIVE ST JUDE MEDICAL CENTER INVESTED \$892,710 TO ADDRESS POLICY, SYSTEM AND ENVIRONMENTAL CHANGE TO IMPACT THE OBESITY EPIDEMIC IN NORTH ORANGE COUNTY KEY ACCOMPLISHMENTS INCLUDED SUPPORTING INSTALLATION OF EIGHT FITNESS CENTERS IN PARKS IN LOW INCOME NEIGHBORHOODS, TWELVE FIT KID CENTERS IN TITLE 1 SCHOOLS, AND COMPLETING OVER 56,000 ENCOUNTERS WITH LOW INCOME RESIDENTS TO PROMOTE HEALTHIER LIFESTYLES THE INITIATIVE HAS RESULTED IN STRENGTHENED SCHOOL WELLNESS POLICIES IN TWO SCHOOL DISTRICTS AND ACTIVE HEALTHY EATING ACTIVE LIVING DESIGNATIONS IN TWO CITIES 22 6% OF 31 TITLE 1 SCHOOLS SHOWED IMPROVEMENT IN THE PERCENT OF 5TH AND 7TH GRADERS ON THE FITNESSGRAM SCORES FOR BODY COMPOSITION SENIOR SERVICES ST JUDE MEDICAL CENTER INVESTED \$519,667 IN SERVICES TO LOW INCOME SENIORS 7,671 NON-EMERGENCY MEDICAL TRANSPORTATION TRIPS WERE PROVIDED 6,071 ENCOUNTERS WERE PROVIDED IN THE FOLLOWING SERVICES CARING NEIGHBORS, BEREAVEMENT SUPPORT GROUP, DEPRESSION SUPPORT GROUP, LIVING WITH CHRONIC DISEASE CLASSES, INFORMATION AND REFERRAL LIST OF PROGRAMS FOR THE BROADER COMMUNITY WITH ACCOMPLISHMENTS MEALS ON WHEELS PROVIDED 5,122 MEALS TO HOMEBOUND SENIORS, HEALTH PROFESSION EDUCATION PROVIDED SUPPORT TO 219 NURSING AND ANCILLARY PROFESSIONAL STUDENTS AND 33 REHABILITATION STUDENTS, THE REHABILITATION COMMUNITY RE-INTEGRATION PROGRAM PROVIDED LOW COST COMMUNITY EXERCISE PROGRAMS AND A COMMUNICATION RECOVERY PROGRAM TO 285 PERSONS, THE REHABILITATION COMMUNITY FOLLOW-UP PROGRAM PROVIDED COMMUNITY-BASED NURSE CASE MANAGEMENT TO 406 NEURO-REHABILITATION PATIENTS, THE FAMILY CAREGIVER SUPPORT PROGRAM PROVIDED SUPPORT TO 408 FAMILY CAREGIVERS, COMMUNITY EDUCATION AND HEALTH FAIRS PROVIDED 6,644 ENCOUNTERS, THE REGIONAL CHAPLAIN PROFESSIONAL EDUCATION PROGRAM SERVED 2 CHAPLAIN STUDENTS CHAPLAIN PROFESSIONAL EDUCATION PROGRAM SERVED 2 CHAPLAIN STUDENTS</p> |

| Form and Line Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE H, PART VI, LINE 6 | <p>AFFILIATED HEALTH CARE SYSTEM ST JUDE MEDICAL CENTER IS A HEALING MINISTRY OF ST JOSEPH HEALTH, AN INTEGRATED DELIVERY SYSTEM ST JOSEPH HEALTH IS ORGANIZED INTO THREE REGIONS NORTHERN CALIFORNIA, SOUTHERN CALIFORNIA, AND WEST TEXAS/NEW MEXICO THE SYSTEM INCLUDES 16 ACUTE CARE HOSPITALS, HOME HEALTH AGENCIES, HOSPITAL CARE, OUTPATIENT SERVICES, AFFILIATED COMMUNITY CLINICS AND PHYSICIAN ORGANIZATIONS EACH ASSOCIATED MINISTRY WORKS TO LIVE OUT ITS MISSION TO EXTEND THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE SJH COMMUNITY PARTNERSHIP FUND (FORMERLY THE ST JOSEPH HEALTH SYSTEM FOUNDATION) IN 1986 ST JOSEPH HEALTH (SJH) CREATED A PLAN AND BEGAN AN EFFORT TO FURTHER ITS COMMITMENT TO NEIGHBORS IN NEED WITH A VISION OF REACHING BEYOND THE WALLS OF ITS HEALTH CARE FACILITIES AND TRANSCENDING TRADITIONAL EFFORTS OF PROVIDING FREE CARE FOR THOSE IN NEED OF ACUTE SERVICES, SJH CREATED THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND (FORMERLY THE ST JOSEPH HEALTH FOUNDATION) TO IMPROVE THE HEALTH OF LOW-INCOME INDIVIDUALS RESIDING IN LOCAL COMMUNITIES EACH YEAR, EACH ST JOSEPH HEALTH HOSPITAL MINISTRY CONTRIBUTES 10 PERCENT OF ITS NET INCOME TO THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND IN FY 15, SJMC CONTRIBUTED \$4.6 MILLION TO THE SJH CPF AND THE SJH CPF RECEIVED A TOTAL OF \$31M 75% OF THE CONTRIBUTIONS ARE USED TO SUPPORT CARE FOR THE POOR PROGRAMS THAT ARE SELECTED LOCALLY BY EACH HOSPITAL 17.5% IS USED TO SUPPORT COMMUNITY PARTNERSHIP FUND INITIATIVES, SUCH AS THE WELLNESS AND PREVENTION INITIATIVE, AND THE COMMUNITY BUILDING INITIATIVE THE REMAINING 7.5% IS DESIGNATED TOWARD THE ENDOWMENT, WHICH HELPS ENSURE THE FUND'S ABILITY TO SUSTAIN PROGRAMS INTO THE FUTURE THAT ASSIST LOW-INCOME AND UNDERSERVED POPULATIONS SOME OF THE ORGANIZATIONS RECEIVING COMMUNITY INVESTMENT FUND ST JOSEPH HEALTH FURTHER RECOGNIZED THAT THE HEALTH OF ANY COMMUNITY DEPENDS ON THE MAINTENANCE AND CREATION OF STRONG STRUCTURES - BOTH PHYSICAL AND SOCIAL- THAT CONTRIBUTE TO THE LONG-TERM WELL-BEING OF PEOPLE THAT PHILOSOPHY INSPIRED THE INITIATION OF THE COMMUNITY INVESTMENT FUND - AN EFFORT TO ENABLE 501(C)(3) ORGANIZATIONS TO ACHIEVE THEIR FULL POTENTIAL AND PLAY A MAJOR ROLE IN THE GROWTH OF THEIR COMMUNITIES THE COMMUNITY INVESTMENT FUND PROVIDES CAPITAL IN THE FORM OF LOANS, DEPOSITS, OR OTHER SUPPORT TO NON-PROFITS TO PROMOTE SOCIAL GOOD AND THE DEVELOPMENT OF HEALTHIER COMMUNITIES IN FY 15, A TOTAL OF \$9.4 MILLION WAS INVESTED INTO THE COMMUNITY THROUGH LOANS AND LINES OF CREDIT FUNDED NON-PROFITS INCLUDE THOSE THAT SERVE THE HOMELESS, PROVIDE AFFORDABLE HOUSING, PROVIDE ACCESS TO PRIMARY MEDICAL CARE, AND ADDRESS YOUTH DEVELOPMENT LEARN MORE ABOUT SJH COMMUNITY BENEFIT AT STJHS.ORG</p> |

| Form and Line Reference | Explanation |
|--|---|
| FORM 990, SCHEDULE H, PART VI, LINE 7 | STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA |

Additional Data

Software ID:
Software Version:
EIN: 95-1643325
Name: ST JUDE 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 |
|--------------------------------------|--|
| FORM 990, SCHEDULE H, PART V, LINE 5 | IN THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT, THE HOSPITAL TOOK INTO ACCOUNT INPUT FROM PEOPLE WHO REPRESENT THE COMMUNITY SERVED BY THE HOSPITAL IN THE FOLLOWING WAYS 1 KEY INFORMANT SURVEYS OF ORGANIZATIONS THAT SERVE LOW-INCOME POPULATIONS WERE CONDUCTED IN THE COMMUNITY COLLABORATIVES THAT ST JUDE MEDICAL CENTER PARTICIPATES IN THE SAMPLE INCLUDED 54 REPRESENTATIVES FROM CITY GOVERNMENT, SCHOOL DISTRICTS, COMMUNITY BASED ORGANIZATIONS AND FAITH-BASED ORGANIZATIONS SERVING BOTH THE BROADER COMMUNITY AND LOW-INCOME AND MINORITY POPULATIONS SOME OF THE ORGANIZATIONS THAT PARTICIPATED INCLUDE THE CITY OF FULLERTON, CITY OF PLACENTIA, CITY OF LA HABRA, CITY OF BUENA PARK, FULLERTON SCHOOL DISTRICT, BUENA PARK SCHOOL DISTRICT, PLACENTIA YORBA LINDA SCHOOL DISTRICT, CALIFORNIA STATE UNIVERSITY FULLERTON, BOYS AND GIRLS CLUB OF FULLERTON, BOYS AND GIRLS CLUB OF LA HABRA, BOYS AND GIRLS CLUB OF BUENA PARK, GIVING CHILDREN HOPE, BUENA PARK LIBRARY, FULLERTON PUBLIC LIBRARY, FULLERTON ACT, ORANGETHORPE UNITED METHODIST CHURCH, LA HABRA FAMILY RESOURCE CENTER, FRIENDS OF FAMILY HEALTH CENTER, FULLERTON ROTARY, FULLERTON SOROPTOMIST CLUB, COMMUNITY ACTION PARTNERSHIP OF ORANGE COUNTY, VICTORY OUTREACH, FRIENDLY CENTER, MOMS, CASA YOUTH SHELTER, GARY CENTER, LA HABRA CHAMBER OF COMMERCE, AND HELP FOR BRAIN INJURED CHILDREN 2 FOUR COMMUNITY FOCUS GROUPS WITH LOW-INCOME PERSONS WERE CONDUCTED IN THE SPRING OF 2013 FIFTY-ONE PERSONS PARTICIPATED, THE MAJORITY WERE LATINAS THE MOST SIGNIFICANT HEALTH-RELATED PROBLEMS IDENTIFIED WERE OBESITY, DIABETES, STRESS, DEPRESSION, SUBSTANCE USE, ASTHMA, HYPERTENSION, HYPERLIPIDEMIA, AND CONCERNS RELATED TO SAFETY HOWEVER, PARTICIPANTS WERE AWARE OF MANY RESOURCES AVAILABLE IN THE COMMUNITY INCLUDING MEDICAL SERVICES, EXERCISE CLASSES, AND PARENTING CLASSES THE MAJOR BARRIERS TO ACCESSING SERVICES IDENTIFIED WERE NOT FEELING SAFE IN THEIR NEIGHBORHOOD, COST OF HEALTH CARE, WAIT TIMES TO GET APPOINTMENTS, AND LACK OF URGENT CARE 3 PUBLIC HEALTH EXPERTISE WAS OBTAINED OVER THE PAST YEAR THROUGH THE PARTICIPATION OF JOSEPH VARGAS, SUPERVISOR OF HEALTH PROMOTION AND PUBLIC HEALTH SERVICES AT THE ORANGE COUNTY HEALTH CARE AGENCY (HCA), WHO IS ALSO A MEMBER OF THE ST JUDE MEDICAL CENTER COMMUNITY BENEFIT COMMITTEE IN ADDITION, MEDICAL CENTER STAFF PARTICIPATED IN A NUMBER OF MEETINGS WITH REPRESENTATIVES FROM THE ORANGE COUNTY HEALTH CARE AGENCY PUBLIC HEALTH SERVICES WHO ARE FACILITATING A COMMUNITY-WIDE NEEDS ASSESSMENT AS PART OF THEIR ACCREDITATION PROCESS BOTH THE MEDICAL CENTER AND HCA SHARED THEIR DATA AND GAVE INPUT INTO EACH OTHER'S RESPECTIVE PLANS |

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 |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART V, LINE 7A | THE CHNA CAN BE FOUND ON THE ST JUDE MEDICAL CENTER WEBSITE AT http://www.stjudemedicalcenter.org/documents/Community-Benefit/2014-Community-Health-Needs-Assessment-Report.pdf |

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 |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART V, LINE 7D | THE CHNA WAS SENT TO THE FULLERTON AND BUENA PARK PUBLIC LIBRARIES |

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 |
|--|--|
| FORM 990, SCHEDULE H, PART V, LINE 10A | THE IMPLEMENTATION STRATEGY CAN BE FOUND ON THE ST JUDE MEDICAL CENTER WEBSITE AT http //www stjudemedicalcenter org/documents/Community-Benefit/FY15-17-CBP lan-and-Implementation pdf |

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 |
|---------------------------------------|--|
| FORM 990, SCHEDULE H, PART V, LINE 11 | THE MEDICAL CENTER IS ADDRESSING THE FOLLOWING HIGH PRIORITY HEALTH NEEDS ACCESS TO MEDICAL CARE, OBESITY, BEHAVIORAL HEALTH AND INFANT AND CHILD HEALTH ACCESS TO CARE IS BEING ADDRESSED THROUGH SUPPORT OF THE ST JUDE NEIGHBORHOOD HEALTH CENTERS THE OBESITY NEED IS BEING ADDRESSED THROUGH THE MOVE MORE EAT HEALTHY INITIATIVE BEHAVIORAL HEALTH IS BEING ADDRESSED THROUGH THE POSITIVE BEHAVIOR INTERVENTION SUPPORT PROGRAM AND THE COMMUNITY CARE NAVIGATION PROGRAM INFANT AND CHILD HEALTH IS BEING ADDRESSED THROUGH THE MOVE MORE EAT HEALTHY INITIATIVE AND A FOCUS ON IMPROVING CHILDHOOD IMMUNIZATION RATES IN ADDITION, THE MEDICAL CENTER IS INVESTING IN OLDER ADULT HEALTH PROGRAMS AND A CARE NAVIGATOR PROGRAM FOR THE HOMELESS BECAUSE OF COMMUNITY NEED THE FOLLOWING HEALTH NEEDS ARE NOT BEING ADDRESSED DIRECTLY THROUGH A ST JOSEPH HEALTH, ST JUDE MEDICAL CENTER INITIATIVE OR PROGRAM BECAUSE THEY ARE ALREADY ADDRESSED BY LOCAL NON-PROFIT ORGANIZATIONS THAT HAVE THE RESOURCES AND EXPERTISE OR BECAUSE THE MEDICAL CENTER DOES NOT HAVE THE EXPERTISE AT THIS TIME TO MAKE AN IMPACT CARDIAC HEALTH, DIABETES, IMMIGRATION REFORM, ASTHMA, OLDER ADULT HEALTH, DENTAL CARE, HOMELESSNESS, SAFETY, AND INCOME INEQUALITY THE MEDICAL CENTER DETERMINED THAT IT WOULD NOT ADDRESS DIABETES AND CARDIAC HEALTH DIRECTLY BUT WOULD FOCUS ON ONE OF THEIR MAJOR UNDERLYING CAUSES, OBESIASTHMA WAS NOT SELECTED AS A PRIORITY BECAUSE THE RATE OF ASTHMA IS DECREASING AND THERE ARE OTHER PROGRAMS IN THE COMMUNITY ADDRESSING THIS HEALTH ISSUE FOR FURTHER INFORMATION, PLEASE SEE THE IMPLEMENTATION STRATEGY FOUND AT http //www.stjudemedicalcenter.org/documents/Community-Benefit/FY15-17-CBP lan-and-Implementation pdf |

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 |
|--|---|
| FORM 990, SCHEDULE H, PART V, LINE 13H | THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD DEBT |

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 |
|--|---|
| FORM 990, SCHEDULE H, PART V, LINE 16A | THE FAP WAS WIDELY AVAILABLE ON THE WEBSITE https //www syfphr oshpd ca gov/ |

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 |
|---|--|
| FORM 990, SCHEDULE H, PART V, LINES 16B AND 16C | THE FAP APPLICATION FORM AND PLAIN LANGUAGE SUMMARY WAS WIDELY AVAILABLE ON THE ST JUDE MEDICAL CENTER WEBSITE AT http //www stjudemedicalcenter org/Patients-Visitors/Billing-Information/P atient-Financial-Assistance-Program aspx |

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 |
|--|---|
| FORM 990, SCHEDULE H, PART V, LINE 16I | THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHDP) WEBSITE IN ADDITION, POLICY NOTICES ARE POSTED IN CONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY WRITTEN NOTICES ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA |

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 |
|--|--|
| FORM 990, SCHEDULE H, PART V, LINE 22D | FOR PATIENTS WITH A FAMILY INCOME BETWEEN 201% AND 350% OF FEDERAL POVERTY GUIDELINES (FPG), THE HOSPITAL FACILITY USES MEDICARE RATES WHEN CALCULATING THE MAXIMUM AMOUNTS THAT CAN BE CHARGED FOR PATIENTS WITH A FAMILY INCOME BETWEEN 351% AND 500% OF FPG, THE AVERAGE OF NEGOTIATED COMMERCIAL INSURANCE RATES IS USED TO DETERMINE THE MAXIMUM AMOUNT THAT CAN BE CHARGED |

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) |
|--|-----------------------------|
| IMAGING SERVICES 2141 N HARBOR BLVD SUITE 16000 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| ST JUDE PLAZA SURGERY CENTER 2141 N HARBOR BLVD SUITE 41000 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| KNOTT FAMILY ENDOSCOPOY 1839 SUNNYCREST DRIVE FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| HERITAGE MEDICAL GROUP 2151 N HARBOR BLVD SUITE 3000 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| IMAGING CENTER 2151 N HARBOR BLVD SUITE 1400 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| RADIATION THERAPY 2151 N HARBOR BLVD SUITE 1500 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| ST JUDE CENTERS FOR REHAB & WELLNESS 2767 E IMPERIAL HWY BREA, CA 92821 | OUTPATIENT SERVICES |
| BREAST CENTER 2151 N HARBOR BLVD SUITE 2100 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| OUTPATIENT SERVICES 1911-1913 SUNNYCREST DRIVE FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| OPEN MRI 1480 S HARBOR BLVD SUITE 15 LA HABRA, CA 90633 | OUTPATIENT SERVICES |
| CARDIAC REHAB CTRHEART FAILURE CLINIC 100 E VALENCIA MESA DRIVE SUITE 20 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| WELLNESS-SYNERGY 2767 E IMPERIAL HWY BREA, CA 92821 | OUTPATIENT SERVICES |
| OUTPATIENT SERVICES 1835 SUNNYCREST DRIVE FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| OUTPATIENT SERVICES 1901 SUNNYCREST DRIVE FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| ST JUDE MEDICAL PLAZA LABORATORY 2141-2151 N HARBOR BLVD SUITE 1700 FULLERTON, CA 92835 | OUTPATIENT SERVICES |

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) |
|--|-----------------------------|
| CANCER CENTER 2141 N HARBOR BLVD SUITE 2200 FULLERTON, CA 92835 | OUTPATIENT SERVICES |
| ST JUDE IMAGING CENTER 4300 ROSE DRIVE STE B YORBA LINDA, CA 92886 | OUTPATIENT SERVICES |

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST JUDE 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.

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number

95-1643325

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

14
- 3

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

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 |
|----------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) MEDICAL SERVICES TO PATIENTS | 111 | 8,778 | | | |

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 |
|----------------------------|--|
| SCHEDULE I, PART I, LINE 2 | DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS EXPENSES ARE MONITORED ON A MONTHLY/QUARTERLY BASIS BY THE VICE PRESIDENT OF HEALTHY COMMUNITIES WE MONITOR THE USE OF GRANT FUNDS BY REQUIRING REPORTS FROM THE ORGANIZATIONS GRANTS ARE GIVEN TO |

Additional Data

Software ID:
Software Version:
EIN: 95-1643325
Name: ST JUDE 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DR STE 100 IRVINE,CA 92612 | 33-0143024 | 501(c)(3) | 4,965,200 | | | | CARE FOR THE POOR |
| CITY OF FULLERTON303 W COMMONWEALTH AVE FULLERTON,CA 92832 | 95-6000711 | GOVERNMENT | 102,200 | | | | PROGRAM SUPPORT |
| COMMUNITY ACTION PARTNERSHIP OF OC 11870 MONARCH ST GARDEN GROVE,CA 92841 | 95-2452787 | 501(c)(3) | 40,000 | | | | PROGRAM SUPPORT |

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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PLACENTIA YORBA LINDA UNIFIED SCHOOL DSTRCT 1301 E ORANGETHROPE AVE PLACENTIA,CA 92870 | 95-6002435 | GOVERNMENT | 42,550 | | | | PROGRAM SPONSORSHIP-OBESITY |
| ORANGE COUNTY DEPARTMENT OF EDUCATION200 KALMUS DR COSTA MESA,CA 92626 | 95-6000943 | GOVERNMENT | 164,587 | | | | PROGRAM SUPPORT |
| FULLERTON COLLABORATIVEPO BOX 1088 FULLERTON,CA 92836 | 20-1222056 | 501(c)(3) | 8,000 | | | | PROGRAM SPONSORSHIP-OBESITY |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| CITY OF PLACENTIA402 E CHAPMAN AVE PLACENTIA,CA 92871 | 95-6000763 | GOVERNMENT | 125,200 | | | | PROGRAM SPONSORSHIP |
| CITY OF BUENA PARK6551 BEACH BLVD BUENA PARK,CA 90621 | 95-6005105 | GOVERNMENT | 102,200 | | | | PROGRAM SUPPORT |
| FULLERTON SCHOOL DISTRICT1401 W VALENCIA DRIVE FULLERTON,CA 92833 | 95-6001405 | GOVERNMENT | 24,000 | | | | PROGRAM SUPPORT |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| BUENA PARK SCHOOL DISTRICT6885 ORANGETHROPE AVE BUENA PARK,CA 90620 | 95-6000682 | GOVERNMENT | 17,000 | | | | PROGRAM SUPPORT |
| LA HABRA CITY SCHOOL DISTRICT500 NORTH WALNUT LA HABRA,CA 90631 | 95-6001800 | GOVERNMENT | 33,000 | | | | PROGRAM SUPPORT |
| LA HABRA COMMUNITY COLLABORATIVE151 E WHITTIER BLVD LA HABRA,CA 90631 | 47-2082315 | 501(c)(3) | 10,000 | | | | PROGRAM SUPPORT |

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CITY OF LA HABRA201 E LA HABRA BLVD LA HABRA, CA 90633 | 95-6000730 | GOVERNMENT | 134,200 | | | | PROGRAM SUPPORT |
| MEALS ON WHEELS170 S OLIVE ST ORANGE, CA 92866 | 95-2771715 | 501(c)(3) | | 10,372 | FMV | MEALS | COMMUNITY SUPPORT |

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.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST JUDE HOSPITAL INC

Employer identification number
95-1643325

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 type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> | | |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div> | Yes | |
| <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> | | No |
| <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 type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input 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> | Yes | |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div> | | No |
| <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> | | 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> | | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div> | | 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> | | No |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div> | | 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> | Yes | |
| <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> | | 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> | | |

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 |
|---------------------------------------|--|
| FORM 990, SCHEDULE J, PART I, LINE 1A | DISCRETIONARY SPENDING ACCOUNT EXECUTIVES RECEIVE A PERCENTAGE OF BASE COMPENSATION FOR DISCRETIONARY SPENDING. THESE AMOUNTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION. |
| FORM 990, SCHEDULE J, PART I, LINE 3 | DESCRIPTION OF CEO PAID BY EXEMPT PARENT: THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX-EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY ST. JOSEPH HEALTH SYSTEM. |
| FORM 990, SCHEDULE J, PART I, LINE 4A | THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR: LINDA JENKINS - \$205,214. |
| FORM 990, SCHEDULE J, PART I, LINE 7 | DESCRIBE ANY NON-FIXED PAYMENTS PROVIDED: A PORTION OF EXECUTIVES' SALARIES ARE PLACED "AT-RISK" AND ARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED. THE AT-RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST. JOSEPH HEALTH SYSTEM. AT-RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR. THE GOALS INCLUDE OUR STRATEGIC OBJECTIVES OF PERFECT CARE, SACRED ENCOUNTERS, AND HEALTHIEST COMMUNITIES AS WELL AS FISCAL STEWARDSHIP. EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT-RISK PAY. |

Additional Data

Software ID:
Software Version:
EIN: 95-1643325
Name: ST JUDE 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 | | | | |
| LEE PENROSE, CEO/TRUSTEE | (i) 0 (ii) 548,890 | (i) 0 (ii) 199,076 | (i) 0 (ii) 163,880 | (i) 0 (ii) 20,736 | (i) 0 (ii) 24,318 | (i) 0 (ii) 956,900 | (i) 0 (ii) 0 |
| DARRIN MONTALVO, PRES, INTERGRATED SRVC (PT YR) | (i) 0 (ii) 740,382 | (i) 0 (ii) 585,139 | (i) 0 (ii) 230,770 | (i) 0 (ii) 23,056 | (i) 0 (ii) 35,058 | (i) 0 (ii) 1,614,405 | (i) 0 (ii) 0 |
| WILLIAM BILL RUSSELL, TRUSTEE/SVP, CHIEF INFO OFFCR | (i) 0 (ii) 431,545 | (i) 0 (ii) 164,734 | (i) 0 (ii) 71,206 | (i) 0 (ii) 10,400 | (i) 0 (ii) 27,715 | (i) 0 (ii) 705,600 | (i) 0 (ii) 0 |
| BRIAN LEE HELLELAND, CHIEF OPERATION OFFICER | (i) 382,960 (ii) 0 | (i) 169,707 (ii) 0 | (i) 5,826 (ii) 0 | (i) 12,903 (ii) 0 | (i) 32,500 (ii) 0 | (i) 603,896 (ii) 0 | (i) 0 (ii) 0 |
| EDUARDO SALVADOR, CHIEF FINANCIAL OFFICER | (i) 265,838 (ii) 0 | (i) 114,593 (ii) 0 | (i) 4,196 (ii) 0 | (i) 13,000 (ii) 0 | (i) 28,146 (ii) 0 | (i) 425,773 (ii) 0 | (i) 0 (ii) 0 |
| MARK JABLONSKI, VP MISSION INTEGRATION | (i) 248,258 (ii) 0 | (i) 103,325 (ii) 0 | (i) 12,215 (ii) 0 | (i) 25,080 (ii) 0 | (i) 17,188 (ii) 0 | (i) 406,066 (ii) 0 | (i) 0 (ii) 0 |
| KAREN CANNIZZARO, VP - OPERATIONS | (i) 205,897 (ii) 0 | (i) 88,207 (ii) 0 | (i) 6,706 (ii) 0 | (i) 18,968 (ii) 0 | (i) 23,003 (ii) 0 | (i) 342,781 (ii) 0 | (i) 0 (ii) 0 |
| TERESA FREY, VP - CLINICAL EXCELLENCE | (i) 192,462 (ii) 0 | (i) 82,789 (ii) 0 | (i) 3,483 (ii) 0 | (i) 15,426 (ii) 0 | (i) 1,621 (ii) 0 | (i) 295,781 (ii) 0 | (i) 0 (ii) 0 |
| LAURA RAMOS, VP - NURSING SERVICES | (i) 196,033 (ii) 0 | (i) 57,292 (ii) 0 | (i) 3,280 (ii) 0 | (i) 8,017 (ii) 0 | (i) 21,484 (ii) 0 | (i) 286,106 (ii) 0 | (i) 0 (ii) 0 |
| DON MILLER, DIRECTOR OF PHARMACY | (i) 190,330 (ii) 0 | (i) 18,351 (ii) 0 | (i) 12,956 (ii) 0 | (i) 21,196 (ii) 0 | (i) 23,271 (ii) 0 | (i) 266,104 (ii) 0 | (i) 0 (ii) 0 |
| SUSAN SMITH, VP - PHILANTHROPY | (i) 207,399 (ii) 0 | (i) 91,551 (ii) 0 | (i) 11,099 (ii) 0 | (i) 17,091 (ii) 0 | (i) 22,217 (ii) 0 | (i) 349,357 (ii) 0 | (i) 0 (ii) 0 |
| BARRY ROSS, VP - HEALTHY COMMUNITIES | (i) 202,186 (ii) 0 | (i) 85,315 (ii) 0 | (i) 12,730 (ii) 0 | (i) 20,464 (ii) 0 | (i) 24,795 (ii) 0 | (i) 345,490 (ii) 0 | (i) 0 (ii) 0 |
| MEENA KRISHNAN, CHIEF MEDICAL PHYSICIST | (i) 210,937 (ii) 0 | (i) 2,626 (ii) 0 | (i) 525 (ii) 0 | (i) 17,009 (ii) 0 | (i) 34,923 (ii) 0 | (i) 266,020 (ii) 0 | (i) 0 (ii) 0 |
| DRU ANN COPPING, VP - MKTG PUBLIC AFFAIRS | (i) 172,134 (ii) 0 | (i) 75,706 (ii) 0 | (i) 4,277 (ii) 0 | (i) 11,437 (ii) 0 | (i) 956 (ii) 0 | (i) 264,510 (ii) 0 | (i) 0 (ii) 0 |
| RYAN OLSEN, VP OPERATIONS (PART YEAR) | (i) 188,280 (ii) 0 | (i) 77,026 (ii) 0 | (i) 3,203 (ii) 0 | (i) 7,732 (ii) 0 | (i) 23,167 (ii) 0 | (i) 299,408 (ii) 0 | (i) 0 (ii) 0 |
| LINDA JENKINS, VP NURSING (PART YEAR) | (i) 55,058 (ii) 0 | (i) 10,361 (ii) 0 | (i) 209,749 (ii) 0 | (i) 2,202 (ii) 0 | (i) 21 (ii) 0 | (i) 277,391 (ii) 0 | (i) 0 (ii) 0 |
| MICHAEL MARINO MD, VP - MED AFFAIRS (FMR KEY EMP) | (i) 0 (ii) 378,863 | (i) 0 (ii) 210,568 | (i) 0 (ii) 8,136 | (i) 0 (ii) 1,300 | (i) 0 (ii) 2,705 | (i) 0 (ii) 601,572 | (i) 0 (ii) 0 |
| KEVIN MURPHY, FORMER OFFICER | (i) 0 (ii) 247,705 | (i) 0 (ii) 72,678 | (i) 0 (ii) 112,058 | (i) 0 (ii) 18,002 | (i) 0 (ii) 32,387 | (i) 0 (ii) 482,830 | (i) 0 (ii) 0 |

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (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 HOSPITAL INC

Employer identification number
95-1643325

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art | X | 1 | 1,000 | COST/SELLING PRICE |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 12 | 119,079 | COST/SELLING PRICE |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (VARIOUS ITEMS) | X | 1,070 | 67,771 | COST/SELLING PRICE |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------------------|---|
| Schedule M, Part I, Column B | THE AMOUNTS REPORTED IN LINES 1 AND 9 REPRESENT THE NUMBER OF CONTRIBUTIONS RECEIVED THE AMOUNT REPORTED IN LINE 25 REPRESENTS THE NUMBER OF ITEMS RECEIVED |

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.

OMB No 1545-0047

2014

Open to Public
Inspection

| | |
|--|--|
| Name of the organization ST JUDE HOSPITAL INC | Employer identification number 95-1643325 |
|--|--|

| Return Reference | Explanation |
|--|---|
| FORM 990, PART I, LINE 1 & FORM 990, PART III, LINE 1 | ST JUDE MEDICAL CENTER IS COMMITTED TO EXTENDING THE HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE BY CONTINUALLY IMPROVING THE HEALTH AND QUALITY OF LIFE OF PEOPLE IN THE COMMUNITIES WE SERVE |

| Return Reference | Explanation | |
|------------------|-----------------------------|---|
| | FORM 990, PART III, LINE 4A | <p>PROGRAM SERVICE ACCOMPLISHMENTS REALIZING OUR MISSION ST JUDE MEDICAL CENTER HAS BEEN MEE</p> <p>TING THE HEALTH AND QUALITY OF LIFE NEEDS OF THE PEOPLE IN THE LOCAL COMMUNITY FOR OVER FIFTY-</p> <p>EIGHT YEARS SERVING THE COMMUNITIES OF NORTH ORANGE COUNTY AND PARTS OF LOS ANGELES,</p> <p>RIVERSIDE AND SAN BERNARDINO COUNTIES, ST JUDE MEDICAL CENTER IS AN ACUTE CARE HOSPITAL T HAT</p> <p>PROVIDES QUALITY CARE IN THE AREAS OF CANCER, ORTHOPEDIC, NEURO, REHABILITATION, CARDI AC AND</p> <p>PERINATAL SERVICES WITH OVER 2,240 EMPLOYEES COMMITTED TO REALIZING THE MISSION, S T JUDE</p> <p>MEDICAL CENTER IS ONE OF THE LARGEST EMPLOYERS IN THE NORTH ORANGE COUNTY REGION AS A</p> <p>MEMBER OF THE ST JOSEPH HEALTH SY STEM, ST JUDE MEDICAL CENTER IS COMMITTED TO EXTEN D THE</p> <p>HEALING MINISTRY OF JESUS IN THE TRADITION OF THE SISTERS OF ST JOSEPH OF ORANGE T HIS MISSION</p> <p>HAS GUIDED OUR CATHOLIC HEALTHCARE MINISTRY SINCE THE OPENING OF OUR FIRST HOS PITAL IN EUREKA,</p> <p>CALIFORNIA NEARLY 100 YEARS AGO THE SISTERS OF ST JOSEPH OF ORANGE TRAC E THEIR ROOTS BACK</p> <p>TO 17TH CENTURY FRANCE AND THE UNIQUE VISION OF A JESUIT PRIEST NAMED J EAN-PIERRE MEDAILLE HE</p> <p>SOUGHT TO ORGANIZE AN ORDER OF RELIGIOUS WOMEN WHO, RATHER THAN RE MAINING SAFELY</p> <p>CLOISTERED IN A CONVENT, VENTURED OUT INTO THE COMMUNITY TO SEEK OUT "THE D EAR NEIGHBORS"</p> <p>AND MINISTER TO THEIR NEEDS THE CONGREGATION MANAGED TO SURVIVE THE TURBUL ENCE OF THE</p> <p>FRENCH REVOLUTION AND EVENTUALLY EXPANDED, NOT ONLY THROUGHOUT FRANCE, BUT THR OUGHOUT</p> <p>THE WORLD IN 1912 A SMALL GROUP OF SISTERS OF ST JOSEPH WENT TO EUREKA, CALIFORN IA, AT THE</p> <p>INVITATION OF THE LOCAL BISHOP, TO ESTABLISH A SCHOOL A FEW YEARS LATER, THE G REAT INFLUENZA</p> <p>EPIDEMIC OF 1918 CAUSED THE SISTERS TO TEMPORARILY SET ASIDE THEIR EDUCATIO N EFFORTS TO CARE</p> <p>FOR THE ILL THEY REALIZED IMMEDIATELY THAT THE SMALL COMMUNITY DESPERAT ELY NEEDED A</p> <p>HOSPITAL THROUGH BOLD FAITH, FORESIGHT, AND FLEXIBLITY IN 1920, THE SISTERS OPENED THE 28-BED ST</p> <p>JOSEPH HOSPITAL OF EUREKA, THE FIRST ST JOSEPH HEALTH SY STEM MINIST RY PATIENT FINANCIAL</p> <p>ASSISTANCE PROGRAM ST JUDE MEDICAL CENTER BELIEVES THAT NO ONE SHOUL D DELAY SEEKING</p> <p>NEEDED MEDICAL CARE BECAUSE THEY LACK HEALTH INSURANCE THAT IS WHY ST JUDE MEDICAL CENTER</p> <p>HAS A PATIENT FINANCIAL ASSISTANCE PROGRAM (FAP) THAT PROVIDES FREE OR DISCOUNTED SERVICES</p> <p>TO ELIGIBLE PATIENTS IN FY 15, ST JUDE MEDICAL CENTER PROVIDED \$4,980 ,268 IN FREE AND DISCOUNTED</p> <p>CARE MEDICAID PROGRAM ST JUDE MEDICAL CENTER PROVIDED ACCESS TO UNINSURED AND</p> <p>UNDERINSURED PERSONS BY PARTICIPATING IN THE FEDERAL AND STATE SPONSORED MEDICAID PROGRAM</p> <p>IN FY 15, ST JUDE MEDICAL CENTER PROVIDED \$46,632,168 IN MEDICAID SHORT FALL ST JOSEPH HEALTH</p> <p>COMMUNITY PARTNERSHIP FUND ST JUDE MEDICAL CENTER CONTRIBUTES TEN PERCENT OF ITS NET INCOME</p> <p>TO THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND SEVENTY-FI VE PERCENT OF THESE FUNDS ARE</p> <p>IN A RESTRICTED ACCOUNT FOR THE ST JUDE MEDICAL CENTER CARE FOR THE POOR PROGRAMS TWENTY-</p> <p>FIVE PERCENT OF THESE FUNDS ARE ALLOCATED BY THE FUND BOARD OF DIRECTORS TO PROJECTS</p> <p>SERVING THE VULNERABLE IN 2015, THE FOLLOWING PROJECTS WERE FUN DED IN THE ST JUDE MEDICAL</p> <p>CENTER SERVICE AREA SUCCESSFUL FAMILIES OF BUENA PARK COMMUNI TY BUILDING INITIATIVE, COLETTES</p> <p>CHILDREN'S HOME, PATHWAYS OF HOPE AND ILLUMINATION FOUND ATION FOR EMERGENCY HOUSING, AND</p> <p>THE GARY CENTER FOR EMERGENCY FOOD PROGRAM SERVICE ACCOM PLISHMENTS ST JUDE</p> <p>NEIGHBORHOOD HEALTH CENTERS ST JUDE MEDICAL CENTER PROVIDED A GRANT O F \$1,204,063 TO ST</p> <p>JUDE NEIGHBORHOOD HEALTH CENTER, A FEDERALLY QUALIFIED HEALTH CENTER P ROVIDING PRIMARY</p> <p>CARE, DENTAL CARE, MENTAL HEALTH AND HEALTH EDUCATION SERVICES TO THE UND ERSERVED IN NORTH</p> <p>ORANGE COUNTY IN FY 2015 THE HEALTH CENTER PROVIDED OVER 24,000 VISITS TO OVER 5,000 PATIENTS</p> <p>THE CENTER OPENED UP A NEW SATELLITE PRIMARY CARE PEDIATRIC CLINIC AT TOPAZ ELEMENTARY</p> <p>SCHOOL IN PARTNERSHIP WITH THE PLACENTIA YORBA LINDA SCHOOL DISTRICT MOVE MORE EAT HEALTHY</p> <p>INITIATIVE ST JUDE MEDICAL CENTER INVESTED \$892,710 TO ADDRESS POL ICY , SY STEM AND</p> <p>ENVIRONMENTAL CHANGE TO IMPACT THE OBESITY EPIDEMIC IN NORTH ORANGE COUNTY KEY</p> <p>ACCOMPLISHMENTS INCLUDED SUPPORTING INSTALLATION OF EIGHT FITNESS CENTERS IN PARKS I N LOW</p> <p>INCOME NEIGHBORHOODS, TWELVE FIT KID CENTERS IN TITLE 1 SCHOOLS, AND PROVIDING OVER 56,000</p> <p>ENCOUNTERS WITH LOW INCOME RESIDENTS TO PROMOTE HEALTHIER LIFESTYLES THE INITIATIV E HAS</p> <p>RESULTED IN STRENGTHENED SCHOOL WELLNESS POLICIES IN TWO SCHOOL DISTRICTS AND ACTIVE</p> <p>HEALTHY EATING ACTIVE LIVING DESIGNATIONS IN TWO CITIES 22 6% OF 31 TITLE 1 SCHOOLS SHOW ED</p> <p>IMPROVEMENT IN THE PERCENT OF 5TH AND 7TH GRADERS ON THE FITNESS PROGRAM SCORES FOR BOD Y</p> <p>COMPOSITION SENIOR SERVICES ST JUDE MEDICAL CENTER INVESTED \$519,667 IN SERVICES TO LO W</p> <p>INCOME SENIORS 7,671 NON-EMERGENCY MEDICAL TRANSPORTATION TRIPS WERE PROVIDED 6,071 EN</p> <p>COUNTERS WERE PROVIDED IN THE FOLLOWING SERVICES CARING NEIGHBORS, BEREAVEMENT SUPPORT GR</p> <p>oup, DEPRESSION SUPPORT GROUP, LIVING WITH CHRONIC DISEASE CLASSES, INFORMATION AND REFERR</p> <p>AL FOR MORE INFORMATION ABOUT ST JUDE MEDICAL CE</p> |

| Return Reference | Explanation | |
|---------------------|--------------------------------|---|
| | FORM 990, PART III, LINE 4A | NTER, PLEASE VISIT WWW STJUDEMEDICALCENTER.ORG FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH, PLEASE VISIT WWW STJHS.ORG |

| Return Reference | Explanation |
|------------------------------|---|
| FORM 990, PART VI, LINE 6 | DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS ST JOSEPH HEALTH SYSTEM AND COVENANT HEALTH NETWORK, INC ARE THE CORPORATE MEMBERS OF ST JUDE HOSPITAL, INC (DBA ST JUDE MEDICAL CENTER) |

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART VI, LINE 7A | DESCRIPTION OF CLASSES OF PERSONS & THE NATURE OF THEIR RIGHTS ST JUDE MEDICAL CENTER HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE ST JUDE MEDICAL CENTER BOARD ALL TRUSTEE APPOINTMENTS THAT COME FROM THE ST JUDE MEDICAL CENTER BOARD AS NOMINATIONS MUST BE APPROVED BY ST JOSEPH HEALTH SYSTEM, AS A CORPORATE MEMBER, AND ST JOSEPH HEALTH MINISTRY , AS THE ORGANIZATIONAL SPONSOR THE TRUSTEES ARE THEN APPROVED AND ELECTED BY THE COVENANT HEALTH NETWORK, INC BOARD |

| Return Reference | Explanation |
|----------------------------------|---|
| FORM 990, PART VI, LINE 7B | DESCR CLASSES OF PERSONS, DECISIONS REQ APPROVAL & TYPE OF VOTING RIGHTS THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS |

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART VI, LINE 11B | DESCR THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 THE FORM 990 WAS PREPARED BY THE FINANCE DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD AT THE MARCH 2016 MEETING DURING THE FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING |

| Return Reference | Explanation |
|-----------------------------------|--|
| FORM 990, PART VI, LINE 12C | <p>DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST OFFICERS, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY ACTUAL, APPARENT, OR POTENTIAL CONFLICTS OF INTEREST HE/SHE MAY HAVE THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT IN CONNECTION WITH THAT INDIVIDUAL SATISFYING THEIR FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES SHALL BE MADE PROMPTLY ANY TIME AN ACTUAL, APPARENT OR POTENTIAL CONFLICT OF INTEREST ARISES AND BEFORE THE CONSUMMATION OF ANY CONTRACT, TRANSACTION OR ARRANGEMENT THAT IS THE SUBJECT OF THE POTENTIAL CONFLICT OF INTEREST WITH GUIDANCE FROM THE ST JOSEPH HEALTH SYSTEM CHIEF COMPLIANCE OFFICER (CCO), THE CHIEF EXECUTIVE AND/OR THE GOVERNING BOARD CHAIRPERSON, AS APPROPRIATE, CONSIDERS THE MATTER INITIALLY IF THE MATTER CANNOT BE RESOLVED AT THAT LEVEL, THE MATTER IS ESCALATED TO THE CCO THE CCO, IN CONSULTATION WITH THE ST JOSEPH HEALTH SYSTEM GENERAL COUNSEL, REVIEWS THE MATTER AND PRESENTS RECOMMENDATIONS TO THE GOVERNING BOARD AND/OR BOARD COMMITTEE, AS APPROPRIATE, FOR DISCUSSION AND VOTE THE INDIVIDUAL WHOSE POTENTIAL CONFLICT IS BEING REVIEWED MAY BE REQUESTED TO BE PRESENT DURING ANY MEETING IN WHICH THE BOARD OR BOARD COMMITTEE CONDUCTS ITS EVALUATION BUT SHALL BE EXCUSED FOR ANY DISCUSSION OR VOTE ONCE ALL NECESSARY INFORMATION HAS BEEN OBTAINED, THE COMMITTEE CONDUCTS ITS EVALUATION AND FORWARDS ITS FINDINGS AND RECOMMENDATIONS TO THE SJHS CHIEF COMPLIANCE OFFICER IF THE COMMITTEE DETERMINES AN UNRESOLVED CONFLICT OF INTEREST EXISTS, THE COMMITTEE WILL EVALUATE AND RECOMMEND CONFLICT MITIGATION STRATEGIES THE SJHS CHIEF COMPLIANCE OFFICER, IN CONSULTATION WITH SJHS GENERAL COUNSEL, WILL REVIEW THE COMMITTEE FINDINGS, RECOMMENDATIONS, AND MITIGATION STRATEGIES, AND PRESENT RECOMMENDATIONS TO THE BOARD FOR DISCUSSION AND VOTE</p> |

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, LINES 15A & 15B | <p>THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY THE TAX EXEMPT HEALTH SYSTEM PARENT ORGANIZATION, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. EXECUTIVE COMPENSATION IS APPROVED BY THE ST JUDE MEDICAL CENTER EXECUTIVE COMPENSATION COMMITTEE, WHICH IS COMPRISED OF INDEPENDENT PERSONS. THE COMMITTEE REVIEWS COMPARABILITY DATA PREPARED FOR AND COMPILED BY THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE, A COMMITTEE OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES COMPRISED OF INDEPENDENT MEMBERS. THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE ACTS IN ACCORDANCE WITH A COMMITTEE CHARTER APPROVED BY THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES AND AN EXECUTIVE COMPENSATION PHILOSOPHY. THE CHARTER DIRECTS THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND TO APPROVE PROGRAM CHANGES, AS NECESSARY, TO ENSURE ALIGNMENT WITH THE STATED PHILOSOPHY AND ENSURE CONTINUED COMPLIANCE WITH FEDERAL AND STATE REGULATIONS ON BEHALF OF THE ST JOSEPH HEALTH SYSTEM BOARD OF TRUSTEES. OVERALL, THE PHILOSOPHY IS INTENDED TO REWARD A BROAD SPECTRUM OF HIGH ORGANIZATIONAL AND INDIVIDUAL PERFORMANCE EXPECTATIONS, AS WELL AS RETENTION OF KEY MANAGEMENT TALENT. THE EXECUTIVE COMPENSATION PHILOSOPHY DEFINES THE MARKET FOR ADMINISTERING COMPENSATION AS A COMPARABLE SET OF FOR PROFIT AND NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEMS. ST JOSEPH HEALTH SYSTEM PROVIDES COMPENSATION TO ITS EXECUTIVES IN THE FORM OF BASE SALARY, AN ANNUAL INCENTIVE PROGRAM, AND BENEFITS. TO ENSURE COMPENSATION PHILOSOPHY ADHERENCE AND GENERAL FAIR MARKET VALUE COMPENSATION, THE COMMITTEE REGULARLY REVIEWS INFORMATION FROM MULTIPLE SOURCES OF MARKET DATA AND ENGAGES LEGAL COUNSEL AND CONSULTING SUPPORT, AS NEEDED. THEY USE THIS INFORMATION TO SUPPORT ONGOING EFFECTIVENESS AND ADMINISTRATION OF THE PROGRAM. THE ST JOSEPH HEALTH SYSTEM WORKLIFE COMMITTEE MEETS AT LEAST 3 TIMES A YEAR AND TAKES ACTION IN EXECUTIVE SESSION. THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES AND APPROVED IN SUBSEQUENT MEETINGS. A FULL COMPENSATION REVIEW IS CONDUCTED ON A BIENNIAL BASIS AND THE LAST REVIEW WAS PERFORMED IN JUNE 2015. DURING THE YEAR, THE ST JUDE MEDICAL CENTER EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED ANY CHANGES IN COMPENSATION FOR KEY EXECUTIVES PREDICATED ON THE ANALYSIS AND RECOMMENDATION BY AN INDEPENDENT THIRD PARTY CONSULTING FIRM WITH EXPERTISE IN HEALTHCARE EXECUTIVE COMPENSATION. IN ADDITION, ANNUAL INCENTIVE AWARDS ARE REVIEWED AND APPROVED PRIOR TO PAYMENT CONSISTENT WITH THE MOST RECENT COMPENSATION BIENNIAL REVIEW AND IN ACCORDANCE WITH THE PLAN DOCUMENT. THESE ACTIONS ARE DOCUMENTED IN DETAILED MINUTES WHICH ARE SUBSEQUENTLY APPROVED AT THE COMMITTEE MEETING.</p> |

| Return Reference | Explanation |
|----------------------------------|--|
| FORM 990, PART VI, LINE 19 | AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY & FIN STMTS TO GEN PUBLIC THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE SJHS COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE SJHS INTERNET SITE. AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990 |

| Return Reference | Explanation |
|------------------------------|--|
| FORM 990, PART XI, LINE 9 | OTHER CHANGES IN NET ASSETS EQUITY TRANSFER - ST JUDE HOSPITAL YORBA LINDA \$ (36,061,035) EQUITY TRANSFER - SYSTEM OFFICE \$ (6,696,792) ----- \$ (42,757,827) |

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.

OMB No 1545-0047

2014

Open to Public Inspection

| | |
|--|--|
| Name of the organization ST JUDE HOSPITAL INC | Employer identification number 95-1643325 |
|--|--|

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |

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 |
| See Additional Data Table | | | | | | | |

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

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 |
| See Additional Data Table | | | | | | | | | |

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 Yes

1b Yes

1c Yes

1d

1e

1f

1g

1h

1i

1j

1k Yes

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q Yes

1r Yes

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) ST JOSEPH HEALTH SYSTEM FOUNDATION | b | 4,965,700 | ACCRUAL |
| (2) ST JUDE HOSPITAL YORBA LINDA | b | 36,061,035 | ACCRUAL |
| (3) ST JUDE HOSPITAL YORBA LINDA | o | 374,318 | ACCRUAL |
| (4) ST JUDE HOSPITAL YORBA LINDA | a | 4,426,443 | ACCRUAL |
| (5) ST JOSEPH HEALTH SYSTEM FOUNDATION | c | 3,082,106 | ACCRUAL |

Schedule R (Form 990) 2014

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 |
|----------------------|---|
| SCHEDULE R, PART III | IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 HEALTHCARE DESIGN AND CONSTRUCTION EIN 46-2611662 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HEALTHCARE PROPERTY ADVISORS, LLC EIN 46-5497794 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658 LUBBOCK SURGERY CENTER, LTD EIN 75-2177401 ADDRESS 4000 24TH STREET, LUBBOCK, TX 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 MISSION AMBULATORY SURGICENTER, LTD EIN 33-0355575 ADDRESS 27800 MEDICAL CENTER ROAD, STE 362, MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SAN MIGUEL, NEWPORT BEACH, CA 92660 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH HEALTH SYSTEM HOME CARE SERVICES EIN 33-0307672 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 100, ORANGE, CA 92868-2012 ST JOSEPH HEALTH SYSTEM HOME HEALTH AGENCY EIN 33-0282945 ADDRESS 1845 W ORANGEWOOD AVENUE, STE 200 ORANGE, CA 92868-2012 THE INNOVATION INSTITUTE EIN 90-0745066 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 TOTAL HEALTH ENVIRONMENT EIN 46-4807513 ADDRESS 1 CENTERPOINTE DRIVE SUITE 200, LA PALMA, CA 90623-1052 ADVANCED SURGERY INSTITUTE LLC EIN 26-2299255 ADDRESS 1739 4TH STREET, SANTA ROSA, CA 95404 NORTH BAY ENDOSCOPY CENTER, LLC EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD SUITE 110, PETALUMA, CA 94954 |

Additional Data

Software ID:

Software Version:

EIN: 95-1643325

Name: ST JUDE HOSPITAL INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (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) COVENANT HEALTH NETWORK INC 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 46-1259908 | HEALTHCARE | CA | 501(C)(3) | 11,III | SJHS | Yes | |
| (1) COVENANT ACO 3615 19TH STREET LUBBOCK, TX 79410 61-1573313 | HEALTHCARE | TX | 501(C)(3) | 11,I | CHS | Yes | |
| (2) COVENANT HEALTH SYSTEM 3615 19TH STREET LUBBOCK, TX 79410 75-2765566 | HEALTHCARE | TX | 501(C)(3) | 3 | SJHS | Yes | |
| (3) COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026 | HEALTHCARE | TX | 501(C)(3) | 7 | CHS | Yes | |
| (4) COVENANT MEDICAL GROUP 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883 | HEALTHCARE | TX | 501(C)(3) | 3 | CHS | Yes | |
| (5) COVENANT HEALTH PARTNERS 3615 19TH STREET LUBBOCK, TX 79410 46-3516417 | HEALTHCARE | TX | 501(C)(3) | 11,I | CHS | Yes | |
| (6) HOAG CHARITY SPORTS 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422 | SUPPORT | CA | 501(C)(3) | 7 | HHF | Yes | |
| (7) HOAG HOSPITAL FOUNDATION 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343 | FUNDRAISING | CA | 501(C)(3) | 7 | HMHP | Yes | |
| (8) HOAG MEMORIAL HOSPITAL PRESBYTERIAN 1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327 | HEALTHCARE | CA | 501(C)(3) | 3 | CHN | Yes | |
| (9) HOME CARE PARTNERS 1165 MONTGOMERY DR SANTA ROSA, CA 95405 68-0318656 | INACTIVE | CA | 501(C)(3) | 3 | SRMH | Yes | |
| (10) HOSPICE OF LUBBOCK 3702 21ST STREET LUBBOCK, TX 79410 75-2133781 | HEALTHCARE | TX | 501(C)(3) | 9 | CHS | Yes | |
| (11) LUBBOCK METHODIST HOSPITAL FOUNDATION 3615 19TH STREET LUBBOCK, TX 79410 75-2220963 | HEALTHCARE | TX | 501(C)(3) | 7 | CHS | Yes | |
| (12) METHODIST CHILDREN'S HOSPITAL 3610 21ST STREET LUBBOCK, TX 79410 75-2428911 | HEALTHCARE | TX | 501(C)(3) | 3 | CHS | Yes | |
| (13) METHODIST HOSPITAL LEVELLAND 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348 | HEALTHCARE | TX | 501(C)(3) | 3 | CHS | Yes | |
| (14) METHODIST HOSPITAL PLAINVIEW 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010 | HEALTHCARE | TX | 501(C)(3) | 3 | CHS | Yes | |
| (15) MISSION HOSPITAL REGIONAL MEDICAL CTR 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360 | HEALTHCARE | CA | 501(C)(3) | 3 | CHN | Yes | |
| (16) QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 94-1243669 | HEALTHCARE | CA | 501(C)(3) | 3 | SJHS | Yes | |
| (17) REDWOOD MEMORIAL FOUNDATION 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313 | HEALTHCARE | CA | 501(C)(3) | 7 | RMH | Yes | |
| (18) REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665 | HEALTHCARE | CA | 501(C)(3) | 3 | SJHS | Yes | |
| (19) SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005 | HEALTHCARE | CA | 501(C)(3) | 3 | SJHS | Yes | |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (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? YesNo | |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|---|----|
| (21) SISTERS OF ST JOSEPH OF ORANGE 480 S BATAVIA ORANGE, CA 92868 95-1643383 | RELIGIOUS ORG | CA | 501(C)(3) | 1 | NA | | No |
| (1) SRM ALLIANCE HOSPITAL SERVICES (PVH) 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200 | HEALTHCARE | CA | 501(C)(3) | 3 | SRMH | Yes | |
| (2) ST JOSEPH HEALTH MINISTRY 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 27-1666576 | RELIGIOUS ORG | CA | 501(C)(3) | 1 | SSJO | | No |
| (3) ST JOSEPH HEALTH SYSTEM 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 95-3589356 | HEALTHCARE | CA | 501(C)(3) | 11,I | SJHM | | No |
| (4) ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE STE 100 IRVINE, CA 92612 33-0143024 | HEALTHCARE | CA | 501(C)(3) | 7 | SJHS | Yes | |
| (5) ST JOSEPH HOME CARE NETWORK 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084 | HEALTHCARE | CA | 501(C)(3) | 9 | SJHS | Yes | |
| (6) ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596 | HEALTHCARE | CA | 501(C)(3) | 3 | SJHS | Yes | |
| (7) ST JOSEPH HOSPITAL OF ORANGE 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359 | HEALTHCARE | CA | 501(C)(3) | 3 | CHN | Yes | |
| (8) ST JUDE HOSPITAL YORBA LINDA 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031 | HEALTHCARE | CA | 501(C)(3) | 3 | SJHS | Yes | |
| (9) ST MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489 | HEALTHCARE | CA | 501(C)(3) | 3 | CHN | Yes | |
| (10) ST MARY OF THE PLAINS HOSPITAL FDN 4000 24TH STREET LUBBOCK, TX 79410 75-1653181 | HEALTHCARE | TX | 501(C)(3) | 7 | CHS | Yes | |
| (11) TALLER SAN JOSE 801 NORTH BROADWAY SANTA ANA, CA 92701 59-3816355 | WORK DEVELOPM | CA | 501(C)(3) | 2 | SSJO | Yes | |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (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) Disproprtionate 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 | |
| COVENANT LONG-TERM CARE LP SEE PART VII LUBBOCK, TX 79410 20-5033419 | HEALTHCARE | TX | NA | N/A | | | | | | | | 0 % |
| HEALTHCARE DESIGN & CONSTRUCT SEE PART VII LA PALMA, CA 906231052 46-2611662 | REAL ESTATE | DE | NA | N/A | | | | | | | | 0 % |
| HEALTHCARE PROPERTY ADVISORS SEE PART VII LA PALMA, CA 906231052 46-5497794 | REAL ESTATE | DE | NA | N/A | | | | | | | | 0 % |
| HERITAGE INVESTMENT GROUP SEE PART VII ORANGE, CA 92868 27-1000061 | INVESTMENTS | CA | NA | N/A | | | | | | | | 0 % |
| HOAG ORTHOPEDIC INSTITUTE SEE PART VII NEWPORT BEACH, CA 92658 61-1588294 | HEALTHCARE | CA | NA | N/A | | | | | | | | 0 % |
| LUBBOCK SURGERY CENTER LTD SEE PART VII LUBBOCK, TX 79410 75-2177401 | HEALTHCARE | TX | NA | N/A | | | | | | | | 0 % |
| METHODIST DIAGNOSTIC IMAGING SEE PART VII LUBBOVK, TX 79410 75-2343261 | HEALTHCARE | TX | NA | N/A | | | | | | | | 0 % |
| MISSION AMBULATORY SURGICENTER SEE PART VII MISSION VIEJO, CA 92691 33-0355575 | HEALTHCARE | CA | NA | N/A | | | | | | | | 0 % |
| NEWPORT IMAGING CENTER SEE PART VII NEWPORT BEACH, CA 92660 33-0191776 | HEALTHCARE | CA | NA | N/A | | | | | | | | 0 % |
| SHA LLC SEE PART VII AUSTIN, TX 78750 75-2569094 | INSURANCE | TX | NA | N/A | | | | | | | | 0 % |
| ST JOSEPH PHYSICIAN VENTURES SEE PART VII ORANGE, CA 92868 45-4521884 | REAL ESTATE | CA | NA | N/A | | | | | | | | 0 % |
| ST JOSEPH HLTH SYS HOME CARE SEE PART VII ORANGE, CA 928682012 33-0307672 | HOME HEALTH | CA | NA | N/A | | | | | | | | 0 % |
| ST JOSEPH HLTH SYS HOME HLTH SEE PART VII ORANGE, CA 928682012 33-0282945 | HOME HEALTH | CA | NA | N/A | | | | | | | | 0 % |
| THE INNOVATION INSTITUTE SEE PART VII LA PALMA, CA 906231052 90-0745066 | HEALTHCARE | DE | NA | N/A | | | | | | | | |
| TOTAL HEALTH ENVIRONMENT SEE PART VII LA PALMA, CA 906231052 46-4807513 | HEALTHCARE | DE | NA | N/A | | | | | | | | 0 % |

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

| (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) Disproprrtionate 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 | |
| ADVANCED SURGERY INSTITUTE LLC | HEALTHCARE | CA | NA | | N/A | | | | | | | | |
| NORTH BAY ENDOSCOPY CENTER | HEALTHCARE | CA | NA | | N/A | | | | | | | | |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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 | | | | | | | |
| ALLIANCE PHYSICIAN SERVICES | INACTIVE | CA | NA | C-CORP | | | | |
| AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD | CAPTIVE INSURANCE | BD | NA | C-CORP | | | | |
| COASTAL MANAGEMENT SERVICES ORGANIZATION 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831 | HEALTHCARE | CA | NA | C-CORP | | | | |
| DATU HEALTH INC 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062 | IT SVCS | MO | NA | C-CORP | | | | |
| HMTS INC 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707 | HEALTHCARE | CA | NA | C-CORP | | | | |
| HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587 | HEALTHCARE | CA | NA | C-CORP | | | | |
| HPA REALTY INC 1 CENTERPOINTE DRIVE SUITE 200 LA PALMA, CA 90623 30-0835291 | REAL ESTATE | CA | NA | C-CORP | | | | |
| LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995 | INACTIVE | TX | NA | C-CORP | | | | |
| LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585 | HEALTHCARE | TX | NA | C-CORP | | | | |
| MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905 | HEALTHCARE | CA | NA | C-CORP | | | | |
| ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232 | HOLDING COMPANY | CA | NA | C-CORP | | | | |
| ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168 | HEALTHCARE | CA | NA | C-CORP | | | | |
| ST JOSEPH PROF SVCS ENTERPRISES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323 | HEALTHCARE | CA | NA | C-CORP | | | | |
| ST JOSEPH YORBA PARK | INACTIVE | CA | NA | C-CORP | | | | |
| CHARITABLE REMAINDER TRUSTS (3) | SUPPORT | CA | NA | TRUST | | | | |