

Making a difference

Annual Report 2017-18



St. Jude India ChildCare Centres

“I really think the St. Judes model should be the benchmark model for support services not only in accommodation but other aspects too for cancer in children.”

Prof. Shripad Banavali, MD

Director, Academics

Head, Department of Medical & Pediatric Oncology

Tata Memorial Centre, Mumbai

Inside This Report

- 4 Chairman's Message
- 6 The Need for St. Jude's
- 7 What We Do
 - Where Your Money Goes
- 8 Where to Find Us
- 9 New Admissions and Returnees
- 10 CEO's Report
- 12 Interviews
 - A Doctor's Perspective
 - St. Jude Alumni
 - A Donor's Perspective
- 18 The Year in Review
- 28 Media Coverage
- 32 Directors' Report
- 39 Auditors' Report
- 41 Cash Flow Statement for the Year 2018
- 42 Balance Sheet as on 31st March 2018
- 43 Statement of Income and Expenditure
- 44 Notes Forming Part of Financial Statement
- 52 RDTT Statement

St. Jude India ChildCare Centres

CIN : U85310MH2006NPL163277

Chairman's Message



Ashutosh Pednekar

"I would like to acknowledge the role of our external service providers. These range from support functions at centres to our trainers, therapists, teachers, consultants, statutory auditors, internal auditors, auditors who sign-off on reporting to the sponsors and regulatory agencies. Each one of them has understood our ethos and has only made us stronger. Stronger in operations; stronger in finance; stronger in our governance. I may take the liberty of mentioning here that St. Jude's could perhaps be one of most the well governed charitable organizations of its kind and size"

Dear Supporter of St. Jude's,

We at St. Jude India ChildCare Centres have continued to strive and live by the high performance standards that we have set for ourselves. This is achieved through a great sense of purpose that has flowed from our Founders, to us Directors, our Team Members, our staff and all the support that we get from all our vendors, consultants, volunteers, counselors and the like. And, of course from the hospitals, doctors and medical staff with whom we interact.

Our promise is to the child who enters into St. Jude. Once a St. Jude child, always a St. Jude child is our promise. Today, as we have completed more than a decade we look back in pride to some of our

first children who survived cancer, completed their education and have come into the mainstream life. These children are the inspiration for us. To each child at St. Jude we strive for a complete cure from cancer and I am glad to say that our survival rate is amongst the very best.

The expansions of our centres continue. We learnt to manage growth with the Cotton Green Centres; Vellore has started with two centres; Guwahati will soon commence and our exploration for other locations continues. Our involvement with the Tata Memorial Hospital is the fodder that makes us look at new locations across India.





This can be achieved only due to the huge support and backing of our donors and sponsors. The family unit donors, the centre sponsors, the activity sponsors et al. We continue to be the beneficiary of the CSR scheme launched by Government of India a few years ago. We are proud that we have been able to meet the expectations of our donors in achieving their CSR objectives. A big thank you to all of you donors and sponsors for your unstinted support to St. Jude. It only spurs us on for bigger things.

One facet of St. Jude has been its extremely strong GRC culture. Governance is the core of St. Jude. Our Board of Directors, Teams and staff play a vital role in this. Transparency in decision making is second nature. Risk is identified and mitigated. Our Teams & officials lead this aspect. Operational risks while running a centre are mitigated with well defined SOPs and manuals that are communicated to all. Financial risks are mitigated with sound budgeting systems and investment policies. Reputational risks are mitigated with an all round awareness of what St. Jude represents and how it should behave – with our children, their parents, doctors and medical support, government and other similar agencies and all our stakeholders. Well versed policies have been created and disseminated. Frequent interactions with the staff that run St. Jude help in installing a very high risk mitigation process. All this is on the backbone of

compliance that is on a very high pedestal for us. We strive and achieve very high compliance levels. This is borne out in the audits we are subjected to statutorily as well as by some of our donors and sponsors. The audits transcend every aspect of our activities. This strength of GRC has helped us with an inspiring improved credit rating from CRISIL.

I would like to reiterate that all the above St. Jude performance and high standards are possible due to two sets of people – our staff and the parents of our children. Our staff led by our CEO, COO and CFO are completely woven into the St. Jude way of life. For many of them it is not just a job but a 24 X 7 calling to which they respond time and again with aplomb. The parents who come from such a diverse background from various nooks and corners of our country, fighting their own battles with a child suffering from cancer and multiple problems back home, quickly adapt to the St. Jude way. They see the benefits of St. Jude for their child. And then they pass it on to other parents. The chain continues and more children are able to survive because of them. Our salutations to both these sets of people.

Lastly, we would be nowhere without our children. I repeat that they are the heart and soul of St. Jude. Our Home Away from Home is for them and them alone. In the name of these children and on behalf of all of them I once again thank each one of you and hope that with your continued support St. Jude India ChildCare Centres continues to achieve its objectives for decades to come.

Ashutosh Pednekar
Chairman, St. Jude India ChildCare Centres

The Need for St. Judes

Childhood cancers have a high rate of cure but medical treatment needs to be supported by an infection free, cheerful environment and proper nourishment.

Needy parents from rural India bring their children diagnosed with cancer to large cities where high quality treatment is available. While treatment may last as long as two years, the child may be an outpatient or may be briefly hospitalized all through this period. Clean and safe accommodation is unaffordable for these families and often they end up living on the footpath next to the hospital where the child is being treated. The filth and squalor leaves them vulnerable to secondary infections, the parents don't have a place to prepare nutritious food for their child, and the overall experience leaves the families dejected and demoralized to the point where they often abandon treatment and return to their home.

St. Judes is bridging this gap with our innovative model of holistic care.

Our hygienic, protective, nurturing environment gives these children the best chance of beating cancer, by allowing them to recuperate and lead a full, healthy life. Families, battling the same situation, form a community at our centres and become each other's support system, helped by our skilled counselors.

Our vision

To nurture and develop our sustainable model that places children undergoing treatment for various diseases, on the path to a happy and healthy life. In doing so, we hope that every child will realise his or her potential and transform their lives.

Our mission

To facilitate the recovery of children who are undergoing treatment for serious chronic diseases like cancer by providing clean, safe and cost-free accommodation

Our values

Commitment

We are committed to serving patients and their families with deep compassion and an unwavering passion to deliver results.

Excellence

We strive to exceed expectations, making no compromise on quality and rigorous discipline. Continuous innovation helps us stay ahead.

Teamwork

We know our responsibilities based on the Task Lists, with strong collaboration among the sub-teams and a winning spirit derived from openness and trust

Integrity

We are principled, transparent in our actions, consistent and reliable in all our dealings. We confidently stand by our beliefs, even when it's tough.

Action

Our 'small company soul' gives us the agility to make quick decisions and the imagination to succeed. We think big, start small, and move fast.

Care

Everything that we do is done with attention to detail, diligence and interest so as to do it correctly. All our efforts are made with due consideration to the value that it adds to our beneficiaries. Care would also mean that we are genuinely concerned about the well-being of not only our families but also our colleagues and the external agencies we deal with.

Giving Back- Kar Seva

A feeling of ownership 'Mine' - and encourages a feeling of my home away from home.

Team spirit to bond among the staff & between families while taking responsibility and creating a shift from They to Us

It creates a role model for children as they learn by observing. Giving back has a ripple effect and while you do something as a way of saying thank you and giving back you are often giving forward...

What We Do

We provide across our centres a safe and clean environment that is essential to the recovery of a child. In addition, we also provide nutritional, educational and recreational support, transportation services and counselling services.

Housing Facilities

Each family is provided with a unit, which comprises a bed and storage facility. In addition, families are also provided with common washing areas and cooking facilities that are kept spotlessly clean by our families and the staff we employ.

Nutritional Support

Each family staying at St. Judes is provided with a 'starter pack' comprising basic food staples and a set of utensils. The families are provided with cooking oil every month as well as food grains, milk, pulses and other protein-rich supplements every week.

Transportation Services

Children from our centres are provided with transportation to and from the hospital for treatment.

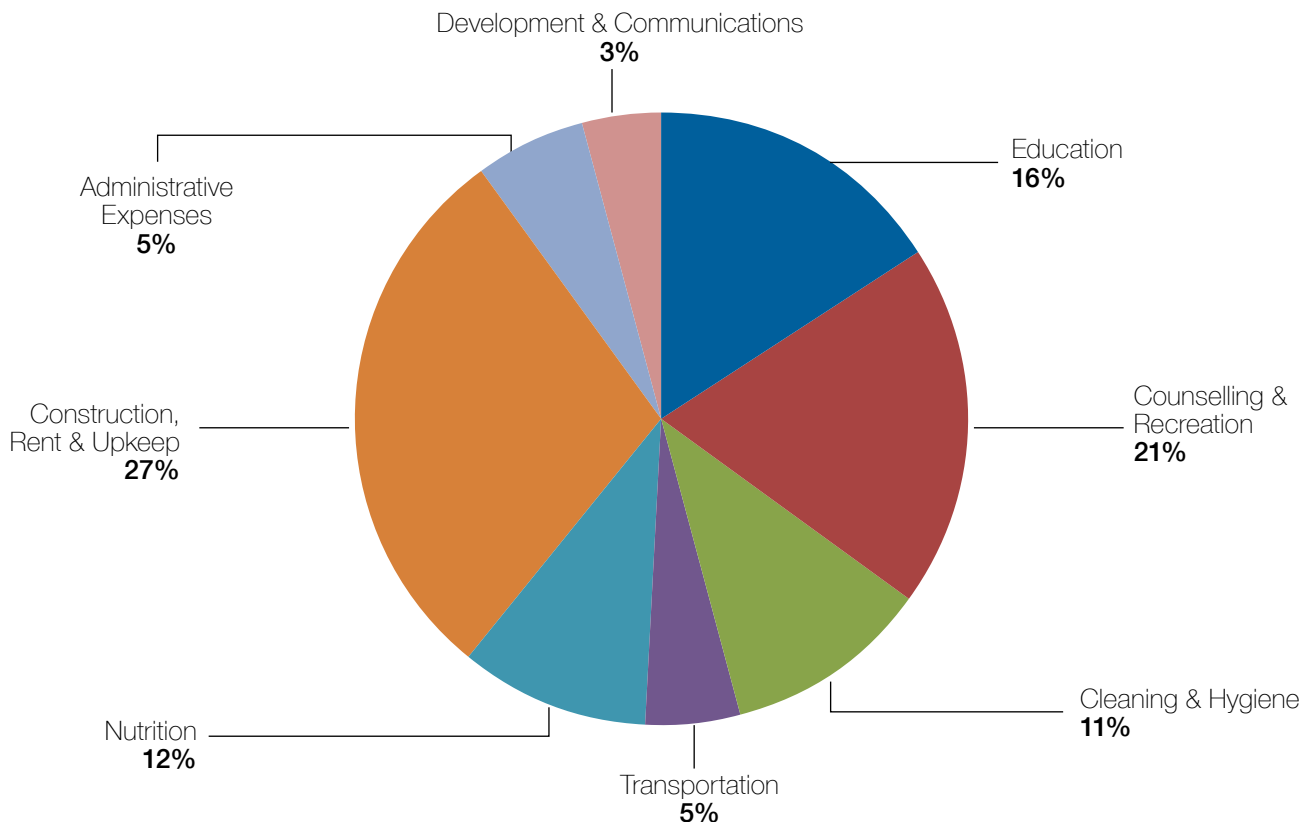
Educational Services

We believe in a concept-based educational programme that aims to open up new windows in the minds of our children. We assist children with reading, writing and maths, and help them improve their understanding of languages. In addition, we also conduct regular art and science education trips to local sites and museums.

Support Services

Parents whose children are admitted to our centres, have more often than not left their villages to avail of the treatment and in doing so have left behind their livelihoods to do whatever is possible to save the lives of their children. We at St. Judes provide families with the psychosocial support to cope with this abrupt transition in their lives. At our centres, we empower parents with occupational skills, conduct recreational and stress relief activities and facilitate group discussions and counselling sessions.

Where Your Money Goes



Where to Find Us

Mumbai



Location 1

Centre M1 – Rani Vicaji Memorial Ward at Mhaskar Hospital

Dr. Mhaskar Hospital, 31 B. D. D. Chawl Sakhubai Mohite Marg Off N. M. Joshi Marg (Delisle Road) Police Station, Mumbai 400 013
Tel: +91 22 2309 2800

Location 2 (Centres M2 & M3)

Centre M2 – The R Jhunjhunwala Foundation Centre

Centre M3 – The McKinsey Kinderhilfe Centre

2nd Floor, Indian Cancer Society, 74 Jerbai Wadia Road, Bhoiwada, Parel (East) Mumbai 400012 Tel: +91 22 2417 1614

Location 3 (Centre M8)

Centre M8 - The Ajai Verma Centre

1st Floor, Trust House, 35 Global Hospital Compound, Dr. E Borges Road, Parel, Mumbai - 400012 Tel: +91 22 2471 1621

Location 4 (Centres M4, M5, M6, & M7)

Centre M4 – The Najoo & Hirji Madon BMT Centre

Centre M5 – The Alchemy Foundation Centre

Centre M6 – The Indu & Virendra Gupta Centre

Centre M7 – The Hindustan Unilever Centre

Advanced Centre for Treatment, Research and Education in Cancer (ACTREC), Sector 22 Kharghar, Navi Mumbai 410 210
Tel: +91 22 2740 5149

Location 5

(Centres M9, M10, M11, M12, M13, M14, M15, M16, M17, M18, M19, M20, M21, M22)

Centre M9 - The Premlata Vandravan Shah Centre

Centre M10 - The Blue Dart Centre

Centre M11 - The Pravin Shah Centre

Centre M12 - The Rotary Centre

Centre M13 - The Premlata Vandravan Shah Centre

Centre M14 - The Construction of this Centre Was Supported by Temasek

Centre M15 - The Citi Centre

Centre M16 - The GlaxoSmithKline Centre

Centre M17 - The Jamna & Pahlaj Gidwani Centre

Centre M18 - The Premlata Vandravan Shah Centre

Centre M19 - The AkzoNobel Centre

Centre M20 - The Purnima Dwarkadas Centre

Centre M21 - The Jamsetji Tata Centre

Centre M22 - The Roche Children's Centre

St. Jude India ChildCare Centres, Cotton Green Campus, Building A,B & C, Bombay Port Trust colony, Rajas Nagar, Zakaria Bunder Rd, Cotton Green-East, Mumbai 400033.

Tel: +91 22 2372 2274, +91 22 2372 2275, +91 22 2372 2276

Kolkata



Location 1

Centre K1 - Kolkata

Premashraya, 1st floor, DC-193/1, New Town, Rajarhat, Kolkata - 700156
Tel: +91 92300 29804, + 91 96749 01441

Location 2

Centre K2 - The Jacobs Ladder Centre

212, Mahatma Gandhi Road Thakurpukur, 93 Shantasri Pally P.S. - Haridevpur, Kolkata 700 063
Tel: +91 98301 54456

New Delhi/NOIDA NCR



Location 1 (Centres D1, D2, D3, D4)

Centre D1 - The Bilan Cooper Centre

Centre D2 - The Eagle Peak Centre

Centre D3 - Max India Foundation Centre

Centre D4 - The Indira Pravin Mehta centre

C-24, Sec-26, Noida 201 301

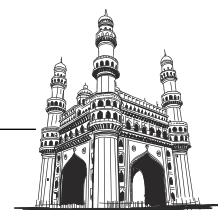
Tel: +91 11 204135539

Location 1

Centre H1 - The Premlata Vandravan Shah Centre

St. Jude India ChildCare Centres, House no 8-2-703/A/6 Road no 12, Banjara Hills, Hyderabad 500034

Tel: +91 40 23373606



Jaipur

Location 1

Centre J1, J2, J3 - Kavita Cancer Care Centre

St.Jude India ChildCare Centres - Kavita Cancer Care Centre, Sector 7, Opp. Vidhya Sagar School, Pratap Nagar, Jaipur 302033

Tel: +91 141 2791513



Registered Office

Victoria House, Pandurang Budhkar Marg, Mumbai 400 013

Tel: +91 22 2497 1192/36

Administrative Office

628–629 Arun Chambers, 6th Floor, Tardeo Main Road,

Mumbai 400 034, Tel: +91 22 2351 5174

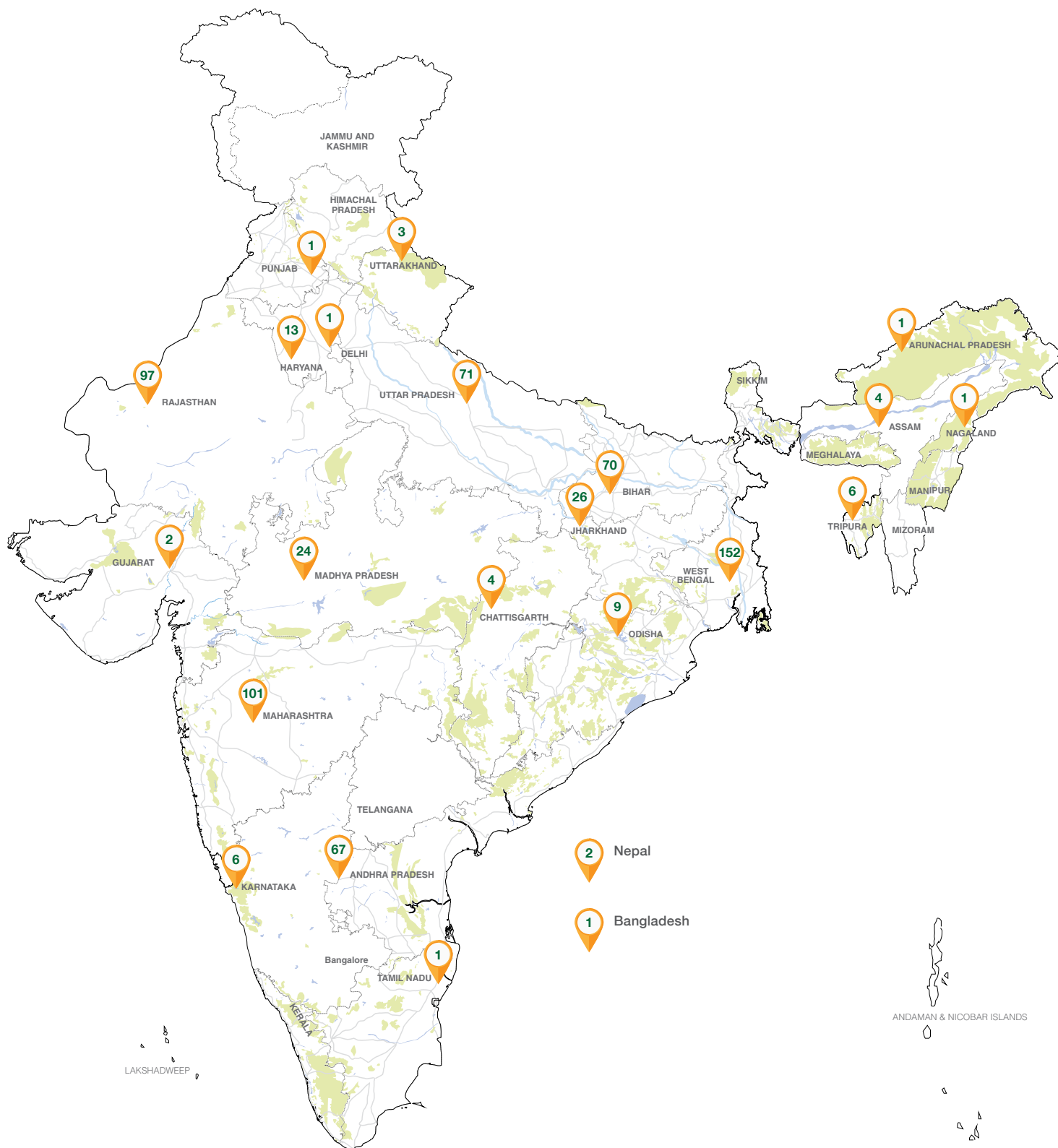
New Admissions for 2017–2018

(statewise distribution)

New Admissions: 634

Returnees: 3283

In the year 2017-2018 our capacity was 418 units.



Map not to scale. Map used for illustrative purposes only

CEO's Report

St. Judes embraces technology, as it continues to keep care at the core of its work.



Usha Banerji

“Our focus in the forthcoming year will be to work on strengthening technology while we gear up to further scaling up at existing and new locations. All this we hope while keep care at the core”

Looking back on the year 2017-18, growth and consolidation seem to be the highlights. All the centres at our Cotton Green campus became operational during the year and it is a joy to see so many little ones enjoying themselves in the play area every evening. In keeping with our value of Giving Back, fathers can be seen helping keep the compound clean during the mornings.

The work of renovation at our upcoming Vellore Centre proceeded well and the staff selected to work there were in Mumbai for training. A couple of our Team Members too visited Mumbai and met our local team. This has given them a good insight into our functioning which will be of great value when we open our doors to families who travel for their children's treatment to CMC, Vellore very soon.

Our efforts to make life easier for our children took on a new facet when we entered into agreements with two leading hospitals in Mumbai. The acute shortage of beds and increasing number of patients at Tata Memorial Hospital often results in long delays. This was our contribution to easing this.

The well-known Jaslok Hospital has agreed to treat children staying at St. Judes at low or no cost when they are referred there from Tata for radiation. This ensures that treatment will be available on schedule. Another area of cooperation has been bone marrow transplantation, a process which is often delayed. Two children have undergone bone marrow transplantation there already.

Our tie up with the newly refurbished children's hospital in Mumbai, the SRCCC Hospital managed by the Narayana Health group allows children recovering from infectious diseases to recoup in pristine surroundings. Our agreement also includes use of other facilities such as chemotherapy if there is a need.

As our pan India staff strength increases we realise the importance of maintaining standards as we scale up. Managers from all our centres and other senior staff participated in an offsite training and reward & recognition meet in Alibaug. This was a great success and occasion for bonding and also turned out to be a platform to showcase the team's talent in many fields.



From January 2018 we have introduced Annual Basic Compliance training for staff which will serve as a mandatory refresher course for everyone working in St. Judes. It reiterates our mission, vision, values and policies and certain other basic processes.

Our Cotton Green campus offers scope for a number of activities on a larger scale than before because of the open space and numbers. In January a Lit Fest was organised for all the Mumbai centres with debates, story-telling, poetry writing and literary games and puzzles. The Festival was inaugurated by Mrs and Mr Kaviratne and had several of our Team Members from India and abroad present. Mrs Sreela Bose, a volunteer at our Kolkata centres who enthralled the families with her story telling was invited to Mumbai to participate and spread her magic across our locations here.

I was delighted and honoured to be invited to speak on the occasion of Childhood Cancer Day on popular RJ Hrishi K's morning show on Radio One. Listeners' response to the work done at St.Judes was overwhelming.

We are happy to announce that at our annual Crisil grading St. Judes has improved its rating to 1B, rating us high on financial proficiency and strong on capacity delivery. We are now empaneled with Give India as a Five Star Give Assured Organisation and have received the GuideStar India Champion Level Platinum Certification (Legal and Financial Compliances). Both these are the highest rating of the respective organisations.

Our focus in the forthcoming year will be to work on strengthening technology while we gear up to further scaling up at existing and new locations. All this we hope while keep care at the core.

Usha Banerji
CEO, St. Jude India ChildCare Centres



A Doctor's Perspective

Interview with Dr. Banavali of the Tata Memorial Centre



Prof. Shripad Banavali

"I really think the St. Judes model should be the benchmark model for support services not only in accommodation but other aspects too for cancer in children"

Dr could you please throw some light on the prevalence of childhood cancer? There has been some discussion on the need for uniformity in data collection. Could you tell us a little more about that?

The International data for childhood cancer (0 to 15 years) varies from 40/ Million to about 200/ Million population.

For India, we can see a large variance. In Delhi for instance the prevalence is 150 / million while in rural areas, for instance in North-East India, it is 20 / million. We consider an average of 75 / million as our data for prevalence across India.

The problem is that data that is available to us is based on two kinds of registries: the hospital and the population-based registries and they may not match. The problem is further compounded by the fact that most of our data comes from urban setups and rural data thus remains under- reported / unreported which results in improper estimation of childhood cancer cases in India.

There is an urgent need to match and synchronise data in order to provide better care. There has been some progress in this from Barshi in Maharashtra and Sangrur in Punjab but much more needs to be done. Presently it is a rough estimate that there must be approximately 30,000 to 40,000 new cases of childhood cancer diagnosed every year in India.

There has been much progress on prevention work in adult cancers. Is this because adult cancers are lifestyle-related? Can a similar approach be adopted for childhood cancers?

First and Foremost, there is a big difference between childhood and adult cancers. If we look at sheer numbers out of 100 cases 95 would be adults and only the balance 5 would be children.

Secondly, cancers in adults are preventable and controllable. Most adult cancers, about 50-60%, are tobacco related and preventable. The other large chunk of cancers are breast cancers that are also a resultant of obesity, possible use of oral contraceptives and lack of physical exercise and a proper balanced diet i.e. lifestyle related and preventable. So also cervical cancers which are hygiene related.

Cancers in children on the other hand are highly curable but they are not preventable. In children most cancers are due to genetic change and a small percentage due to heritable reasons. This means these cancers to a large extent cannot be prevented.

At the same time, we are seeing an increase in certain cancers due to industrialisation and also on account of smaller family units means lesser number of siblings and thus reduced exposure to infections, compromising immunity. We are seeing a global rise in Acute Lymphoblastic Leukemia, other blood cancers like Non-Hodgkin's Lymphoma, possibly on account of these reasons.

What must also be stressed is that though there is mixed data in this regard, there is some indirect data showing that the use of cell phones may result in children presenting with more aggressive forms of brain tumour that were earlier not seen. The International Agency for Cancer Research (IARC), an agency of WHO that follows cancer trends across the globe, has already announced that cell phones may be "possibly carcinogenic to humans". It has also been seen recently that babies born via in-vitro fertilization (IVF) techniques are up to 3 times more likely to have childhood cancers like kidney cancers (Wilms Tumor) & hepatoblastoma.

Why are a majority of hospitals that treat cancer in children not able to manage the cases? Possibly leading to overcrowding in a few hospitals. What specialised skills are needed to treat paediatric cancer effectively and efficiently?

Childhood cancers are highly curable, provided they are diagnosed early; diagnosed properly & treated appropriately! Additionally, cancer treatment in children is quite intense and prolonged and needs very good planning and an organized coordinated effort.

The pediatric cancer management team needs to have a comprehensive approach to care. Apart of the pediatric oncologist, the team needs skilled pediatric surgeons, radiation oncologist, pediatric interventional radiologist. Even to make a proper diagnosis, we require highly trained pathologists, molecular biologists and cytogeneticist. Help needs to be taken of immunohistochemistry, flow cytometry and molecular

cytogenetics, as most childhood tumors look similar under the microscope. Additionally, we need trained pediatric nurses, nutritionists, social workers, psychologists, physiotherapists, occupational therapists, palliative care specialists, data managers, volunteers, etc. to treat children with cancer. In fact, we always joke that one needs an entire village to treat one child with cancer!

As I mentioned earlier the number of childhood cancer patients is less than 5 % of total cancer cases. This number being so low means it becomes uneconomical and difficult to have fully equipped dedicated pediatric cancer units (PCU) (having all the specialists as mentioned above) in all hospitals. Therefore, most cases get concentrated in the few good PCUs present in some large hospitals predominantly located in metro cities like Mumbai, Delhi, Kolkata and Chennai, resulting in overcrowding. Rural Hospitals lack the resources to set up PCUs leading to an influx of these patients into city centers.

According to the population & hospital based Cancer Registry data available, out of approximately 40,000 new cases estimated to be diagnosed every year, only half get treated as the rest don't even make it to the treatment center!

I would say if we really want to give a fighting chance to all children detected every year with cancer, we will need a PCU in every district.

Childhood cancers are more curable than adult cancers yet children tend to succumb. What are the contributory factors apart of late detection?

The cancers in children need sustained, intensive and prolonged treatment. Centres are few and mainly in cities. The cancers we generally see are blood cancers and solid tumours that need intensive treatment. During the chemotherapy children tend to have Febrile Neutropenia or fever of 102-104°C and low white blood cell count. This makes their immunity very low. This demands urgent attention, admission and antibiotics which is sometimes not possible on account of distances and overcrowding in the cancer hospitals with lack of beds for admission. Moreover, the Out Patients Department (OPDs) and casualties are always crowded and thus many children needing urgent care may often get missed and don't get antibiotics within 1 hour as mandated. This leads to children not receiving treatment on time and thus possibly succumbing. Additionally, many of our children have poor nutrition and are not in a good general condition, because of which they do not tolerate chemotherapy well and have increased treatment related toxicities. Also the immunity is low in such children. All of this also leads to poorer outcomes in our children.

Less number of beds, fewer oncology doctors and nurses and delay in giving chemotherapy and conducting operations has a significant impact on prognosis. Delays lead to possible earlier relapse and once the cancer relapses it is difficult to save the child. We see that in both developing and low and middle income countries that, though the incidence is lower than USA, we have higher casualties.

It is indeed heartbreaking that India has a lower rate of childhood cancers as compared to the developed world but a much higher mortality. In the developed countries survival rates are better inspite of higher incidence. In India, out of 75 new cases / million we lose 45 / million while in developed countries 85% survive.

If we want to combat cancer in India and other developing and low and middle income countries, we will have to devise robust strategies to improve outcomes.



How can we address this issue? St. Judes has tried to bridge the gaps that result in abandonment by providing nutrition, housing, transportation and emotional support to patients in Tata Memorial Hospital and other hospitals across India. How has it helped Tata Memorial Hospital? What can we do better?

What we had seen till a few years back was that 25% patients who were registering at Tata were abandoning treatment or were not accepting treatment. When we looked at causes we realized that another major reason was lack of accommodation! Almost 95% of our children come from outside Mumbai. Only 5% are from Mumbai, 30% from Maharashtra and the rest from other parts of India, mainly from the North & Eastern part of India.

These patients were lost in the city, had no financial resources (though most times consultations, investigations, in-patient treatment is free or wholly subsidized) for the prolonged treatment and didn't have an affordable place to stay. The other problem was the inability to afford balanced nutrition and the anxiety on account of the children they had left behind at home.

This meant that these 25% children went untreated and thus, even if we cured 100% of the remaining children, we would not have a cure rate beyond 75%! To tackle all these problems & to provide holistic care to all the children with cancer presenting at TMH, we started the ImPaCCT (Improving Paediatric Cancer Care & Treatment) Foundation at TMH. Through the ImPaCCT Foundation, we support the patients with finances, accommodation, nutrition, education, emotional support, blood and blood products, bereavement support, etc.

St. Judes stepped in a big way with accommodation and nutritional support for our patients. St. Judes which started with 8 units has since multiplied to over 255 units in Mumbai. The clean facilities at St. Judes and the nutrition helps them battle infections and reduces susceptibility to secondary infections. This coupled with educating the children and their parents about healthy nutrition, cleanliness and hygiene has led to improved immunity and thus decreased infections in these children.

St. Judes also has a community feeling and staying together helps the parents and children rely on each other and give other emotional support which is so needed during the intensive phase. Besides St. Judes also provides the children with all round care that includes education, art, craft and counselling. This reduces the trauma they are suffering and enables them to focus on treatment. The transportation facility ensures they reach the OPD on time, to take treatment on time. Overall this holistic care is improving outcomes for children at these centres. We also feel this has led to reduction in bed occupancy as the children can be shifted to St. Jude till the next cycle and this allows us to treat more children.

We are in the process of systematically analyzing outcome data of the children staying over the years at these centres to study how the outcomes of patients with St. Judes facilities compares with other centres where these facilities may be lacking and we feel quite confident in the next few months that we will have this data to showcase.

St. Judes model has proven itself and this model is something I would highly recommend to help us better take care of children with cancer. This model should be replicated across cities in India through St. Judes and other NGOs to enable us to reach every child with cancer across the country. St. Judes has already made its presence in most of the big cancer treatment centres in Delhi, Kolkata and is going to other cities as well. I really think the St. Judes model should be the benchmark model for support services not only in accommodation but other aspects too for cancer in children.

If I were to ask you for a pediatric cancer wish list, what would be the top three priorities.

My wish list would include:

- 1. Every child who has been diagnosed to have cancer should have at least one best chance at cure and survival irrespective of their financial background.** Through ImPaCCT Foundation established at TMH and with the help of other NGOs such as St. Jude, though we can offer this to all children presenting at TMH, we need to be able to offer this to all children with cancer across rural and urban India.
- 2. My second wish would be to see pediatric cancer units being established across the country.** We currently have these facilities apart of TMH and TMC (Mumbai and Kolkata) mainly in Chennai at Adyar Cancer Hospital, and at the PGIMER in Chandigarh and AIIMS in Delhi, RCC in Thiruvananthapuram, Kidwai Cancer Institute in Bengaluru, this is not enough. Every State must have at least one large PCU for treating Pediatric Cancer where children from that state can be treated.
- 3. Better drugs for the treatment of cancer:** The quality of drugs for childhood cancers is steadily deteriorating. The problem is pediatric drugs are relatively cheap as compared to adult cancer drugs and thus the pharmaceutical companies don't see profit in them. So, however hard we try, if the children don't get treatment in the first instance with good quality drugs, they will not have a good outcome. So, I would really urge for more investment in improving and maintaining quality of drugs to treat cancer in children.

Prof. Shripad Banavali, MD

Director, Academics
Head, Department of Medical & Pediatric Oncology
Tata Memorial Centre
Mumbai

St. Jude Alumni

Since 2006 we have had 2825 (as of 31 Mar 2018), children in our centres. With each family that has stayed with us we have forged a relationship that has survived over the years.

When children come back for check-ups and follow-up treatment when they reach milestones in the lives after treatment we are delighted to see them and get their news. The staff look forward to meeting them and hearing of their progress.

Over the years we have maintained contact with the families and call them often to see how they are doing. Families too have called us to share their news or just because they remembered their time with us.

In order to facilitate this we created a closed St. Jude's hangout for our children, their parents and staff. This is a platform where we post news and updates from St. Jude's and encourage the families to share pictures and news. We have tried to post material that will be useful to families, such as funding support for education by the Yuvraj Singh Foundation, (You We Can) and events and celebrations at St Jude's. We plan to add information regarding trending topics – like the proper use of cell phones.

Some of the posts/news from our children are shared below and we hope to continue and expand on this, bringing interesting features that could benefit everyone using this platform.



Arjun Sah (Golu),

He is now preparing for his UPSC exam.

He shared this interesting piece about his visit to the Kesari Stupa.

"Considered to be the tallest and biggest Buddhist Stupa in the world, Kesaria Stupa was built by the great ruler Ashoka. This is the place where Buddha in his last days donated his begging bowl.

The structure serves as a brilliant example of Buddhist architecture and is adorned with a large number of Buddhist statues. However, some of the parts are in ruined state as they were damaged by the invading Muslim rulers. This place was very recently discovered in the excavation done by ASI. Plz visit my village."

Sneha Pawar

Called to let us know that she stood first in her class in Bharatiya Vidyapeeth, Pune in BSc. She is now preparing to appear for the Maharashtra Public Civil Service exam.



Nikhil Singh

Nikhil came to us as a 7 year old. After his treatment he was excited to get back to his friends and family in Nagpur. But after two years he suffered a relapse. Though disheartened his family were determined to get him treated again. He has now completed his treatment and appeared for his exam privately. He has now joined school and sent us his picture on the first day at his new school.

A Donor's Perspective

TATA TRUSTS

Within health there are more pressing demands such as malnutrition and immunisation and other preventive health measures for children. Why childhood cancer?

Tata Trusts has an extensive and vibrant health and nutrition portfolio that deals with issues of national priority. Making superior quality cancer care affordable and accessible, is a key priority at the Trusts and investing in childhood cancer care is an investment in the future of the country. Childhood cancers have a higher rate of curability as compared to those in adults, of course depending on the stage the child is brought in for treatment. Children are also more prone to psycho-emotional effects that follow a cancer diagnosis. According to us, it is imperative for children to have all the resources they need in the process of healing.

When we think cancer, we still think Tata is that one of the drivers for having us as a portfolio organisation. How do you decide on which organisations to support?

For the Trusts', organisations working purely and dedicatedly for the cause of social welfare are the ones supported by us. The objectives of the Trusts' to create a sustainable and positive impact on the society by working for a better life for the community should align with the vision and objective of the organisation seeking support. More than anything, the values of Tata Trusts' should be reflected through the organisation we decide to support.

Tata Trusts has been supporting the St. Jude India ChildCare initiative since 2012. How did it all start? How has been the experience?

Post a personal visit by one of the Trustees to St. Jude's, the Trusts' was informed about the organization and its work. The vision and mission of the organization resonated with the values of the Trusts'. Thus after due diligence processes, the first grant was sanctioned to St. Jude's for supporting their endeavor.

Post that St. Jude's has worked thoroughly on improving its systems, has been diligent with the processes involving the Trusts'. The organisation has worked in line with periodic recommendations given by the Trusts' and thus, the working relationship has been cordial and a treat to both parties. Over 200 children were benefited by the centers built through the grant till 2015 and the number of beneficiaries as we see is increasing every month. The experience is enhanced by the display of long term vision of the organisation to sustainably scale up the project by creating more centres throughout the country.

Sustained fund availability can be a nightmare for most organisations. What would you advise organisations should do to ensure long term support and association?

Surely this tends to be a struggle for more organizations but the key to this is thinking very far out into the future of the organisation. To have detailed five year and ten

year plans analysed thoroughly every year can help the organisation look at its estimates versus the achievability of the same. To ensure a continuous supply of funds, organisations should look past a single donor or source of funding. Having multiple donors for running your operations is a good strategy to ensure a long term funding. For further association with an organisation, you should be able to showcase the impact of your work through beneficiaries. An on ground successful model which has achieved its intended outcomes or more is appreciated and supported further by different organisations.

Achieving your targets in promised time periods and showing dedication to your cause also helps the donor organisation to continue its support.

St. Jude is looking to expand its footprint across cities in India ..What advice would you give as a long-term collaborator?

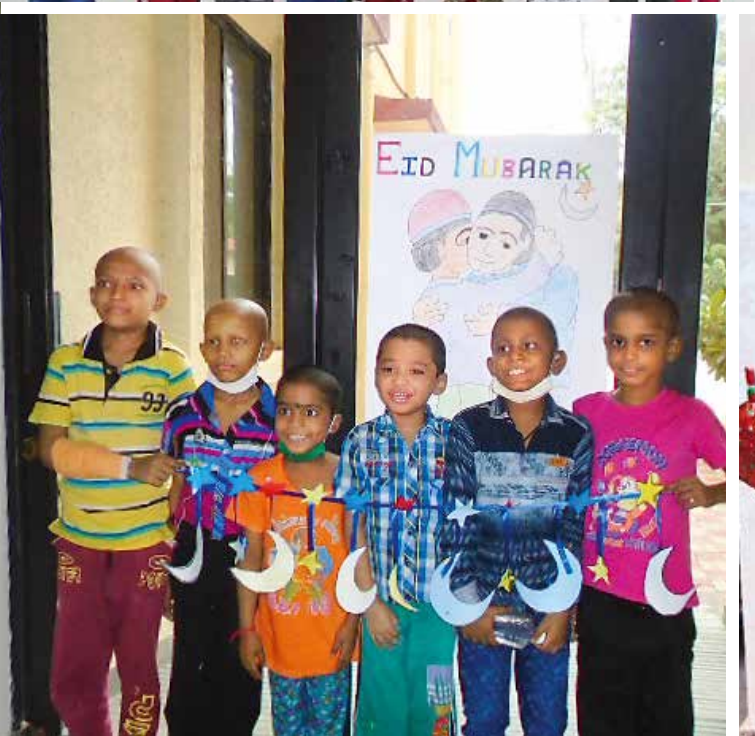
Some advice to start with as a long term supporter of your cause will be to look back to the past, before taking a leap into the future. The successes and failures of past models will be the bible for any work you will further do in this field. The work will also be the credibility the organisations supporting you will need as well as for any new ventures that you decide to take up. In your work, it would be a great idea to reach out and connect to all the leading cancer institutes in the country and plan on creating centres around them. All the best!



The Year In Review

Celebrations are very much part of life at St. Jude Centres. Our young patients and their families belong to every religion, come from diverse geographies and have a multitude of traditions and we try to honor this variety through many special events set up by our Third Circle team. These celebrations establish a kinship amongst our families and ease the longing for home because festivals more than ever are a time that you hope to spend with your family and loved ones.





The Year In Review



Other days we observe are national pride days like Republic Day and Independence Day, as well as internationally significant days like Earth Day and World Health Day. These occasions give us an opportunity to teach our residents about being responsible citizens and active participants in improving the world around them.





The Year In Review

A Special Highlight from Each of Our Centres

Throughout the year, our centres are a beehive of activity from the teaching of the children, to the parent's activities, to visitors and volunteers stopping by and to the many celebrations – there is always something to keep our young patients and their families engaged and involved.



DELHI March 2018

Jaago Teens – a NGO committed to promoting a more responsible and safer internet ecosystem visited our Delhi centre and held a session for our teens and their parents. Ms. Leena Garg, who conducted the session, spoke about the effects of the internet and phone. Jaago Teens defined the term social networking and explained the advantages and disadvantages of sites such as Facebook. Also emphasized in the session was how to protect yourself from dangerous people and how to maintain your privacy online. Finally the Jaago Teens team performed a dance that highlighted the dangers of the selfie craze.



HYDERABAD

May 2017

The Sunrisers Hyderabad, the IPL cricket team paid a visit to our Hyderabad centre. Needless to say, our families were excited and delighted to welcome these sports stars! Yuvraj Singh and his Sunrisers Hyderabad teammates - VVS Laxman, Ashish Nehra, Tom Moody, Rashid Khan, Bhuvaneshwar Kumar and Ben Cutting spent a fun filled afternoon interacting with our children. Yuvraj Singh said "It's my constant effort to find time for things that really matter. The St Jude Centre is doing exemplary work for children diagnosed with cancer, a cause that is very close to my heart".



The Year In Review



JAIPUR March 2017

Our mother in Jaipur had a beautiful celebration of the traditional Rajasthani festival of Gangaur. It is a celebration of spring and of the crop harvest and of the goddess Gauri. On the day of Gangaur, women dress in bright and colourful clothes and go to each other's houses to get blessings and give wishes. The mothers at our centre were far from their hometown's sisters and friends but they have formed close bonds and a deep sense of community with each other and enjoy these celebrations greatly.





KOLKATA September 2017

Paul Polman, CEO, Unilever and Sanjiv Mehta, CEO, Hindustan Unilever visited our Kolkata centre in September 2017, along with other senior members of their team. Unilever has been a long time supporter of St. Jude's and we were delighted to have their leadership interact with our children and families. After a warm welcome where our families presented the visitors with handmade flowers, our Team Members showed Mr. Polman around our centre. Mr. Polman inspired our children by encouraging them to study hard and be healthy and responsible citizens for the country. Moved by his visit, Mr. Polman said, "The gift of giving. What a wonderful generous team putting the needs of others ahead of their own. Full of admiration".



The Year In Review



MUMBAI, COTTON GREEN CAMPUS

January 2018

The LitFest held at our Cotton Green campus was well received by children, parents and well wishers. The LitFest had workshops organised for the parents where they explored alternative ways of engaging children, as well as narrating a good story while the children spent the day dabbling in creating and illustrating their own stories. The staff, parents and children explored writing poems, essays and creative stories as part of the various activities and the funfair with 22 stalls featured alphabet games, quizzes and activities was constantly buzzing with energy. Our hope is that our children develop a lasting love of books that will enable them to become lifelong learners.



MUMBAI, KHARGHAR CAMPUS

October 2017

Several of our children, accompanied by their parents and centre manager Sandhya Thorat, had a thrilling day at Kidzania - a city built in scale for kids, combining fun and learning through more than 60 exciting role-play guided activities that meet the abilities and interests of every child. Pilots navigate airplanes, television anchors read the news, police officers perform detective work and chefs cook up tasty food! According to Sandhya, the children tried several of the activities on offer like making chocolates, working in an ice cream parlor and learning about the printing press.





MUMBAI, PAREL CENTRES

December 2017

HOPE is the long awaited annual program of the Pediatric Department of Tata Memorial Hospital that helps children with cancer cope with their long and difficult journey. St Jude and our children, have been participating in HOPE since the year 2008. On December 24, the final event of HOPE was inaugurated by our Founder Ms. Shyama Kaviratne. What followed were joyous dances, fun skits and a celebration of life. Our mothers and fathers had practiced their numbers with the help of a choreographer and on that night they did an amazing job. Senior doctors from Tata took to the stage to raise awareness about cancer. All in all, it was an experience that will be cherished by our families.



Media Coverage



Children belonging to economically backward families, and living in rural areas, often visit cities to seek treatment. However, the situation becomes a nightmare for them as they cannot afford accommodation and end up setting up temporary shelters outside the hospitals they consult.



The children, fighting cancer, often come to cities for treatment with their parents. Image Courtesy: St. Jude India ChildCare Centres

Outside the Tata Memorial Hospital in Parel, Mumbai, there is often a crowd of patients. They seem weary and tired, camping out on the pavements. Nihal Kaviratne and his wife Shyama Kaviratne were troubled when they repeatedly came across this sight and decided to start the **St. Jude India ChildCare Centres**, to help out these vulnerable children and their families.

The vision of **St. Jude India ChildCare Centres** is clear—to help every child suffering from cancer, get the best chance of surviving the disease to live a full, healthy and happy life. It does this by providing free, holistic care, to children, irrespective of their economic status.



St. Jude India

28 December 2017 · 🌐

We are delighted to announce that #GiveIndia and CRISIL Limited have commended #StJudes work through their #RatingSystems! #GiveIndia's new reliability framework has given StJudes a GiveAssured 5 Stars Badge for its work. After thorough analysis and study, #CRISIL has improved it's rating of StJudes to 'Voluntary Organisation 1B' for our very strong performance on Delivery Capability and moderate on Financial Proficiency. With these improved rating under our belt, we're ready to start the coming year on a strong footing!

		Financial Proficiency		
		High	Moderate	Low
Delivery Capability	Very strong	VO 1A	VO 1B	VO 1C
	Strong	VO 2A	VO 2B	VO 2C
	Average	VO 3A	VO 3B	VO 3C
	Weak	VO 4A	VO 4B	VO 4C
	Poor	VO 5A	VO 5B	VO 5C



18 Likes 3 Shares



St. Jude India

26 September 2017 · 🌐

Rajen Nair has been working with our children and staff to teach them #photography. #Watch this incredible video on his work featured in [TheBetterIndia](#). Photographs taken by our children after his workshops adorn the walls of centres and our Cotton Green Campus!

Thank you Rajen for being an ardent supporter of our work and for enriching our children's lives with new learning and the ability to capture happy #memories!



Rajen Nair_Spreading Joy Through Photography

A partially deaf man used photography to bring cheer to 500...

[YOUTUBE.COM](#)

12 Likes 2 Shares

➦ Share



Our CEO On Air on 94.3 RadioOne!

Popular radio host Hrishi K interviewed St. Jude CEO Ms. Usha Banerji on February 14. Hrishi and Usha had a great conversation about popular myths around childhood cancer, how to support a childhood cancer patient and much more. Hrishi K said he had the same amount of callers that day as when he has a film star on his show. [Listen here](#)

When Nihal Kaviratne, who retired from Unilever after 22 years of postings across the world, returned to Mumbai in 2005, he and his wife Shyama were disturbed by the sight of children, afflicted by cancer, and their parents, sleeping on the footpath opposite the Tata Memorial Hospital (TMH), that specialises in the treatment of cancer, in Mumbai.



Children try their hand at painting in the comfort of a St Jude centre.

They found that while TMH, in partnership with charitable trusts, offered free treatment and other voluntary organisations offered money for medicines, accommodation was a huge challenge in a mega city like Mumbai. Parents, with their children afflicted by cancer, came from all over India. While the families who had a little money stayed in *dharamshalas* (modest lodges) until their money ran out, the majority settled down at railway stations and on the pavement outside the hospital. "Living on the street amidst unhygienic conditions

MumbaiMirror

New shelter to house cancer patients, kin stuck on pavements



"Our staff members make rounds every day and we ensure no child suffering from cancer lives on the footpath. St Jude Childcare Centre offers free accommodation to paediatric patients," he said. "Organisations like Nana Palkar Smruti Samiti, Sarvodaya Trust, and the Wadala sanatorium, among others, also provide a place to stay to cancer patients."



St. Jude India

4 October 2017 · 🌐

Our CEO, Usha Banerji was recently part of a #DHLWomensNetwork panel #EqualVoices - on women, leadership and empowerment. The panel conducted by Blue Dart explored the challenges that women face at the workplace today.

Panelists Farzana Suri, Victory Coach; Bela Sheth-Mao, GST Project Lead, Shell India; Malini Bhupta, Former Senior Editor, moneycontrol.com and Usha Banerji also shared examples of women whom they thought were achieving equality in their areas of influence.





Reports & Accounts

Directors' Report

The Board of Directors is pleased to present the 12th Annual Report and the Audited Statement of Accounts for the financial year ended 31st March 2018 and the related audit report.

Financial results

(Amount in Rs)

	Financial Year ended 31 March 2018	Financial Year ended 31 March 2017
Donations	20,97,93,172	22,30,50,147
Other income	4,22,77,209	3,23,46,077
Total Income	25,20,70,381	25,53,96,224
Total Expenditure	13,24,07,286	12,11,14,586
Excess of income over expenditure	11,96,63,095	13,42,81,637

Transfer to reserves:

The Company has appropriated the following amounts to reserves:

Amount in Rs.

Transfer to / (from):	Financial Year ended 31 March 2018	Financial Year ended 31 March 2017
Renovation Fund	(1,15,16,426)	
	1,00,00,000	2,58,45,500
Grant Fund	(1,12,63,007)	4,64,15,678
Sustainability Fund	(95,29,236)	
	1,02,75,000	7,80,80,000

RECOMMENDATION OF DIVIDEND:

The Company is registered with a license issued under section 25 of the Companies Act 1956 (Now governed by section 8 of the Companies Act 2013) and is prohibited from the payment of any dividend to its members. Hence the question of recommending dividend does not arise.

ACTIVITIES OF THE COMPANY:

During the financial year, 5 of the remaining centres with capacity of 60 units at Cotton Green have become operational. The capacity of Kolkata centre at Thakurpukur has been raised from 8 to 12 units. The civil work for adding 2 centres with 22 units at Vellore has been completed, and occupancy at these centres started in May 2018. Work has started to add 2 centres at Guwahati with 24 Units.

It is proposed to add 2 Centres at Chennai with 24 Units, 2 centres at Chandigarh with 24 units, 1 centre at Vizag with 12 units and 1 centre with 7 units at Premashraya (on the 2nd floor - expanding to 26 units at this location). Besides these, the Company is likely to get 3 more buildings at the Cotton Green from BPT through Tata Memorial Hospitals, where we plan to set up 14 centres with additional capacity of 156 Units.

Also proposed are 2 centres comprising of 24 units at Varanasi. On completion of all these projects, the Company is expected to expand to a total capacity of 56 centres with 655 units.

During the year, the Company continued to conduct various theme based educational activities for children, music therapy and yoga activities, etc.

PARTICULARS OF EMPLOYEES:

As there were no employees in receipt of remuneration equivalent to or more than Rs. 1.02 crore per annum or Rs. 8.50 lakhs per month during the year, the statement containing particulars of employees as required under the provisions of Rule 5(2) of the Companies (Appointment and Remuneration of Managerial Personnel) Rules 2014 as amended on 30 June 2016 is not required to be annexed to this report.

CONSERVATION OF ENERGY, TECHNOLOGY ABSORPTION, FOREIGN EXCHANGE EARNINGS AND OUTGO:

The Company is taking measures for conservation of energy and technology absorption. Details of foreign exchange earnings are at Note 24 of Notes forming part of the financial statements. There was no foreign exchange outgo during the year under review.

BOARD OF DIRECTORS

Pursuant to Article 47(3) of the Articles of Association of the Company, Mr. Jai Diwanji, Ms. Manisha Parthasarathy and Ms. Usha Banerji will be retiring by rotation and are eligible for reappointment.

During the financial year 2017-18, the Board of Directors had 5 meetings [on 18th April 2017, 30th June 2017, 24th September 2017, 21st December 2017 and 25th March 2018] to consider the operations / activities of the Company.

The Audit Committee comprises of 4 directors, namely, Mr. Ashutosh Pednekar (Chairman), Mr. Aditya Mangaldas, Ms. Gargi Mashruwala

and Mr. Jai Diwanji. During the year 2017-18, Audit Committee meeting was held on 20th June 2018.

LOANS / GUARANTEES / INVESTMENTS MADE BY COMPANY U/S 186 AND RELATED PARTY TRANSACTIONS U/S 188 OF THE COMPANIES ACT 2013:

During the year under review, the Company has not -

- given any loans or provided any guarantee or invested in securities of anybody corporate or person in terms of section 186 of the Companies Act 2013;
- entered into any contract or arrangement with related parties in terms of section 188 of the Companies Act 2013
Hence the question of particulars thereof in Form AOC-2 does not arise.

RISK MANAGEMENT POLICY:

The Company has developed and implemented a risk management policy including identification of elements of risk, which in the opinion of the Board may threaten the existence of the Company.

CORPORATE SOCIAL RESPONSIBILITY:

The Company is limited by guarantee and not having share capital, engaged 100% in philanthropy. It receives donations / corpus which is used / to be used for furthering its objects only - coincides with the CSR activities which are listed Schedule VII to the Companies Act 2013. Most of the donations / corpus are received with an understanding that the same will be spent for the objects of the Company, and not for any other purpose. The Company does not have turnover, but it receives donations etc. which is spent for the objects of the Company. The Company does not earn profit, but surplus of donations received over the expenditure incurred during the year, if any, is carried forward and spent in subsequent year(s), again for the objects of the Company. The Company is required to prepare Income and Expenditure Account instead of profit and loss account. The Company acts as a partner / 'implementing agencies' in CSR of corporates. In light of the above, the Company believes that the provisions of section 135 of the Companies Act 2013 relating to corporate social responsibility are not applicable to it / are not possible of compliance.

EXTRACT OF ANNUAL RETURN IN FORM MGT.9:

As required by Sections 134(3)(a) and 92(3) read with Rule 12 of Companies (Management & Administration) Rules, 2014, extract of annual return in Form MGT.9 is annexed herewith and forms part of this report.

DIRECTORS' RESPONSIBILITY STATEMENT

The Board of Directors hereby confirms that:

1. In preparation of annual applicable Accounting Standards had been followed with proper explanation relating to material departures, if any.
2. the directors had selected such accounting policies and applied them consistently and made judgments and estimates that are reasonable and prudent so as to give a true and fair view of the state of affairs of the Company at the end of the financial year and of the surplus or deficit of the Company for that period.

3. the directors had taken proper and sufficient care for the maintenance of adequate accounting records in accordance with the provisions of this Act for safeguarding the assets of the company and for preventing and detecting fraud and other irregularities.
4. the directors had prepared the annual accounts on a going concern basis.
5. the directors had devised proper systems to ensure compliance with the provisions of all applicable laws and that such systems were adequate and operating effectively.

AUDITORS AND THEIR OBSERVATIONS:

There were no qualification / reservation / adverse remark / disclaimer by the auditors in their report on the financial statements for the year ended 31st March 2018.

The auditors of the Company, M/s. Deloitte Haskins & Sells, Chartered Accountants, having ICAI Firm Registration Number 117364W, who were appointed at the annual general meeting of the Company held on 30 September 2014 for a term of 5 consecutive years to hold the office till 2019, have expressed their inability to continue after the ensuing annual general meeting in 2018.

Pursuant to special notice received by the Company in terms of section 140(4) read with section 115 of the Companies Act 2013, it is proposed to appoint M/s. Deloitte Haskins & Sells LLP, Chartered Accountants, (address: Tower 3, 29th – 32nd Floor, Indiabulls Finance Centre, Senapati Bapat Marg, Elphinstone (W), Mumbai – 400013; Firm Registration No. 117366W \ W-100018; PAN: AACFD4815A), in place of M/s. Deloitte Haskins & Sells, at the ensuing annual general meeting. The Audit Committee and the Board of the Company recommends their appointment.

EMPLOYEES

The relations with the staff at various levels continued to be cordial and the Management thanks them for the co-operation extended.

ACKNOWLEDGEMENT:

The Board of Directors records the gratitude to the Banks and other government departments for the co-operation extended by them to the Company.

For and on Behalf of the Board of Directors



Ashutosh Pednekar
Director
DIN: 00026049



Usha Banerji
Director
DIN: 00021555

Gargi Mashruwala
Director
DIN: 00032543

Mumbai
June 20, 2018

Annexure “1” Extract of Annual Return

as on the financial year ended on 31.03.2018 [Pursuant to section 92(3) of the Companies Act, 2013 and rule 12(1) of the Companies (Management and Administration) Rules, 2014] Form No. MGT-9

1. Registration & Other details:

1.	CIN	U85310MH2006NPL163277
2.	Registration Date	25th July 2006
3.	Name of the Company	St. Jude India ChildCare Centres
4.	Category/Sub-category of the Company	Private Company limited by guarantee and not having share capital – Guarantee and association company'
5.	Address of the Registered office & contact details	Victoria House, Pandurang Budhakar Marg, Lower Parel, Mumbai 400 013. Tel.: 2497 1192
6.	Whether listed company	NO
7.	Name, Address & contact details of the Registrar & Transfer Agent, if any.	NOT APPLICABLE

2. Principal business activities of the company

(All the business activities contributing 10% or more of the total turnover of the company shall be stated)

S. No.	Name and Description of main products / services	NIC Code of the Product/service	% to total turnover of the company
	Provides free of charge shelter facilities to families pre-selected from the Hospitals including common kitchen facilities, nutritional starter pack containing basic rations and educational materials, toys etc.	87900	The Company is not providing services on commercial basis, and therefore the question of turnover does not arise.

3. Particulars of holding, subsidiary and associate companies: NOT APPLICABLE

The Company does not have any Subsidiary, Holding and Associate companies.

4. Share Holding Pattern (Equity Share Capital Breakup as percentage of Total Equity): NOT APPLICABLE

as the Company is limited by guarantee and not having share capital) Category-wise Share Holding

Category of Shareholders	No. of Shares held at the beginning of the year [As on 1-April-2017]				No. of Shares held at the end of the year [As on 31-March-2018]				% Change during the year
	Demat	Physical	Total	% of Total Shares	Demat	Physical	Total	% of Total Shares	
A. Promoter s									
(1) Indian									
a) Individual/ HUF									
b) Central Govt									
c) State Govt(s)									
d) Bodies Corp.									
e) Banks / FI									
f) Any other									
(2) Foreign									
a) NRIs - Individuals									
b) Other – Individuals									
c) Bodies Corp.									
d) Banks / FI									
e) Any Other....									
Sub-total (A) (2):-									
Total shareholding of Promoter (A) = (A)(1)+(A)(2)									
B. Public Shareholding									

Category of Shareholders	No. of Shares held at the beginning of the year [As on 1-April-2017]				No. of Shares held at the end of the year [As on 31-March-2018]				% Change during the year
	Demat	Physical	Total	% of Total Shares	Demat	Physical	Total	% of Total Shares	
1. Institutions									
a) Mutual Funds									
b) Banks / FI									
c) Central Govt									
d) State Govt(s)									
e) Venture Capital Funds									
f) Insurance Companies									
g) FIs									
h) Foreign VC Funds									
i) Others (specify)									
Sub-total (B)(1):-									
2. Non-Institutions									
a) Bodies Corp.									
i) Indian									
ii) Overseas									
b) Individuals									
i) Individual holding share capital upto Rs. 1 lakh									
ii) Individual holding share capital >Rs. 1 lakh									
c) Others (specify)									
Sub-total (B)(2):-									
Total Public Shareholding (B)=(B)(1)+ (B)(2)									
C. Shares held by Custodian for GDRs/ ADRs									
Grand Total (A+B+C)									

ii) Shareholding of Promoter-

SN	Shareholder's Name	Shareholding at the beginning of the year			Shareholding at the end of the year			% change in shareholding during the year
		No. of Shares	% of total Shares of the company	% of Shares Pledged / encumbered to total shares	No. of Shares	% of total Shares of the company	% of Shares Pledged / encumbered to total shares	
1								
2								
	Total							

iii) Change in Promoters' Shareholding (please specify, if there is no change)

SN	Particulars	Shareholding at the beginning of the year		Cumulative Shareholding during the year	
		No. of shares	% of total shares of the company	No. of shares	% of total shares of the company
	At the beginning of the year				
	Date wise Increase / Decrease in Promoters Shareholding during the year specifying the reasons for increase / decrease (e.g. allotment /transfer / bonus/ sweat equity etc.):				
	At the end of the year				

iv) Shareholding Pattern of top ten Shareholders: (Other than Directors, Promoters and Holders of GDRs and ADRs):

SN	For Each of the Top 10 Shareholders	Shareholding at the beginning of the year		Cumulative Shareholding during the Year	
		No. of shares	% of total shares of the company	No. of shares	% of total shares of the company
	At the beginning of the year				
	Date wise Increase / Decrease in Promoters Shareholding during the year specifying the reasons for increase /decrease (e.g. allotment / transfer / bonus/ sweat equity etc):				
	At the end of the year (or on the date of separation, if separated during the year)				

v) Shareholding of Directors and Key Managerial Personnel:

SN	Shareholding of each of the Directors and Key Managerial Personnel	Shareholding at the beginning of the year		Cumulative Shareholding during the Year	
		No. of shares	% of total shares of the company	No. of shares	% of total shares of the company
	At the beginning of the year				
	Date wise Increase / Decrease in Promoters Shareholding during the year specifying the reasons for increase /decrease (e.g. allotment / transfer / bonus/ sweat equity etc.):				
	At the end of the year				

5. INDEBTEDNESS -Indebtedness of the Company including interest outstanding/accrued but not due for payment.

	Secured Loans excluding deposits	Unsecured Loans	Deposits	Total Indebtedness
Indebtedness at the beginning of the financial year				
i) Principal Amount				
ii) Interest due but not paid				
iii) Interest accrued but not due				
Total (i+ii+iii)				
Change in Indebtedness during the financial year				
* Addition				
* Reduction				
Net Change				
Indebtedness at the end of the financial year				
i) Principal Amount				
ii) Interest due but not paid				
iii) Interest accrued but not due				
Total (i+ii+iii)				

6. Remuneration of Directors and Key Managerial Personnel-

A. Remuneration to Managing Director, Whole-time Directors and/or Manager:

SN.	Particulars of Remuneration	Name of MD/WTD/ Manager				Total Amount
		Usha Banerji (CEO) #				
1	Gross salary	-	-	-	-	-
	(a) Salary as per provisions contained in section 17(1) of the Income-tax Act, 1961	21,85,000	-	-	-	21,85,000
	(b) Value of perquisites u/s 17(2) Income-tax Act, 1961	-	-	-	-	-
	(c) Profits in lieu of salary under section 17(3) Income-tax Act, 1961	-	-	-	-	-
2	Stock Option	-	-	-	-	-
3	Sweat Equity	-	-	-	-	-
4	Commission - as % of profit - others, specify...	-	-	-	-	-
5	Others, please specify	-	-	-	-	-
	Total (A)	21,85,000	-	-	-	21,85,000
	Ceiling as per the Act	-	-	-	-	-

B. Remuneration to other Directors

SN.	Particulars of Remuneration	Name of Directors				Total Amount
		-	-	-	-	-
1	Independent Directors	-	-	-	-	-
	Fee for attending board committee meetings	-	-	-	-	-
	Commission	-	-	-	-	-
	Others, please specify	-	-	-	-	-
	Total (1)	-	-	-	-	-
2	Other Non-Executive Directors	-	-	-	-	-
	Fee for attending board committee meetings	-	-	-	-	-
	Commission	-	-	-	-	-
	Others, please specify	-	-	-	-	-
	Total (2)	-	-	-	-	-
	Total (B)=(1+2)	-	-	-	-	-
	Total Managerial Remuneration	-	-	-	-	-
	Overall Ceiling as per the Act	-	-	-	-	-

C. Remuneration to Key Managerial Personnel other than MD/Manager/WTD

SN.	Particulars of Remuneration	Key Managerial Personnel			
		CEO #	CS	CFO	Total
1	Gross salary	-	-	-	-
	(a) Salary as per provisions contained in section 17(1) of the Income-tax Act, 1961	-	-	-	-
	(b) Value of perquisites u/s 17(2) Income-tax Act, 1961	-	-	-	-
	(c) Profits in lieu of salary under section 17(3) Income-tax Act, 1961	-	-	-	-
2	Stock Option	-	-	-	-
3	Sweat Equity	-	-	-	-
4	Commission	-	-	-	-
	- as % of profit	-	-	-	-
	others, specify...	-	-	-	-
5	Others, please specify	-	-	-	-
	Total	-	-	-	-

7. Penalties / punishment/ compounding of offences:

Type	Section of the Companies Act	Brief Description	Details of Penalty / Punishment/ Compounding fees imposed	Authority [RD / NCLT/ COURT]	Appeal made, if any (give Details)
A. Company					
Penalty	-	-	-	-	-
Punishment	-	-	-	-	-
Compounding	-	-	-	-	-
B. Directors					
Penalty	-	-	-	-	-
Punishment	-	-	-	-	-
Compounding	-	-	-	-	-
C. Other officers in default					
Penalty	-	-	-	-	-
Punishment	-	-	-	-	-
Compounding	-	-	-	-	-

For and on behalf of the Board of Directors

Ashutosh Pednekar
Director
DIN: 00026049

Usha Banerji
Director
DIN: 00021555

Gargi Mashruwala
Director
DIN: 00032543

Mumbai
June 20, 2018

Auditors' Report

TO THE MEMBERS OF ST. JUDE INDIA CHILDCARE CENTRES Report on the Financial Statements

We have audited the accompanying financial statements of ST. JUDE INDIA CHILDCARE CENTRES ("the Company"), which comprise the Balance Sheet as at 31st March, 2018, the Statement of Income and Expenditure and the Cash Flow Statement for the year then ended, and a summary of the significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

The Company's Board of Directors is responsible for the matters stated in Section 134(5) of the Companies Act, 2013 ("the Act") with respect to the preparation of these financial statements that give a true and fair view of the financial position, financial performance and cash flows of the Company in accordance with the Accounting Standards prescribed under section 133 of the Act, read with Companies ("Accounting Standards") Rules, 2006 as amended ("Accounting Standards"), and other accounting principles generally accepted in India.

This responsibility also includes maintenance of adequate accounting records in accordance with the provisions of the Act for safeguarding the assets of the Company and for preventing and detecting frauds and other irregularities; selection and application of appropriate accounting policies; making judgments and estimates that are reasonable and prudent; and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit.

In conducting our audit, we have taken into account the provisions of the Act, the accounting and auditing standards and matters which are required to be included in the audit report under the provisions of the Act and the Rules made thereunder.

We conducted our audit of the financial statements in accordance with the Standards on Auditing specified under Section 143(10) of the Act. Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and the disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal financial control relevant to the Company's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of the accounting estimates made by the Company's Directors, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence obtained by us is sufficient and appropriate to provide a basis for our audit opinion on the financial statements.

Opinion

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid financial statements give the information required by the Act in the manner so required and give a true and fair view in conformity with the Accounting Standards and other accounting principles generally accepted in India, of the state of affairs of the Company as at 31st March, 2018, and its surplus and its cash flows for the year ended on that date.

Report on Other Legal and Regulatory Requirements

1. As required by Section 143 (3) of the Act, based on our audit we report that :

- a) We have sought and obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit.
- b) In our opinion, proper books of account as required by law have been kept by the Company so far as it appears from our examination of those books
- c) The Balance Sheet, the Statement of Income and Expenditure, and the Cash Flow Statement dealt with by this Report are in agreement with the books of account.
- d) In our opinion, the aforesaid financial statements comply with the Accounting Standards prescribed under section 133 of the Act, as applicable.
- e) On the basis of the written representations received from the directors as on 31st March, 2018 taken on record by the Board of Directors, none of the directors is disqualified as on 31st March, 2018 from being appointed as a director

in terms of Section 164 (2) of the Act.

- f) This report does not include reporting on the adequacy of internal financial controls over financial reporting of the Company and the operating effectiveness of such controls since reporting on Section 143 (3) (i) of the Act is not applicable to the Company vide Ministry of Corporate Affairs notification G.S.R. 583(E), dated June 13, 2017.
- g) With respect to the other matters to be included in the Auditor's Report in accordance with Rule 11 of the Companies (Audit and Auditors) Rules, 2014, as amended, in our opinion and to the best of our information and according to the explanations given to us:
- i. The Company does not have any pending litigations which would impact its financial position;
 - ii. The Company did not have any long-term contracts including derivative contracts for which there were any material foreseeable losses;
 - iii. There were no amounts which were required to be transferred to the Investor Education and Protection Fund by the Company.

2. This report does not include a statement on the matters specified in Paragraphs 3 and 4 of the Companies (Auditor's Report) Order, 2016 ("the Order") issued by the Central Government in terms of section 143(11) of the Act, since the Order is not applicable to the Company, being a Company licensed to operate under section 8 of the Companies Act, 2013 as specified in paragraph 1 (2) (iii) of the said Order.

For Deloitte Haskins & Sells
Chartered Accountants
(Firm's Registration No. 117364W)



Mukesh Jain
Partner
(Membership No.108262)
Mumbai 20th June, 2018

Cash Flow statement for the Year ended 31.03.2018

(Amount in Rs.)

Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
A. Cash flow from operating activities		
Surplus for the year	11,96,63,095	13,42,81,637
Adjustments for:		
Depreciation and amortisation expense	56,89,539	68,58,184
Provision for Compensated absences	2,63,710	(92,939)
Interest income	(4,22,20,959)	(3,21,74,774)
Interest expense	2,580	51,866
Sundry Balance w/off	2,915	-
Loss on sale of Property Plant and Equipment	1,22,158	-
Operating Surplus before working capital changes	8,35,23,038	10,89,23,974
Changes in working capital:		
Adjustments for (increase) / decrease in operating assets:		
Loans and Advances	(8,19,857)	9,86,622
Adjustments for increase / (decrease) in operating liabilities:		
Trade payables	56,07,666	(1,71,64,059)
Other current liabilities	(86,33,325)	50,71,215
Cash generated from operations	7,96,77,522	9,78,17,752
Net income tax (paid) / refunds	(2,60,848)	16,29,978
Net cash flow from operating activities (A)	7,94,16,674	9,94,47,730
B. Cash flow from investing activities		
Capital expenditure on Property plant and equipment, including capital advances	(41,99,271)	(1,15,27,179)
Proceeds from sale of Fixed Asset	60,500	-
Application money pending allotment for Fixed Deposit receipt	(2,25,00,000)	-
Investment in Bonds	(5,00,00,000)	(2,50,00,000)
Fixed Deposits with Financial Institution		
- Placed	(5,00,00,000)	(9,30,00,000)
- Matured	-	1,85,00,000
Bank balances not considered as Cash and cash equivalents		
- Placed	(38,61,06,648)	(40,66,93,676)
- Matured	34,16,38,663	36,40,70,533
- Others (Earmarked Funds)	23,84,614	13,17,862
Interest received		
- Others	4,53,45,070	3,09,66,780
Net cash flow (used in) investing activities (B)	(12,33,77,072)	(12,13,65,680)
C. Cash flow from financing activities		
Corpus donations received	1,32,44,773	4,14,74,009
Interest Paid	(2,580)	(51,866)
Net cash flow from financing activities (C)	1,32,42,193	4,14,22,143
Net increase / (decrease) in Cash and cash equivalents (A+B+C)	(3,07,18,205)	1,95,04,193
Cash and cash equivalents at the beginning of the year (Refer note 11)	6,61,11,048	4,66,06,855
Cash and cash equivalents at the end of the year (Refer note 11)	3,53,92,843	6,61,11,048
	(3,07,18,205)	1,95,04,193

See accompanying notes forming part of the financial statements.

In terms of our report attached.

For & on behalf of the Board of Directors

For DELOITTE HASKINS & SELLS

Chartered Accountants



Mukesh Jain
Partner



Ashutosh Pednekar
Chairman
DIN: 00026049



Usha Banerji
Chief Executive Officer
DIN: 00021555



Gargi Mashruwala
Vice Chair Person
DIN: 00032543



Yashwant Bhat
Chief Financial Officer

Mumbai
20 June, 2018

Balance Sheet as on 31.03.2018

(Amount in Rs.)

	Particulars	Note No.	As at 31st March, 2018	As at 31st March, 2017
A	EQUITY AND LIABILITIES			
I	SOURCES OF FUNDS			
	(a) Corpus Fund	3	11,87,23,470	10,54,78,697
	(b) Reserves and surplus	4	58,22,20,184	46,25,57,089
II	Current liabilities			
	(a) Trade Payables			
	(i) Total outstanding dues of Micro & Small Enterprises		-	-
	(ii) Total outstanding dues other than Micro & Small Enterprises	5	1,14,47,560	58,39,894
	(b) Other Current Liabilities	6	42,10,778	1,69,57,961
	(c) Short Term Provisions	7	7,17,580	4,53,870
	Total		71,73,19,572	59,12,87,511
B	ASSETS			
I	Non-current assets			
	a) Property Plant and Equipment			
	i) Tangible assets	8a	1,10,04,193	1,44,59,136
	ii) Intangible assets	8b	17,049	42,340
	b) Non current investments	9	7,50,00,000	2,50,00,000
	c) Long term loans and advances	10	67,34,299	39,94,169
	d) Fixed deposits with financial institution	11	17,55,00,000	11,35,00,000
	e) Other non-current assets	12	10,356	5,86,389
II	Current assets			
	a) Cash & bank balance	13	42,01,47,318	41,20,12,924
	b) Fixed deposits with financial institution	14	2,00,00,000	95,00,000
	c) Short term loans & advances	15	8,77,068	7,01,101
	d) Other current assets	16	80,29,288	1,14,91,452
	Total		71,73,19,572	59,12,87,511
	See accompanying notes forming part of the financial statements.	1-31		

In terms of our report attached.

For DELOITTE HASKINS & SELLS

Chartered Accountants



Mukesh Jain
Partner



Ashutosh Pednekar
Chairman
DIN: 00026049



Usha Banerji
Chief Executive Officer
DIN: 00021555



Gargi Mashruwala
Vice Chair Person
DIN: 00032543



Yashwant Bhat
Chief Financial Officer

Mumbai
20 June, 2018

Statement of Income and Expenditure For The Year Ended 31st March, 2018

(Amount in Rs.)

	Particulars	Note No.	For the year ended 31st March, 2018	For the year ended 31st March, 2017
I	Donations	17	20,97,93,172	22,30,50,147
II	Other income	18	4,22,77,209	3,23,46,077
III	Total Income		25,20,70,381	25,53,96,224
IV	Expenses			
	(a) Centre Running Expenses	19	6,64,60,862	4,90,32,898
	(b) Centre Renovation Expenses	20	1,25,31,562	2,99,44,465
	(c) Employee benefits	21	3,53,43,401	2,58,36,497
	(d) Finance Cost	22	2,580	51,866
	(e) Depreciation and amortisation expense	8	56,89,539	68,58,184
	(f) Other expenses	23	1,23,79,342	93,90,677
V	Total Expenditure		13,24,07,286	12,11,14,586
	Surplus for the year (III - V)		11,96,63,095	13,42,81,637
	See accompanying notes forming part of the financial statements	1-31		

In terms of our report attached.

For DELOITTE HASKINS & SELLS

Chartered Accountants



Mukesh Jain
Partner



Ashutosh Pednekar
Chairman
DIN: 00026049



Usha Banerji
Chief Executive Officer
DIN: 00021555



Gargi Mashruwala
Vice Chair Person
DIN: 00032543



Yashwant Bhat
Chief Financial Officer

Mumbai
20 June, 2018

Notes forming part of the financial statements

(Amount in Rs.)

Particulars	As at 31st March, 2018	As at 31st March, 2017
Note 3		
Corpus Fund		
1. Donations towards Corpus		
Opening Balance	10,54,78,697	6,40,04,688
Add Donations received	1,32,44,773	4,14,74,009
Total	11,87,23,470	10,54,78,697
Note 4		
Reserve Fund		
1 Balance as per last Balance sheet	31,22,15,911	32,82,75,452
Add: Surplus as per Statement of Income and Expenditure	11,96,63,095	13,42,81,637
Add:- Transferred from		
Renovation Fund	1,15,16,426	-
Grant Fund	1,12,63,007	-
Sustainability Fund	95,29,236	-
	46,41,87,675	46,25,57,089
Less Transferred to *		
Renovation Fund	(1,00,00,000)	(2,58,45,500)
Grant Fund	-	(4,64,15,678)
Sustainability Fund	(1,02,75,000)	(7,80,80,000)
	(2,02,75,000)	(15,03,41,178)
	44,39,12,675	31,22,15,911
2 Renovation Fund		
Opening Balance	2,58,45,500	
Add Transfer from Reserve Fund *	1,00,00,000	2,58,45,500
Less: Utilisation	(1,15,16,426)	-
Closing Balance	2,43,29,074	2,58,45,500
3 Grant Fund		
Opening Balance	4,64,15,678	-
Add Transfer from Reserve Fund *	-	4,64,15,678
Less Utilisation	(1,12,63,007)	-
Closing Balance	3,51,52,671	4,64,15,678
4 Sustainability Fund		
Opening Balance	7,80,80,000	-
Add Transfer from Reserve Fund *	1,02,75,000	7,80,80,000
Less Utilisation	(95,29,236)	-
Closing Balance	7,88,25,764	7,80,80,000
Total	58,22,20,184	46,25,57,089
<i>* Pursuant to the Resolution passed by the Board of Directors, amount appropriated to the Fund.</i>		
Note 5		
1 Trade Payables		
Other than Acceptances (Refer Note 21)	1,14,47,560	58,39,894
Total	1,14,47,560	58,39,894
Note 6		
Other Current Liabilities		
1 Other Payables		
i) Statutory Dues Payable	7,38,038	6,24,440
ii) Gratuity Payable	2,99,389	2,22,855
iii) Earmarked Funds receipts unutilised (RDTT)*	23,83,749	88,81,356
iv) Retention Money Payable	7,89,602	72,29,310
	42,10,778	1,69,57,961

* Refer Note 17

(Amount in Rs.)

Particulars	As at 31st March, 2018	As at 31st March, 2017
Note 7		
Short Term Provisions		
1 Provision for Employee Benefits		
(i) Provision for compensated absences	7,17,580	4,53,870
Total	7,17,580	4,53,870

Note 8a										
Property Plant and Equipment										
Sr. No.	Tangible assets	Gross block				Accumulated depreciation and impairment				Net block
		Balance as at 1 April, 2017	Additions	Disposals	Balance as at 31 March, 2018	Balance as at 1 April, 2017	Depreciation / amortisation expense for the year	Accumulated Depreciation for Disposed assets	Balance as at 31 March, 2018	Balance as at 31 March, 2018
(a)	Computers	35,36,558	1,38,000	-	36,74,558	22,15,012	8,19,969	-	30,34,981	6,39,577
	Previous year	(21,66,758)	(13,69,800)	-	(35,36,558)	(18,30,104)	(3,84,908)	-	(22,15,012)	(13,21,545)
(b)	Furniture and Fixtures	92,20,327	5,28,842	-	97,49,169	46,18,269	15,61,235	-	61,79,504	35,69,665
	Previous year	(33,68,209)	(58,52,118)	-	(92,20,327)	(19,54,456)	(26,63,813)	-	(46,18,269)	(46,02,058)
(c)	Vehicles	1,60,67,281	4,60,000	10,51,500	1,54,75,781	1,02,57,815	17,88,468	8,68,842	1,11,77,441	42,98,340
	Previous year	(1,46,45,479)	(14,21,802)	-	(1,60,67,281)	(80,20,850)	(22,36,965)	-	(1,02,57,815)	(58,09,466)
(d)	Office equipment	67,21,283	12,65,120	8,690	79,77,713	47,00,850	12,27,731	8,690	59,19,891	20,57,822
	Previous year	(45,80,910)	(21,40,373)	-	(67,21,283)	(35,07,099)	(11,93,751)	-	(47,00,850)	(20,20,433)
(e)	Playground & Musical Instruments	11,65,881	-	-	11,65,881	4,60,247	2,66,845	-	7,27,092	4,38,789
	Previous year	(1,41,642)	(10,24,239)	-	(11,65,881)	(1,28,671)	(3,31,576)	-	(4,60,247)	(7,05,634)
	Total	3,67,11,330	23,91,962	10,60,190	3,80,43,102	2,22,52,193	56,64,248	8,77,532	2,70,38,909	1,10,04,193
	Previous year	(2,49,02,998)	(1,18,08,332)	-	(3,67,11,330)	(1,54,41,180)	(68,11,013)	-	(2,22,52,193)	(1,44,59,136)

Note 8b

(Amount in Rs.)

Intangible Assets								
Sr. No.	Intangible assets	Gross block			Accumulated depreciation and impairment			Net block
		Balance as at 1 April, 2017	Additions	Balance as at 31st March, 2018	Balance as at 1 April, 2017	Depreciation/ amortisation expense for the year	Balance as at 31st March, 2018	Balance as at 31st March, 2018
(a)	Computer software	3,29,270	-	3,29,270	2,86,930	25,291	3,12,221	17,049
	Previous year	(2,49,845)	(79,425)	(3,29,270)	(2,39,759)	(47,171)	(2,86,930)	(42,340)
	Total	3,29,270	-	3,29,270	2,86,930	25,291	3,12,221	17,049
	Previous year	(2,49,845)	(79,425)	(3,29,270)	(2,39,759)	(47,171)	(2,86,930)	(42,340)

Note 8

(Amount in Rs.)

Depreciation and amortisation expenses:			
	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
	Depreciation and amortisation for the year on Property Plant and Equipment as per Note 8a	56,64,248	68,11,013
	Depreciation and amortisation for the year on intangible assets as per Note 8b	25,291	47,171
	Total	56,89,539	68,58,184

Note 9

(Amount in Rs.)

Non Current Investments			
Sr.No.	Particulars	As at 31st March, 2018	As at 31st March, 2017
	Investments in Bonds (Non - trade, Unquoted)		
	GOI 8% Savings (Taxable) Bonds, 2003		
	Maturity - 2023	7,50,00,000	2,50,00,000
	Total	7,50,00,000	2,50,00,000

Note 10

Long Term Loans & Advances			
	(Unsecured, considered good)		
1	Security deposits	35,05,660	28,61,770
2	Capital Advances	18,07,309	-
3	Tax deducted at source	14,21,330	11,32,399
	Total	67,34,299	39,94,169

Note 11

Fixed Deposits with Financial Institutions			
1	Fixed Deposits with Financial Institution (Refer note below)	15,30,00,000	11,35,00,000
2	Application Money- Pending Allotment of Fixed Deposit receipt with Financial Institution	2,25,00,000	-
	Total	17,55,00,000	11,35,00,000

Note :- Details of Fixed Deposits with Financial Institution u/s 186 of Companies Act, 2013

As on 31st March 2018

Sr No	Principal Amount	Rate of Interest	Tenure (Days)
1	2,00,00,000	8.25%	1339
2	1,85,00,000	8.25%	1218
3	3,00,00,000	8.15%	1218
4	2,45,00,000	7.60%	1217
5	3,00,00,000	7.60%	1218
6	2,00,00,000	7.60%	912
7	1,00,00,000	8.30%	1339
	15,30,00,000		

As on 31st March 2017

Sr No	Principal Amount	Rate of Interest	Tenure (Days)
1	1,50,00,000	7.60%	1125
2	1,85,00,000	8.25%	1218
3	3,00,00,000	8.15%	1218
4	2,00,00,000	9.25%	1338
5	2,00,00,000	8.25%	1339
6	1,00,00,000	8.30%	1339
	11,35,00,000		

Note 12

(Amount in Rs.)

Other Non Current Assets			
Sr. No.	Particulars	As at 31st March, 2018	As at 31st March, 2017
1	Accruals		
	(i) Interest accrued on deposits	10,356	5,86,389
	Total	10,356	5,86,389

Note 13

(Amount in Rs.)

Cash and Bank Balances			
Sr.No.	Particulars	As at 31st March, 2018	As at 31st March, 2017
1	Cash on hand	-	35,765
2	Balance with schedule Banks (a) Current Account (b) Foreign Contribution (Regulation) Account (FCRA)	1,51,33,767 2,02,59,076	1,91,38,973 4,69,36,310
	Total cash and cash equivalents (A)	3,53,92,843	6,61,11,048
Other Bank Balances			
3	Other bank balances In other deposit accounts (Refer Note (i) below.)	38,14,86,943	33,70,18,958
4	In Earmarked accounts Deutsche Bank (R D Tata Trust) (refer Note 17) Deutsche Bank (Sir Ratan Tata Trust) (refer Note 17) Fixed Deposit with Banks	32,65,908 1,624 -	8,81,357 1,561 80,00,000
	Total Other bank balances (B)	38,47,54,475	34,59,01,876
	Total (A+B)	42,01,47,318	41,20,12,924
	Notes: (i) Balances with banks include deposits which have residual maturity of more than 12 months.	31,27,85,827	14,91,97,978

Note 14

(Amount in Rs.)

Fixed Deposits with Financial Institutions			
Sr.No.	Particulars	As at 31st March, 2018	As at 31st March, 2017
1	Fixed Deposits with Financial Institution (Refer note below)	2,00,00,000	95,00,000
	Total	2,00,00,000	95,00,000

Note :- Details of Fixed Deposits with Financial Institution u/s 186

As on 31st March 2018

Sr No	Principal Amount	Rate of Interest	Tenure (Days)
1	2,00,00,000	9.25%	1338

As on 31st March 2017

Sr No	Principal Amount	Rate of Interest	Tenure (Days)
1	95,00,000	7.60%	365

Note 15

(Amount in Rs.)

Short Term Loans and Advances			
Sr.No.	Particulars	As at 31st March, 2018	As at 31st March, 2017
1	Unsecured, considered good Loans and advances to employees	89,880	34,000
2	Prepaid expenses	6,95,307	4,79,484
3	Other Advances (to suppliers)	91,881	1,84,617
4	Income Receivable	-	3,000
	Total	8,77,068	7,01,101

Note 16

(Amount in Rs.)

Other Current Assets			
Sr.No.	Particulars	As at 31st March, 2018	As at 31st March, 2017
1	Interest accrued but not due on deposits		
	Bank Deposits	70,59,425	1,11,68,164
	with Government Bonds	9,69,863	3,23,288
	Total	80,29,288	1,14,91,452

Note 17

Donations			
Sr.No.	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
	Donations		
1	Foreign Contribution (Regulation) Act (FCRA)	8,42,54,734	10,41,77,323
2	General (Including Web based donation) (Refer Note below)	12,55,38,438	11,88,72,824
	Total	20,97,93,172	22,30,50,147

Note: The Company has received donation of Rs 1,27,50,000 (Rs 1,34,00,000 in the previous year) with the condition that "if the amount is not spent within the specified period", the unspent amount is payable to the Donor at the end of the specified period. An amount of Rs 23,83,749 (As on 31st March 2017 Rs. 88,81,356) unspent as on 31st March, 2018 is recorded as liability and corresponding amount is reduced from Donations received during the year.

Note 18

Other income			
Sr.No.	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
1	Interest from banks on:		
	Fixed Deposits	2,48,65,189	2,41,11,475
	Other Accounts	6,45,623	5,53,683
2	Interest received from others		
	Income Tax Refund	28,084	2,91,218
	Fixed Deposit with Financial Institution	1,25,56,906	68,41,777
	Interest on Non Current Investment Bonds	41,53,242	3,76,621
3	Miscellaneous income	28,165	1,71,303
	Total	4,22,77,209	3,23,46,077

Note 19

Centre Running Expenses			
Sr. No.	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
1	Repairs & Maintenance	1,06,80,180	55,16,175
2	Rent for Centres	1,05,00,738	84,47,075
3	Donations Paid	10,02,804	12,47,819
4	Electricity Expenses	53,03,615	31,33,362
5	Water Charges	9,97,526	8,30,991
6	Cleaning & Hygiene	1,19,77,321	83,36,111
7	Transportation	15,15,800	13,74,956
8	Nutrition	63,79,621	36,26,714
9	Housing & Ancillary	1,25,87,085	1,20,86,290
10	Educational Activities	46,49,783	35,08,435
11	Stationary Expenses	8,66,389	9,24,970
	Total	6,64,60,862	4,90,32,898

Note 20

Centre Renovation Expenses.			
Sr. No.	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
1	Renovation Costs (Refer Note Below)	1,25,31,562	2,99,44,465
Total		1,25,31,562	2,99,44,465

Note : Renovation cost includes the centre setting up expenses as under

Donations	
Name of Cente	Renovation Cost
Vellore	1,15,23,476
Cotton Green Centre	7,80,076
Kolkata (K3)	2,28,010

In the Previous year, renovation cost of Rs.2,99,44,465 was incurred for 3 Buildings provided by Mumbai Port Trust as per the agreement entered into with the Tata Memorial Centre(TMC) at Rajas Nagar, Cotton Green (east) Mumbai

Note 21

Employee benefits expense			
Sr.No.	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
1	Salary and wages	3,21,90,580	2,40,40,941
2	Contribution to Providend fund	18,45,641	13,98,628
3	Gratuity	8,45,609	-
4	Staff welfare expenses	4,61,571	3,96,928
Total		3,53,43,401	2,58,36,497

Note 22

Finance Cost			
Sr.No.	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
1	Interest Expenses Others	2,580	51,866
Total		2,580	51,866

Note 23

Other expenses			
Sr. No.	Particulars	For the year ended 31st March, 2018	For the year ended 31st March, 2017
1	Professional Charges	88,47,532	67,55,377
2	Office Expenses	5,14,101	2,32,010
3	Telephone,Postage & Courier Expenses	6,86,103	5,75,419
4	Payment to Auditors Statutory Audit Fees	8,00,000	8,00,000
	Out of Pocket Expenses	2,360	5,310
	GST / Service Tax	1,45,422	1,20,000
5	Books and Periodicals	1,10,378	-
6	Bank Charges	14,627	24,072
7	Insurance charges	7,01,385	5,01,099
8	Loss on sale of fixed assets	1,22,158	-
9	Miscellaneous expenses	4,35,276	3,77,390
Total		1,23,79,342	93,90,677

Notes forming part of the financial statements

24. There are no amounts due to the suppliers covered under Micro, Small and Medium Enterprises Development Act, 2006. This information takes into account only those suppliers who have responded to the enquiries made by the Company for this purpose. This has been relied upon by the auditors.

25. Capital and other commitments

Estimated amount of contracts remaining to be executed on capital account and not provided for Rs 10,28,598 (Previous Year Nil)

26. The Company is a Small and Medium size Company (SMC) as defined in the general instructions in respect of Accounting Standards notified under the Companies Act, 2013. Accordingly, the Company has complied with the Accounting Standards as applicable to small and medium size Company.

27. Earnings in Foreign Currency

(Amount in Rs.)

Particulars	Financial Year 2017-18	Financial Year 2016-17
Donations	2,69,05,008	5,12,98,036
Corpus Fund	55,44,773	-

28. Employees Benefits

Principal actuarial assumptions for gratuity and compensated absences provision.

Particulars	2017-18	2016-17
Mortality rate	LIC(2006-08)	LIC(2006-08)
	mortality tables	mortality tables
Salary Escalation	6%	6%
Discount	7.80%	7.22%
Withdrawals	10%	10%
Normal Retirement Age	65 & 70Years	65 & 70Years

29. Related party transactions.

Description of Relationship	Names of related parties	2017-18	2016-17
Key Management Personnel (KMP)	Remuneration (Rs)		
	Usha Banerji – CEO	22,06,600	20,86,600

30. The Company is registered under section 8 of the Companies Act, 2013. The Company is exempt from the payment of Income tax. No provision for taxation has been made in the accounts in view of the exemption eligible to the Company under Section 11 read with Section 2(15) of the Income tax Act 1961.

31. The previous year's figures have been regrouped /reclassified wherever necessary to correspond with current year's classification/disclosure.

For and on behalf of the Board of Directors



Ashutosh Pednekar
Chairman
DIN: 00026049



Usha Banerji
Chief Executive Officer
DIN: 00021555



Gargi Mashruwala
Vice Chair Person
DIN: 00032543



Yashwant Bhat
Chief Financial Officer

Mumbai
20 June, 2018

1. Corporate Information:

St. Jude India ChildCare Centres is a Private Company limited by guarantee registered under section 8 of the Companies Act, 2013. The Company was incorporated on 25th July 2006. As on 31st March 2018 the Company operated from following Centres at different locations. The Company provides free of charge shelter facilities including common kitchen facilities, nutritional starter pack containing basic rations and educational materials, toys etc to the families pre-selected from the hospitals treating pediatric patients in cities.

Location	As on 31st March 2018		As on 31st March 2017	
	No. of Centres	No. of Units	No. of Centres	No. of Units
Parel, Mumbai	4	49	4	49
Kharghar, Mumbai	4	41	4	41
Kolkata	2	36	2	32
Delhi	4	42	4	42
Jaipur	3	40	3	40
Hyderabad	1	19	1	19
Cotton Green, Mumbai	14	165	9	105
Total	32	392	27	328

2. Significant Accounting Policies:

a. Basis of Accounting

The financial statements of the Company have been prepared in accordance with the Generally Accepted Accounting Principles in India (Indian GAAP) to comply with the Accounting Standards prescribed under Section 133 of the Companies Act, 2013 and the relevant provisions of the Companies Act, 2013 ("the 2013 Act"). The financial statements have been prepared on accrual basis under the historical cost convention.

b. Use of Estimates

The preparation of financial statements in conformity with Generally Accepted Accounting Principles require estimates and assumptions to be made that affect the reported amounts of assets and liabilities and disclosure of contingent liabilities on the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates and differences between actual results and estimates are recognized in the periods in which the results are known / materialize.

c. Revenue Recognition

Donations received towards St. Jude India ChildCare Centres are considered as income when received, revenue is recognized when it is earned and no significant uncertainty exists as to its realization or collection.

d. Corpus Funds

Receipts in the form of voluntary contribution made with a specific direction are treated as Corpus Funds.

e. Property Plant and Equipment, Intangible Assets and Depreciation / Amortization

Property Plant and Equipment are stated at the original cost of acquisition less accumulated depreciation. Cost of acquisition is inclusive of direct incidental expenses.

Depreciation on Property Plant and Equipment has been provided on the written down value method and the rates of depreciation are calculated based on estimated useful life as prescribed in Schedule II to the Companies Act, 2013.

Intangible Assets are amortized @ 60% on written down value on their estimated useful life basis.

f. Investments

Long Term investments are stated at cost. Provision is made to recognize a decline, other than temporary, in the value of long term investments. Current investments are stated at the lower of cost and fair/ market value. Any reduction in the carrying amount of investments and any reversals of such reductions are charged or credited to the Statement of Income and Expenditure.

g. Employee Benefits:

a) Short Term Employee Benefits

All employee benefits payable wholly within twelve months of rendering the service are classified as short term employee benefits. Benefits such as salaries and ex-gratia, other compensations are recognized at the undiscounted amount in the Statement of Income & Expenditure in the period in which the employee renders the related service.

b) Post-Employment Benefits

i. Defined Contribution Plan

The Company's contribution to provident fund and employee state insurance are considered as defined contribution plans and are charged as an expense based on the amount of contribution required to be made and when services are rendered by the employees.

ii. Defined Benefit Plan

The Company's liability towards gratuity is determined using the projected unit cost method which considers each period of service as giving rise to an additional unit of benefit entitlement and measures each unit separately to build up the final obligation. Actuarial gains and losses based on actuarial valuation done by and independent actuary carried out annually are recognized immediately in the statement of Income and Expenditure as income or expense. Obligation is measured at the present value of the estimated future cash flows using a discounted rate that is determined by reference to market yields at the Balance Sheet date on Government bonds where the currency and terms of the Government bonds are consistent with the currency and estimated terms of the defined benefit obligation.

c) The Company has a scheme for compensated absences for employees, the liability for which is determined on the basis of an actuarial valuation carried out at the end of the year.

i. Income Tax

Current tax, if any is the amount of tax payable on the taxable income for the year as determined in accordance with the applicable tax rates and provision of the Income Tax Act, 1961.

j. Provisions, Contingent Liabilities & Contingent Assets

A provision is recognized when the company has a present legal obligation as a result of past events and it is probable that an outflow of resources will be required to settle the obligation in respect of which a reliable estimate can be made. Provisions (excluding employee benefits) are not discounted to present value and are determined based on best estimate required to settle the obligation at the balance sheet date. These are reviewed at each balance sheet date and adjusted to reflect the current best estimates.

RDTT Statement

The operational costs of three Centres, comprising 38 Units, located in Parel, and four centres at CGC comprising of 47 units are supported by Ratan Dorabji Tata Trust under the Child Development and Nutrition Initiative, The grant of Rs.8,42,58,957 /- is for January 2016 to March 2019. Committed.

During the year, we received Third instalment of Rs.1,27,50,000 The amounts were spent as follows:-

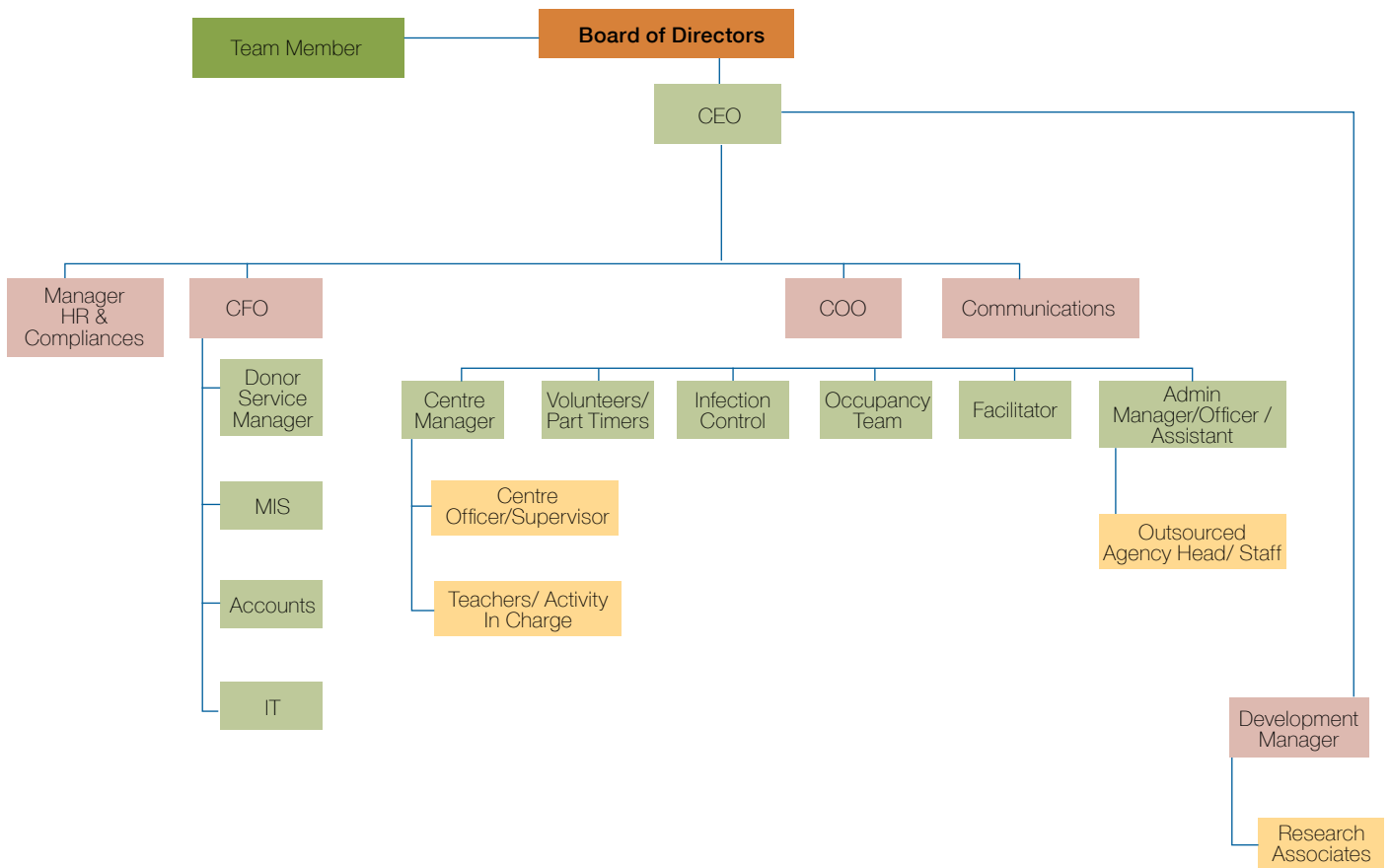
Unutilised Balance as on Apr'17	88,81,356
Grant received	1,27,50,000
Interest Earned	4,54,092
Amount Utilised	1,97,01,698
Unutilised Balance as on 31.3.18	23,83,750

Grant utilised for :

Personnel Program	1,47,75,115
Program Cost Residential	17,10,193
Overhead Cost	32,16,390
	1,97,01,698

Overhead expenses are classified as per RDTT format. It consists of Rent, Electricity, Printing & Stationery, Repairs & Maintenance expenses which are incurred for running the centre.

Organisational Structure for SJICC



SEXUAL HARASSMENT AT THE WORKPLACE COMMITTEE (CASH)

St. Jude India ChildCare Centres has a duly appointed Committee with an appointed external member. The committee meets regularly. In the Financial Year 2017-2018 we have had no case of Sexual Harassment at any of our centres.

There have also been no cases of Child Sexual Abuse(CSA) under the POCSO (Protection of Children from Sexual Offences Act).



“It is truly very inspiring with an outstanding commitment from the team. At the end of the day, it’s all about teamwork. I was very impressed with St Jude and their team support.”

VS Laxman and Ashish Nehra, Cricketers

Registered office

Victoria House
Pandurang Budhkar Marg
Mumbai 400 013

email contact@stjudechild.org

website www.stjudechild.org

