

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2010

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

- B Check if applicable
Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization
ST JUDE CHILDREN'S RESEARCH HOSPITAL INC
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
262 DANNY THOMAS PLACE
Room/suite
City or town, state or country, and ZIP + 4
MEMPHIS, TN 381053678

D Employer identification number
62-0646012

E Telephone number
(901) 595-2261

G Gross receipts \$ 574,006,112

F Name and address of principal officer
WILLIAM E EVANS
262 DANNY THOMAS PLACE
MEMPHIS, TN 381053678

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status 501(c)(3) 501(c) ( ) (insert no) 4947(a)(1) or 527

J Website: WWW STJUDE ORG

K Form of organization Corporation Trust Association Other

L Year of formation 1959

M State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
ST JUDE CHILDREN'S RESEARCH HOSPITAL IS A RESEARCH, TREATMENT AND EDUCATION CENTER WHOSE MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE FOUNDER, DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY

Table with 2 columns: Description, Amount. Rows include: 2 Check this box if the organization discontinued its operations... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income...

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses...

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on information furnished by the taxpayer. No part of the information furnished to the preparer has been determined to be false.

Sign Here
Signature of officer
MICHAEL C CANARIOS SVP & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Firm's name DELOITTE TAX LLP
Firm's address 100 PEABODY PLACE STE 800
MEMPHIS, TN 38103
Preparer's signature

May the IRS discuss this return with the preparer shown above? (see instructions)

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III  Yes  No

**1** Briefly describe the organization's mission

ST JUDE CHILDREN'S RESEARCH HOSPITAL IS A RESEARCH, TREATMENT AND EDUCATION CENTER WHOSE MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE FOUNDER, DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 299,348,142 including grants of \$ ) (Revenue \$ )

RESEARCH THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSSES THE HOSPITAL AWARDS NO GRANTS TO OUTSIDE AGENCIES ALL RESEARCH ACTIVITIES ARE CONDUCTED BY HOSPITAL PERSONNEL

**4b** (Code ) (Expenses \$ 7,804,188 including grants of \$ ) (Revenue \$ )

EDUCATION AND TRAINING AS PART OF ITS EDUCATIONAL MISSION, THE HOSPITAL PROVIDES APPROXIMATELY 350 POSTDOCTORAL FELLOWSHIPS TO INDIVIDUALS WHO ALREADY HAVE EARNED AN MD, PHD, PHARM D, OR DVM THE HOSPITAL IS ALSO AFFILIATED WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER AT MEMPHIS, SERVING AS A TRAINING SITE FOR GRADUATE STUDENTS, MEDICAL STUDENTS, MEDICAL RESIDENTS, AND UNDERGRADUATE STUDENTS IN RELEVANT APPLIED HEALTH PROGRAMS THIS TRAINING IS PROVIDED IN A VARIETY OF SUBSPECIALTIES AND RESEARCH DISCIPLINES IN THE CLINICAL AND BASIC SCIENCES UNDER THE DIRECTION OF SENIOR CLINICAL AND RESEARCH FACULTY A PEDIATRIC ONCOLOGY EDUCATION PROGRAM, OFFERING SUMMER TRAINING IN RESEARCH AND CLINICAL DISCIPLINES TO COLLEGE STUDENTS, IS AN INTEGRAL PART OF ST JUDE'S COMMUNITY EDUCATION ACTIVITIES ST JUDE ALSO HAS GRADUATE PROGRAMS CONDUCTED UNDER FORMAL AFFILIATION AGREEMENTS WITH THE UNIVERSITY OF MEMPHIS AND THE UNIVERSITY OF MISSISSIPPI UNDERGRADUATE PROGRAMS INCLUDE THE RHODES COLLEGE SUMMER PLUS PROGRAM (RHODES COLLEGE) AND CHRISTIAN BROTHERS UNIVERSITY

**4c** (Code ) (Expenses \$ 265,713,135 including grants of \$ ) (Revenue \$ 88,718,150 )

PATIENT CARE THE HOSPITAL PROVIDED 14,857 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 3,229 OR 22% OF THOSE INPATIENT DAYS PATIENTS MADE 63,395 CLINIC VISITS DURING THE YEAR

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

**4e Total program service expenses** \$ 572,865,465

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? <input checked="" type="checkbox"/>	Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
<b>11</b> If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>	Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>	Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i> <input checked="" type="checkbox"/>	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i> <input checked="" type="checkbox"/>	Yes	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i> <input checked="" type="checkbox"/>		No
<b>17</b> Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> <input checked="" type="checkbox"/>	Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	Yes	

**Part IV Checklist of Required Schedules** *(continued)*

<b>21</b>	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b>		No
<b>22</b>	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b>		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b>	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	<b>24a</b>	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>		No
<b>25a</b>	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>		No
<b>26</b>	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	<b>26</b>		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	Yes	
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b>	Yes	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35</b>	Yes	
<b>a</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b>	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
<b>1a</b>	865		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>1b</b>	0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
<b>2a</b>	4,056		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders.		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
<b>13c</b>	Enter the amount of reserves on hand.		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		No
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	<b>1a</b> 45		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
	<b>1b</b> 39		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	Yes	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	Yes	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
<b>6</b>	Does the organization have members or stockholders? . . . . .		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body? . . . . .	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		No

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

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

**Section C. Disclosure**

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



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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							5,778,697	477,920	584,696	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶363**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF TENNESSEE 62 S DUNLAP RM 300 MEMPHIS, TN 38163	MEDICAL	4,592,513
CERNER CORP PO BOX 412702 KANSAS CITY, MO 641412702	CONSULTING	4,369,238
UT MED GROUP INC 1407 UNION AVE SUITE 720 MEMPHIS, TN 381043641	MEDICAL	3,960,299
DYNAMIX GROUP INC PO BOX 116609 ATLANTA, GA 303686609	MAINTENANCE SERVICE	2,911,108
GUARDSMARK LLC PO BOX 11407 BIRMINGHAM, AL 352463000	SECURITY	2,654,325

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶159**



**Part VIII Statement of Revenue**

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>					
	<b>b</b> Membership dues . . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . . <b>1c</b>					
	<b>d</b> Related organizations . . . . . <b>1d</b>	375,102,514				
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>	91,558,250				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	9,929,421				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f . . . . .	476,590,185				
	<b>Program Service Revenue</b>	<b>2a</b> PATIENT CARE	621110	88,718,150	88,718,150	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			88,718,150			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .				
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	186,842	72,170		
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses	144,500	124,592		
		<b>c</b> Gain or (loss)	42,342	-52,422		
	<b>d</b> Net gain or (loss) . . . . .		-10,080	-10,080		
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
	<b>b</b> Less direct expenses . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
	<b>11a</b> PATENTS/LICENSING INCO	900099	2,988,653	2,988,653		
	<b>b</b> CAFETERIA/VENDING	722212	2,758,811	2,758,811		
	<b>c</b> CHGME/CHCA	900099	1,409,444	1,409,444		
	<b>d</b> All other revenue . . . . .		1,281,857	1,281,857		
	<b>e Total.</b> Add lines 11a-11d . . . . .		8,438,765			
<b>12 Total revenue.</b> See Instructions . . . . .		573,737,020	97,146,835	0	0	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	22,000	22,000		
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,506,742	2,140,968	1,365,774	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	245,614,223	229,849,998	15,764,225	
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	15,926,329	14,904,132	1,022,197	
<b>9</b>	Other employee benefits . . . . .	39,675,073	37,128,613	2,546,460	
<b>10</b>	Payroll taxes . . . . .	16,735,318	15,661,197	1,074,121	
<b>a</b>	Fees for services (non-employees)				
	Management . . . . .	4,336,675	4,153,561	183,114	
<b>b</b>	Legal . . . . .	1,553,457	1,487,863	65,594	
<b>c</b>	Accounting . . . . .	228,428	218,783	9,645	
<b>d</b>	Lobbying . . . . .	29,000	29,000		
<b>e</b>	Professional fundraising services See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other . . . . .	69,856,390	64,585,625	5,270,765	
<b>12</b>	Advertising and promotion . . . . .	707,622	677,743	29,879	
<b>13</b>	Office expenses . . . . .	2,059,131	2,025,505	33,626	
<b>14</b>	Information technology . . . . .	10,042,735	9,618,685	424,050	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	20,723,028	18,062,217	2,660,811	
<b>17</b>	Travel . . . . .	9,444,440	9,052,859	391,581	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	1,269,066	949,329	319,737	
<b>20</b>	Interest . . . . .	10,402,374	10,383,524	18,850	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	63,101,064	60,135,931	2,965,133	
<b>23</b>	Insurance . . . . .	1,159,089		1,159,089	
<b>24</b>	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
<b>a</b>	LABORATORY SUPPLIES	28,536,697	28,070,684	466,013	0
<b>b</b>	PHAMACEUTICAL SUPPLIES	24,408,957	24,010,351	398,606	0
<b>c</b>	PATIENT CARE SUPPLIES	6,094,552	5,995,026	99,526	0
<b>d</b>	TELEPHONE	1,128,421	1,005,683	122,738	0
<b>e</b>	ALLOCATION ADJUSTMENTS	0	10,239,539	-10,239,539	0
<b>f</b>	All other expenses	23,470,893	22,456,649	1,014,244	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	600,031,704	572,865,465	27,166,239	0
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,602,155	<b>1</b>	2,426,793
	<b>2</b> Savings and temporary cash investments . . . . .	10,752,450	<b>2</b>	10,099,500
	<b>3</b> Pledges and grants receivable, net . . . . .	8,044,487	<b>3</b>	11,133,917
	<b>4</b> Accounts receivable, net . . . . .	14,294,962	<b>4</b>	11,816,086
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	4,107,758	<b>8</b>	3,732,709
	<b>9</b> Prepaid expenses and deferred charges . . . . .	13,870,573	<b>9</b>	11,203,641
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	914,182,000		
	<b>10b</b> Less accumulated depreciation . . . . .	490,909,539		
		441,776,563	<b>10c</b>	423,272,461
	<b>11</b> Investments—publicly traded securities . . . . .	1,264,640	<b>11</b>	1,494,392
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	1,940,252,959	<b>15</b>	2,384,728,994	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,440,966,547	<b>16</b>	2,859,908,493	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	71,047,212	<b>17</b>	75,926,446
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	5,330,877	<b>19</b>	6,415,432
	<b>20</b> Tax-exempt bond liabilities . . . . .	239,523,268	<b>20</b>	234,467,223
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	1,795,285	<b>25</b>	1,460,038
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	317,696,642	<b>26</b>	318,269,139
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,423,253,486	<b>27</b>	1,704,992,562
	<b>28</b> Temporarily restricted net assets . . . . .	37,242,519	<b>28</b>	46,913,705
	<b>29</b> Permanently restricted net assets . . . . .	662,773,900	<b>29</b>	789,733,087
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,123,269,905	<b>33</b>	2,541,639,354	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,440,966,547	<b>34</b>	2,859,908,493	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	573,737,020
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	600,031,704
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-26,294,684
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,123,269,905
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	444,664,133
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	2,541,639,354

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
62-0646012

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

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

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

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						

**Section B. Total Support**


Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total support</b> (Add lines 7 through 10)						

**12** Gross receipts from related activities, etc (See instructions ) 12**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶**Section C. Computation of Public Support Percentage****14** Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 14**15** Public Support Percentage for 2009 Schedule A, Part II, line 14 15**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶**b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶**17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶**b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶


**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						


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


**Section C. Computation of Public Support Percentage**


<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization 

**b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization 

**20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

---

<b>Facts And Circumstances Test</b>
-------------------------------------

--

--



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**2010**

**Open to Public Inspection**

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

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

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

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

Employer identification number  
62-0646012

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2** Political expenditures ▶ \$ \_\_\_\_\_
- 3** Volunteer hours \_\_\_\_\_

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

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

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

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,500
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		13,500
<b>j</b> Total lines 1c through 1i			29,000
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF OTHER LOBBYING ACTIVITIES	PART II-B, LINE 1I	ST JUDE RETAINED SNR DENTON FOR FEDERAL POLICY CONSULTING AND SMITH, HARRIS & CARR FOR STATE POLICY CONSULTING. AMOUNT LISTED IS RETAINER FEES PRORATED FOR DIRECT FEDERAL AND STATE LEGISLATIVE CONTACTS

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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

Employer identification number 62-0646012

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Line number, Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year

4 Number of states where property subject to conservation easement is located

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

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

(ii) Assets included in Form 990, Part X \$

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

a Revenues included in Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Investment earnings or losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment
- c** Term endowment

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		624,749,060	311,325,546	313,423,514
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		283,266,502	177,344,477	105,922,025
<b>e</b> Other . . . . .		6,166,438	2,239,516	3,926,922
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				423,272,461



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	573,737,020
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	600,031,704
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-26,294,684
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	169,320
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	444,494,813
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	444,664,133
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	418,369,449

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	198,856,248
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	169,320
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	169,320
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	198,686,928
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	375,050,092
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	375,050,092
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	573,737,020

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	600,031,704
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	600,031,704
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	600,031,704

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS ALSAC 308,964,137 CHANGE IN INTEREST IN NET ASSET OF ALSAC 135,530,676
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET SUPPORT RECEIVED FROM ALSAC 375,102,514 LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT -52,422
		PART X, LINE 2 - THE HOSPITAL ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES ON JULY 1, 2009 APPLICATION OF ASC TOPIC 740 TO A TAX-EXEMPT ORGANIZATION IS PRIMARILY DIRECTED AT THE CHARACTERIZATION OF INCOME AS TAX EXEMPT (RELATED OR EXCLUDED EXEMPT FUNCTION INCOME) AND/OR TAXABLE AS UNREALTED BUSINESS INCOME AS DEFINED IN THE CODE THE HOSPITAL EVALUATED THE EFFECT OF ASC TOPIC 740 AND DETERMINED THAT NO ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL STATEMENTS WERE REQUIRED UPON THE ADOPTION OF ASC TOPIC 740 ON JULY 1, 2009 AS OF JUNE 30, 2011, THE HOSPITAL HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC 740 REQUIRING ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL STATEMENTS IN THE EVENT THE HOSPITAL WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND MISCELLANEOUS FOR PENALTIES GENERALLY, TAX YEARS 2007 THROUGH 2010 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS









**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*  Yes  No

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 62-0646012

**Name:** ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

---

**Part V Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

---

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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

Employer identification number 62-0646012

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? 1b If "Yes," is it a written policy? 2 If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy... 3a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? 3b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Does the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 6 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

**Part II Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development			110,049		110,049	0.020 %
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building			5,519		5,519	0 %
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development			64,831		64,831	0.010 %
<b>9</b> Other						
<b>10 Total</b>			180,399		180,399	0.030 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>		No
<b>2</b> Enter the amount of the organization's bad debt expense (at cost)	<b>2</b>	347,396	
<b>3</b> Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME)	<b>5</b>	813,113
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5	<b>6</b>	886,097
<b>7</b> Subtract line 6 from line 5. This is the surplus or (shortfall)	<b>7</b>	-72,984
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Does the organization have a written debt collection policy?	<b>9a</b>	Yes
<b>b</b> If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures**

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



**Part V Facility Information** *(continued)*

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address

Type of Facility (Describe)

1

1

2

3

4

5

6

7

8

9

10



**Part VI Supplemental Information**

Complete this part to provide the following information

- 1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C ALL CHILDREN ARE TREATED AT ST JUDE CHILDREN'S RESEARCH HOSPITAL REGARDLESS OF RACE, RELIGION, OR ABILITY TO PAY A BILLING SYSTEM IS MAINTAINED FOR EACH PATIENT, BUT BILLS ARE NOT SENT TO ANY PATIENT IF THE PATIENT HAS INSURANCE, THE HOSPITAL BILLS THE PATIENT'S HEALTH INSURANCE PLAN BY COLLECTING INSURANCE PAYMENTS THAT WOULD BE DUE HAD THE PATIENT RECEIVED TREATMENT AT NEARLY ANY OTHER HOSPITAL IN THE COUNTRY, AND WITH THE ASSISTANCE OF ST JUDE DONORS, ST JUDE HAS BEEN ABLE TO USE OUR FINANCIAL RESOURCES TO CONDUCT CUTTING-EDGE RESEARCH AND COVER TREATMENTS, COPAYS, DEDUCTIBLES, AND COINSURANCE THAT ARE NOT COVERED BY INSURANCE THUS, ANY LEGAL OBLIGATION OF PAYMENT FOR A PATIENT'S COSTS THAT ARE NOT COVERED BY INSURANCE IS COVERED BY THE GENEROUS ASSISTANCE OF ST JUDE DONORS WITH THE RESULT THAT ST JUDE DOES NOT ASK A PATIENT TO PAY THE METHOD OF APPLYING FOR FINANCIAL ASSISTANCE AT ST JUDE IS UNIVERSAL AND CONFORMS TO THE PRINCIPLES STATED ALL ST JUDE PATIENTS RECEIVE THE SAME FINANCIAL ASSISTANCE ST JUDE DOES NOT PURSUE COLLECTION EFFORTS AGAINST ANY PATIENT FAMILY

Identifier	ReturnReference	Explanation
		PART I, LINE 7 COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES COST-TO-CHARGE RATIO USED FOR LINE 7A FINANCIAL ASSISTANCE AT COST AND LINE 7B UNREIMBURSED MEDICAID

Identifier	ReturnReference	Explanation
		PART I, LINE 7G ST JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR SIX AFFILIATE CLINICS TOTALING APPROXIMATELY \$6 MILLION

Identifier	ReturnReference	Explanation
	PART I, LINE 7C	CHIPS IS INCLUDED IN UNREIMBURSED MEDICAID IN PART I, LINE 7B BECAUSE IN MANY STATES THE CHIPS PROGRAMS ARE MANAGED BY THE SAME THIRD PARTY ADMINISTRATORS AND IT IS DIFFICULT TO DISTINGUISH BETWEEN CHIPS VS MEDICAID COVERAGE

Identifier	ReturnReference	Explanation
		<p>PART II THE ST JUDE CHILDREN'S RESEARCH HOSPITAL CEO IS A MEMBER OF MEMPHIS TOMORROW MEMPHIS TOMORROW IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS OF MEMPHIS LARGEST ENTERPRISES THE PURPOSE IS TO BRING TOP BUSINESS LEADERS TOGETHER WITH GOVERNMENT AND CIVIC LEADERS TO FOSTER ECONOMIC PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY ST JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD WHOSE STRATEGIES ARE BASED ON THE COMMON SENSE PREMISE THAT ECONOMIC GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS GOOD JOBS, QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT ST JUDE IS A COMMUNITY PARTNER WITH THE MEMPHIS BIOWORKS FOUNDATION THE MEMPHIS BIOWORKS FOUNDATION IS EXECUTING A STRATEGIC BUSINESS PLAN THAT LEVERAGES THE COMPETITIVE STRENGTHS WITHIN THE REGION WHILE EXPANDING THE INFRASTRUCTURE, EDUCATIONAL OPPORTUNITIES, AND ENTREPRENEUR SUPPORT NEEDED TO EXPAND BIOSCIENCE INDUSTRIES ST JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX) ASSOCIATION OF MEMPHIS APEX IS AN ASSOCIATION OF PURCHASING AND PROCUREMENT PROFESSIONALS FROM MEMPHIS ORGANIZATIONS WHOSE PURPOSE IS TO PROMOTE BEST PRACTICES IN SUPPLIER DIVERSITY ADDITIONALLY, ST JUDE IS SILVER SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC) ECONOMIC DEVELOPMENT FAIR THE MMBC SERVES AS THE MID-SOUTH'S FOREMOST MINORITY BUSINESS DEVELOPMENT ORGANIZATION THE MMBC HELPS TO DEVELOP A STRONG MINORITY AND WOMEN BUSINESS COMMUNITY IN AN EFFORT TO IMPACT ECONOMICALLY THE ENTIRE MID-SOUTH REGION ST JUDE EMPLOYEES ARE INVOLVED IN THE TENNESSEE COMPREHENSIVE CANCER CONTROL COALITION WHICH EXISTS TO WAGE A UNIFIED FIGHT AGAINST CANCER ACROSS THE STATE TO THIS AIM, THE COALITION HAS DEVELOPED AND SUSTAINED AN INTEGRATED AND COORDINATED APPROACH TO REDUCING CANCER INCIDENCE, MORTALITY, AND MORBIDITY AND IMPROVING THE QUALITY OF LIFE FOR THOSE AFFECTED BY CANCER IN TENNESSEE ST JUDE EMPLOYEES PARTICIPATE IN HEALTHY MEMPHIS COMMON TABLE WHICH FOCUSES ITS ENERGIES ON BUILDING COMMUNITY-WIDE COLLABORATION FOR POPULATION HEALTH, HEALTH EQUITY, AND IMPROVING THE HEALTH CARE DELIVERY SYSTEMS OF CARE THE ST JUDE CHIEF NURSE OFFICER CHAIRS THE NURSING INSTITUTE OF THE MID-SOUTH WHICH IS A MEMBER COLLABORATIVE COMPRISED OF LOCAL HOSPITALS AND SCHOOLS OF NURSING CHALLENGED WITH PROVIDING COMPREHENSIVE HEALTH EDUCATION AND SERVICES TO A WIDELY DIVERSE, POVERTY-RIDDEN COMMUNITY AND WITH ADDRESSING THE HEALTH DISPARITIES FOUND AMONG THESE RESIDENTS TENNESSEE HAS A SIGNIFICANT PROJECTED NURSING WORKFORCE SHORTAGE, RANKING FIFTH WORST IN 2010 THE HEMATOLOGY, PATHOLOGY, AND VOLUNTEER SERVICES DEPARTMENTS AT ST JUDE PROVIDE SUMMER PROGRAMS FOR HIGH SCHOOL AND COLLEGE STUDENTS THAT DRIVE ENTRY INTO HEALTH CAREERS ST JUDE EMPLOYEES ARE INVOLVED WITH THE INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS AND THE MID-SOUTH STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATHEMATICS) ALLIANCE WHICH HAVE GOALS TO INCREASE THE NUMBER OF STUDENTS WHO CHOOSE SCIENCE AND HEALTH CAREERS AND INCREASE THE QUALITY OF STEM EDUCATION</p>

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 4 BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENT FOOTNOTES IS AS FOLLOWS "NET PATIENT SERVICE REVENUES AND RECEIVABLES - NO FAMILY EVER PAYS THE HOSPITAL FOR THE CARE THEIR CHILD RECEIVES ACCORDINGLY, NET PATIENT SERVICE REVENUE CONSISTS ONLY OF ESTIMATED NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYORS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS (IF NECESSARY) DUE TO FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS PATIENT SERVICE REVENUE HAS BEEN REDUCED BY ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$532,000 AND \$3,400,000 IN 2011 AND 2010, RESPECTIVELY COSTING METHODOLOGY - THE SAME COSTING METHODOLOGY WAS USED FOR CHARITY CARE, MEANS-TESTED GOVERNMENT PROGRAMS, AND BAD DEBT-THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2 BAD DEBT EXPENSE IS CALCULATED BY ACCUMULATING CHARGES ON ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE SEE NARRATIVE FOR PART I, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 8 ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER THE MEDICARE SHORTFALL A COMMUNITY BENEFIT THE ARKANSAS MEDICAID COST REPORT IS THE SOURCE USED TO DETERMINE THE AMOUNT IN LINE 6

Identifier	ReturnReference	Explanation
		PART III, LINE 9B COLLECTION POLICIES ARE THE SAME FOR ALL PATIENTS ANY LEGAL OBLIGATION OF PAYMENT FOR A PATIENT'S COSTS THAT ARE NOT COVERED BY INSURANCE IS COVERED BY THE GENEROUS ASSISTANCE OF ST JUDE DONORS WITH THE RESULTS THAT ST JUDE DOES NOT ASK A PATIENT TO PAY



Identifier	ReturnReference	Explanation
'OTHER' COLUMN	PART V, SECTION A	PHARMACY, ANATOMIC PATHOLOGY LAB, CLINICAL PHARMACOKINETICS LAB, CLINICAL PATHOLOGY LAB

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 2 IN 1962, ST JUDE CHILDREN'S RESEARCH HOSPITAL OPENED WITH A MISSION TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT IT WAS AT THAT TIME THAT DANNY THOMAS, THE FOUNDER OF ST JUDE, REALIZED THERE WAS A NEED TO TREAT CHILDREN WITH CATASTROPHIC DISEASES AND THAT NO CHILD SHALL DIE IN THE DAWN OF LIFE CANCER OVER THE NEXT 5 YEARS, APPROXIMATELY 66,000 CHILDREN IN THE UNITED STATES WILL BE DIAGNOSED WITH CANCER DESPITE TREATMENT ADVANCES MADE OVER THE PAST THREE DECADES, CANCER REMAINS THE NUMBER ONE CAUSE OF DEATH BY DISEASE AMONG CHILDREN IN THE UNITED STATES AGES 1-19 WHILE CURE RATES HAVE IMPROVED MATERIALLY, THE NUMBER OF CASES HAS GROWN NEARLY 5% OVER THE PAST 20 YEARS AND THOSE WHO SURVIVE FACE CHALLENGES AFTER TREATMENT INCIDENCE AND MORTALITY RATES ARE AVAILABLE VIA SURVEILLANCE EPIDEMIOLOGY AND END RESULTS (SEER) DATABASE AND WORLD HEALTH ORGANIZATION MORTALITY DATABASE ST JUDE MONITORS THE INCIDENCE OF CHILDHOOD CANCER IN THE 172 COUNTIES IN THE LOCAL CATCHMENT AREA AND 334 COUNTIES SURROUNDING THE DOMESTIC AFFILIATES A CLUSTER ANALYSIS WAS PERFORMED TO BETTER UNDERSTAND THE PROXIMITY OF CHILDREN COMING TO ST JUDE FOR TREATMENT AND THEN COMPARED WITH CHILDREN'S ONCOLOGY GROUP (COG) CARE COVERAGE (300 MILE RADIUS SURROUNDING EACH COG CENTER) TO LOOK AT WHAT AREAS WITHIN THE UNITED STATES WHERE CHILDREN DO NOT HAVE ACCESS TO RECEIVE TREATMENT FOR CHILDHOOD CANCER ST JUDE'S INTERNATIONAL OUTREACH PROGRAM ASSESSES CANCER INCIDENCE AND MORTALITY RATES OUTSIDE OF THE UNITED STATES CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN DEVELOPING REGIONS OF ASIA, SOUTH AND CENTRAL AMERICA, NORTHWEST AFRICA AND THE MIDDLE EAST WHILE IMPROVED THERAPY HAS DRAMATICALLY INCREASED SURVIVAL RATES FOR CHILDREN WITH CANCER OVER THE PAST THREE DECADES, STILL MORE THAN 70% OF THE WORLD'S CHILDREN WITH CANCER DO NOT HAVE ACCESS TO MODERN TREATMENT HEMATOLOGY MORE THAN 70,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE (SCD), AND IT IS ESTIMATED MORE THAN 1 MILLION PEOPLE WORLDWIDE SUFFER FROM THE DISEASE IT IS THE LARGEST GENETIC BLOOD DISORDER IN THE WORLD ST JUDE PROVIDES COMPREHENSIVE TREATMENT FOR CHILDREN WITH SCD ST JUDE HAS ONE OF THE LARGEST SCD PROGRAMS IN THE COUNTRY, WITH MORE THAN 750 PATIENTS ST JUDE HAS SEVERAL LABS THAT PERFORM RESEARCH ON SCD LOCALLY IN THE UNITED STATES, SCD AFFECTS MOSTLY AFRICAN AMERICANS, LATINOS, AND PEOPLE OF MEDITERRANEAN DESCENT APPROXIMATELY 550,000 AFRICAN-AMERICANS RESIDE IN THE MEMPHIS METROPOLITAN AREA THE LOCAL CATCHMENT AREA ENCOMPASSES 21 COUNTIES IN WESTERN TENNESSEE INCLUDING MEMPHIS WHERE ST JUDE IS LOCATED ST JUDE PROVIDES COMPREHENSIVE TREATMENT AND EDUCATION TO MORE THAN 750 CHILDREN IN THE LOCAL AREA WITH SCD ALSO, ST JUDE PROVIDES COMMUNITY OUTREACH, EDUCATION AND SCREENING TO THE LOCAL COMMUNITY NATIONALLY AND INTERNATIONALLY ST JUDE HAS A HISTORY OF DEVELOPING COLLABORATIVE RESEARCH PARTNERSHIPS WITH THE NATIONAL INSTITUTES OF HEALTH AND OTHER INSTITUTIONS THROUGHOUT THE WORLD SOME OF THESE PARTNERSHIPS HAVE LED TO MAJOR IMPROVEMENTS IN THE TREATMENT OF CHILDREN WITH SCD WHICH HAVE BENEFITED CHILDREN AND ADULTS WITH SCD WORLDWIDE FOR EXAMPLE, THE PROPHYLACTIC PENICILLIN STUDIES I AND II LED TO SCREENING FOR NEWBORNS WITH SCD AFTER SHOWING THAT GIVING PENICILLIN TO INFANTS HELPED REDUCE THE RISK OF DEATH FROM INFECTION BY 85% BEFORE THIS STUDY LESS THAN 14 STATES SCREENED FOR SCD TODAY ALL 50 STATES SCREEN FOR SCD ST JUDE WAS THE FIRST TO CURE SCD THROUGH BONE MARROW TRANSPLANTATION (BMT) WHICH REMAINS THE ONLY CURE FOR THE DISEASE AS A RESULT, HUNDREDS OF CHILDREN AROUND THE WORLD HAVE RECEIVED BMT TO CURE SCD BECAUSE THIS IS NOT A VIABLE CURE FOR EVERYONE WITH SCD, RESEARCH MUST CONTINUE WHILE GREAT STRIDES HAVE BEEN MADE IN INCREASING THE LIFESPAN OF CHILDREN WITH SCD, MORE RESEARCH IS NEEDED TO FIND A VIABLE CURE AND/OR TREATMENTS THAT IMPROVE THE QUALITY OF LIFE FOR CHILDREN WITH SCD IN ADDITION TO PROVIDING MEDICAL CARE, RESEARCH AND EDUCATION FOR SCD, ST JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY ONE THOUSAND CHILDREN PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS CHILDREN WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA RECEIVE STATE-OF-THE-ART CARE FROM ST JUDE PHYSICIANS AND MEDICAL STAFF HIV THE ADOLESCENT MEDICINE TRIALS NETWORK (ATN)-SPONSORED NATIONAL PROJECT, CONNECT TO PROTECT (C2P), HAS BEEN A MAJOR CONTRIBUTION TO THE STRONG COMMUNITY TIES THAT THE ST JUDE ADOLESCENT TRIALS UNIT HAS ESTABLISHED AND STRENGTHENED OVER THE PAST 5 YEARS THE CONNECT TO PROTECT MEMPHIS COALITION DEVELOPS SUSTAINABLE POLICIES, PROGRAMS AND PRACTICES FOR THE SOLE PURPOSE OF REDUCING THE NUMBER OF INFECTED INDIVIDUALS IN VULNERABLE POPULATIONS THE CONNECT TO PROTECT MEMPHIS COALITION INCLUDES 25 AGENCIES REPRESENTING A RICH AND DIVERSE</p>

Identifier	ReturnReference	Explanation
		<p>MIX OF REPRESENTATIVES FROM VARIOUS SECTORS IN THE MEMPHIS COMMUNITY, INCLUDING FAITH-BASE D, SCHOOL, BUSINESS, CIVIC/COMMUNITY, HOSPITAL, YOUNG ADULT AND HEALTHCARE ORGANIZATIONS THESE STRATEGIC PARTNERSHIPS HAVE ALLOWED FOR SHARED RESPONSIBILITY IN THE TRANSFORMATION OF OUR COMMUNITIES THIS IS ESPECIALLY IMPORTANT TO ENSURE OUR EFFORTS ARE DEVELOPED IN A MANNER THAT GUARANTEES SUSTAINABILITY THE C2P TEAM USED FEDERAL, STATE AND LOCAL RESOURCES TO IDENTIFY AT-RISK YOUTH AND CREATE A PROFILE OF AVAILABLE COMMUNITY RESOURCES REPRESENTING SEVEN DIFFERENT SECTORS, THIS TEAM COMPARED DISEASE AND RISK RATES WITH SERVICE AVAILABILITY, NEIGHBORHOOD STRENGTHS, AND NEIGHBORHOOD NEEDS TO ZERO IN ON PREVENTION STRATEGIES MOST NEEDED TO PROTECT THE HEALTH OF OUR CITY'S YOUTH THE C2P MEMPHIS WORK GROUP MEETS QUARTERLY AND HAS HAD 14 COMMITTEE MEETINGS AND 76 SUBCOMMITTEE MEETINGS THE GROUP HAS IDENTIFIED HIGH-RISK ZIP CODES WITHIN THE COMMUNITY AND AREAS OF HIGH PREVALENCE IN SURROUNDING RURAL AREAS THE IDENTIFIED ROOT CAUSES, GATHERED THROUGH MIXED METHODS TOOLS-QUANTITATIVE AND QUALITATIVE-HELPED TO SHAPE A STRATEGIC PLAN AND IDENTIFY OPPORTUNITIES FOR IMPLEMENTATION OF STRUCTURAL AND SYSTEMATIC CHANGES THE COMMUNITY COALITION HAS SUCCESSFULLY COMPLETED 5 STRUCTURAL CHANGE OBJECTIVES AND MORE THAN 25 ACTIONS STEPS TOWARD OUR STRATEGIC PLAN OF ACTION IN CONJUNCTION WITH THE CONNECT TO PROTECT COALITION, OTHER COMMUNITY INITIATIVES INCLUDE THE STRATEGIC MULTISITE INITIATIVE FOR THE IDENTIFICATION, LINKAGE AND ENGAGEMENT IN CARE OF YOUTH WITH &amp; UNDIAGNOSED HIV INFECTION (SMILE) AND HISPANIC OUTREACH OUR SMILE OUTREACH STAFF OFFERS INDIVIDUAL SUPPORT SERVICES TO ENSURE LINKAGE AND FULL ENGAGEMENT IN MEDICAL CARE FOR HIV POSITIVE YOUTH AND YOUNG ADULTS AGES 13-24 TO DATE, WE HAVE INITIATED CONTACT WITH APPROXIMATELY 200 NEWLY INFECTED YOUTH AND YOUNG ADULTS PARTICIPANTS IN THE SMILE PROJECT RECEIVE ASSISTANCE WITH LINKAGE TO CARE, CASE MANAGEMENT, CRISIS INTERVENTION, AND REFERRALS TO COMMUNITY SERVICES AND RESOURCES OUR NEWEST INITIATIVE, HISPANIC OUTREACH, FOCUSES ON IDENTIFYING UNDIAGNOSED ASYMPTOMATIC HIV INFECTION IN HISPANIC/LATINO ADOLESCENTS AND YOUNG ADULTS BY USING SOCIAL AND SEXUAL NETWORK-BASED HIV TESTING STRATEGIES FOR REACHING THOSE MOST AT RISK USE OF THIS APPROACH INCLUDES IDENTIFICATION OF INDIVIDUALS WHO ARE HIV-INFECTED OR INDIVIDUALS WHO ARE AT INCREASED RISK FOR HIV INFECTION WHO ARE THEN ASKED TO IDENTIFY AND REFER OTHERS IN THEIR SOCIAL AND SEXUAL NETWORKS WHO THEY THINK MAY BE AT RISK FOR HIV FOR COUNSELING, TESTING REFERRAL SERVICES WE ARE BUILDING INROADS INTO THIS COMMUNITY AND STRONG BACKING FROM APPROXIMATELY 8 COMMUNITY PARTNERS THAT SERVE THIS POPULATION ADDITIONALLY, OUR ESTABLISHED COMMUNITY NETWORKS ALLOW US TO ACCOMPLISH OUTREACH EFFORTS BY FACILITATED PARTNERSHIPS AMONG ORGANIZATIONS THAT SEEK TO DECREASE HIV/SEXUALLY TRANSMITTED INFECTION RATES AND IMPROVE THE OVERALL HEALTH AND WELL-BEING AMONG MEMPHIS AREA YOUTH AND YOUNG ADULTS THROUGH OUR STRONG COLLABORATIVE RELATIONSHIP WITH MEDICAL AND SOCIAL SERVICE AGENCIES IN THE COMMUNITY WE HAVE SOLIDIFIED OUR COMMITMENT TO THE CAUSE OF HIV EDUCATION AND PREVENTION IN THE COMMUNITY A QUALIFIED STAFF OF PHYSICIANS, NURSE PRACTITIONERS, SOCIAL WORKERS AND COMMUNITY OUTREACH STAFF PROVIDES HIV EDUCATION AND PREVENTION PRESENTATIONS THROUGHOUT THE COMMUNITY TO VARIOUS SECTORS THAT CATER TO YOUTH AND YOUNG ADULTS WE HAVE ALSO WORKED WITH VARIOUS SECTORS TO IMPLEMENT INNOVATIVE TESTING STRATEGIES AND BUILD PREVENTATIVE AWARENESS CAMPAIGNS</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ALL CHILDREN ARE TREATED AT ST JUDE CHILDREN'S RESEARCH HOSPITAL REGARDLESS OF RACE, RELIGION, OR ABILITY TO PAY A BILLING SYSTEM IS MAINTAINED FOR EACH PATIENT, BUT BILLS ARE NOT SENT TO ANY PATIENT TREATED IN MEMPHIS AT ST JUDE THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED IN BOTH ENGLISH AND SPANISH ANY OTHER INTERPRETATIVE INFORMATION NEEDED IS PROVIDED THROUGH ONSITE OR CONTRACTED SERVICES ALL PATIENTS THAT DO NOT HAVE HEALTH INSURANCE OR ARE EXPECTED TO LOSE THEIR HEALTH INSURANCE ARE REFERRED TO AN ON-SITE FIRSTSOURCE SOLUTIONS UAS, LLC CONSULTANT THE CONSULTANT CONTACTS THE PATIENT/FAMILY TO SET UP AN INTERVIEW AND COMPLETES A QUESTIONNAIRE TO HELP DETERMINE ELIGIBILITY FOR VARIOUS ASSISTANCE PROGRAMS INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVER TN, COVER KIDS, CHIPS, AND SOCIAL SECURITY

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 4 ST JUDE CHILDREN'S RESEARCH HOSPITAL HAS BEEN DESCRIBED AS "A HOSPITAL WITHOUT WALLS" BECAUSE THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL MARKET, NATIONAL AFFILIATES AND THE INTERNATIONAL COMMUNITY. THE LOCAL MARKET ENCOMPASSES A 160 MILE-RADIUS OF MEMPHIS, TENNESSEE WITH APPROXIMATELY 27% OF NEW ONCOLOGY PATIENTS RESIDING WITHIN THIS AREA. THE DOMESTIC AFFILIATE PROGRAM EXTENDS THE PROTOCOL-STRUCTURED TREATMENT AND RESEARCH AT ST JUDE TO CHILDREN BEYOND OUR PHYSICAL WALLS THROUGH CLINICAL, RESEARCH AND ACADEMIC PARTNERSHIPS WITH PEDIATRIC PROGRAMS WITHIN THE US. THE DOMESTIC AFFILIATE PROGRAM IS A NETWORK OF PEDIATRIC HEMATOLOGY-ONCOLOGY CLINICS, HOSPITALS AND UNIVERSITIES UNITED TO EXTEND THE MISSION OF ST JUDE. THE PHYSICIANS AND STAFF AT THESE SITES WORK IN COLLABORATION WITH THE STAFF OF ST JUDE TO DELIVER PROTOCOL RELATED CARE TO PEDIATRIC HEMATOLOGY-ONCOLOGY PATIENTS. AFFILIATES ARE CURRENTLY LOCATED IN BATON ROUGE, LA, HUNTSVILLE, AL, JOHNSON CITY, TN, PEORIA, IL, SHREVEPORT, LA, AND SPRINGFIELD, MO. IN ADDITION, ST JUDE DRAWS APPROXIMATELY 40% OF ITS NEW ONCOLOGY PATIENTS FROM NATIONAL NON-AFFILIATE MARKETS. THREE PERCENT OF NEW ONCOLOGY PATIENTS ARE FROM OUTSIDE THE UNITED STATES AND ITS TERRITORIES. IN ADDITION, ST JUDE PROVIDES CONSULTATION SERVICES FOR MORE THAN 2000 NATIONAL AND 600 INTERNATIONAL REQUESTS. THE MISSION OF ST JUDE'S INTERNATIONAL OUTREACH PROGRAM (IOP) IS TO IMPROVE THE SURVIVAL RATE OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE, THROUGH THE SHARING OF KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS. THERE ARE AN ESTIMATED 160,000 NEWLY DIAGNOSED CASES OF CHILDHOOD CANCER WORLDWIDE EACH YEAR, AND CANCER IS EMERGING AS A MAJOR CAUSE OF CHILDHOOD DEATH IN THE DEVELOPING REGIONS OF ASIA, SOUTH AND CENTRAL AMERICA, NORTHWEST AFRICA AND THE MIDDLE EAST. WHILE OVER THE PAST 30 YEARS IMPROVED THERAPY HAS DRAMATICALLY INCREASED SURVIVAL RATES FOR CHILDREN WITH CANCER, STILL MORE THAN 70% OF THE WORLD'S CHILDREN WITH CANCER DO NOT HAVE ACCESS TO MODERN TREATMENT. ST JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN IN COUNTRIES THAT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN BURDEN OF CASES EFFECTIVELY. WHILE SICK CHILDREN FROM AROUND THE WORLD HAVE TRAVELED TO OUR HOSPITAL IN MEMPHIS, RECEIVING TREATMENT IN THEIR OWN COUNTRIES IS MORE EFFICIENT AND LESS DISRUPTIVE FOR THEM AND THEIR FAMILIES. BECAUSE OF ST JUDE'S INTERNATIONAL EFFORTS, WE ARE ABLE TO REACH FAR MORE CHILDREN THAN WOULD EVER BE ABLE TO COME TO MEMPHIS. A BASIC HEALTHCARE INFRASTRUCTURE IS NEEDED TO SUPPORT PEDIATRIC ONCOLOGY PROGRAMS, WHICH IN TURN FURTHER IMPROVES THE DEVELOPMENT OF BASIC HEALTHCARE. AT THE LOCAL LEVEL, THE IOP DEVELOPS PARTNERSHIPS WITH MEDICAL INSTITUTIONS AND FUND-RAISING ORGANIZATIONS AND FACILITATES THE INVOLVEMENT OF OTHER AGENCIES AND ORGANIZATIONS TO SUPPORT KEY PROGRAMS AND THE EDUCATION OF LOCAL PERSONNEL. AT THE REGIONAL LEVEL, THE IOP DEVELOPS PROGRAMS THROUGH THE USE OF TECHNOLOGY. THE PRIMARY GOAL IS TO DEVELOP LOCAL AND REGIONAL SELF-SUFFICIENCY. THIS MODEL RESULTS IN SIGNIFICANT OVERALL IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE SELF-CONFIDENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT. WE EMPHASIZE THE BUILDING OF REGIONAL EXPERTISE AND DIAGNOSTIC CAPABILITIES, WHICH PROVIDE A CRITICAL MASS OF PROFESSIONALS WHO CONTINUALLY LEARN FROM AND ASSIST EACH OTHER. COST EFFICIENCY IS ALSO REALIZED BECAUSE OF SHARED RESOURCES. ST JUDE HAS PARTNER SITES ALL AROUND THE WORLD, THERE ARE CURRENTLY 19 OFFICIAL PARTNER SITES IN 14 DIFFERENT COUNTRIES AROUND THE WORLD-BRAZIL, CHILE, CHINA, COSTA RICA, ECUADOR, EL SALVADOR, GUATEMALA, HONDURAS, JORDAN, LEBANON, MEXICO, MOROCCO, PHILIPPINES, VENEZUELA. ST JUDE HELPS PARTNER MEDICAL INSTITUTIONS DEVELOP TAILORED EVIDENCED-BASED PROTOCOLS FOR TREATING CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES. ST JUDE PHYSICIANS SERVE AS MENTORS TO PHYSICIANS AT OUR PARTNER SITES AND CONSULT ON DIFFICULT CASES. WE TRAIN NURSES IN BEST PRACTICES IN CLINICAL CARE AND WORK WITH PATHOLOGISTS ON TECHNIQUES FOR ACCURATE DIAGNOSIS. WE ALSO PARTNER WITH LOCAL FUNDRAISING FOUNDATIONS THAT SUPPORT THE MEDICAL PROGRAMS. THIS MODEL HAS PROVEN TO BE HIGHLY EFFECTIVE IN PROVIDING POOR CHILDREN IN DEVELOPING COUNTRIES ACCESS TO MODERN TREATMENT AND CARE BY SHARING KNOWLEDGE AND TECHNOLOGY WITH THE LOCAL GOVERNMENTS, HEALTHCARE PROVIDERS, AND THE PRIVATE SECTOR. IN THESE COUNTRIES, ST JUDE IS IMPROVING DIAGNOSES AND TREATMENTS TO INCREASE THE SURVIVAL RATES OF CHILDREN ALL ACROSS THE GLOBE. *DELIVERING BROAD BASED EDUCATION AND TRAINING ONSITE AT ST JUDE, IN EACH SPECIFIC COUNTRY SITE, AND THROUGH THE ST JUDE CURE4KIDSTM WEB SITE. *BUILDING CAPACITY WITHIN PARTICULAR COUNTRIES FOR TREATMENT, CARE AND RESEARCH. *SUPPORTING TARGETED RESEARCH THAT SEEKS TO UNDERSTAND THE FACTORS UNDERLYING THE EFFICACY OF TREATMENTS WITHIN A COUNTRY'S SPECIFIC CULTURAL, ECONOMIC AND MEDICAL INFRASTRUCTURE.</p>

Identifier	ReturnReference	Explanation
		TURE CONTEXT

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 6 ST JUDE CHILDREN'S RESEARCH HOSPITAL WAS OPENED IN 1962 BY ENTERTAINER DANNY THOMAS, WITH THE EXPRESS PURPOSE OF "IMPROVING CHILD HEALTH THROUGH RESEARCH IN BIOLOGY AND PEDIATRICS " OUR MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY OUR VISION IS TO BE THE WORLD LEADER IN ADVANCING THE TREATMENT AND PREVENTION OF CATASTROPHIC DISEASES IN CHILDREN THIS VISION IS PURSUED BY PROVIDING OUTSTANDING PATIENT CARE, BY CONDUCTING BASIC, TRANSLATIONAL AND CLINICAL RESEARCH DESIGNED TO ELUCIDATE BIOLOGICAL MECHANISMS, UNDERSTAND DISEASE PATHOGENESIS, IMPROVE DIAGNOSIS, ENHANCE TREATMENT OUTCOME, PREVENT DISEASES AND MINIMIZE ADVERSE CONSEQUENCES OF TREATMENT, AND BY EDUCATING HEALTHCARE AND SCIENTIFIC RESEARCH PROFESSIONALS THROUGH THESE EFFORTS WE SEEK TO CURE AND ENHANCE THE QUALITY OF LIFE FOR AN INCREASING PROPORTION OF CHILDREN WHO COME TO US FOR TREATMENT, AND BY EXPANDING AND SHARING KNOWLEDGE, TO ADVANCE TREATMENT OF CHILDREN WITH CATASTROPHIC DISEASES WORLD-WIDE, WHILE DEVELOPING STRATEGIES TO PREVENT CATASTROPHIC DISEASES IN CHILDREN ST JUDE IS A RESEARCH AND CLINICAL INSTITUTION IN WHICH LABORATORY AND CLINICAL RESEARCH IS ORGANIZED SO AS TO ADVANCE THE CARE OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES ITS FOCUS ON PROVIDING OUTSTANDING PATIENT CARE ENSURES THAT THERE IS AN ONGOING EFFORT TO TRANSLATE RESEARCH FINDINGS INTO IMPROVED PATIENT OUTCOME ST JUDE HAS AN ACADEMIC FACULTY ENGAGED IN A BROAD SPECTRUM OF RESEARCH THAT INCLUDES THERAPEUTIC TRIALS, INVESTIGATION OF DISEASE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC RESEARCH HOSPITAL OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, THE MAJORITY OF THESE VOLUNTEERS ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF THE RESEARCH ACTIVITIES OF THE HOSPITAL ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS ST JUDE PROVIDED ASSISTANCE TO THE PEDIATRIC COMMUNITY HOSPITAL FOR MEMPHIS AND SURROUNDING VICINITY BY CONTRIBUTING TO THE BUILDING OF A STATE-OF-THE-ART NEUROSURGICAL FACILITY FOR TREATING PEDIATRIC PATIENTS INCLUDING ST JUDE BRAIN TUMOR PATIENTS THE NEUROSURGICAL FACILITY IS EQUIPPED WITH INTRA-OPERATIVE IMAGING EQUIPMENT (IMRI) WHEN THIS EQUIPMENT WAS SELECTED, ONLY TWO NEUROSURGICAL FACILITIES IN THE UNITED STATES PROVIDED PATIENTS THIS LEVEL OF IMAGING TECHNOLOGY WHICH ALLOWS IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES WITH THE IMRI EQUIPMENT SURGEONS CAN MAKE INFORMED DECISIONS DURING THE SURGICAL PROCESS LIVE WEB CASTING CAPABILITIES ALLOW OTHERS TO VIEW PROCEDURES ST JUDE'S ASSISTANCE WITH THIS FACILITY HELPS ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO THE BEST NEUROSURGICAL TREATMENT AVAILABLE ST JUDE IN COLLABORATION WITH THE GENOME SEQUENCING CENTER AT WASHINGTON UNIVERSITY IN ST LOUIS HAS EMBARKED ON AN UNPRECEDENTED PROJECT TO SEARCH THE GENETIC LANDSCAPE OF THE HUMAN GENOME AND DISCOVER MUTATIONS THAT DRIVE THE MALIGNANCIES OF CHILDHOOD CANCER THE TEAM HAS JOINED FORCES TO DECODE THE GENOMES OF MORE THAN 600 CHILDHOOD CANCER PATIENTS WHO HAVE CONTRIBUTED TUMOR SAMPLES DISCOVERIES RESULTING FROM THIS PROJECT WILL CONTRIBUTE TO FINDING TREATMENTS THAT WILL BE USED BY PHYSICIANS WORLDWIDE TO DEVELOP NEW DIAGNOSTIC TESTS AND A NEW GENERATION OF MORE EFFECTIVE DRUGS TO SAVE THE LIVES OF CHILDREN WITH CANCER THE THREE-YEAR, \$65 MILLION PROJECT WILL HELP SCIENTISTS IDENTIFY THE GENETIC MISSTEPS THAT TURN A WHITE BLOOD CELL INTO A CANCER CELL AND BENEFIT FUTURE CANCER DIAGNOSTICS AND THERAPEUTICS THE CYCLOTRON (PARTICLE ACCELERATOR) LOCATED AT ST JUDE IS TECHNOLOGY THAT ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS OF ADULT PATIENTS RETURNING TO ST JUDE FOR LIFETIME FOLLOW-UP THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND CHILDHOOD CANCER BY ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING TRACERS ST JUDE LEASES, MANAGES AND OPERATES A GOOD MANUFACTURING PRACTICE (GMP) FACILITY WHICH ENGAGES IN THE PRODUCTION OF BIOLOGICS AND DRUGS USED IN RESEARCH THE GMP OFFERS RESEARCHERS THE RESOURCES NEEDED TO STUDY RARE DISEASES OVERLOOKED BY PHARMACEUTICAL COMPANIES BECAUSE THERE IS LITTLE PROFIT FOR THESE COMPANIES IN STUDYING AND MANUFACTURING DRUGS FOR THE LESSER KNOWN DISEASES THE FACILITY, OPERATING ACCORDING TO APPROVED FDA STANDARDS, GIVES DOCTORS THE CAPABILITIES NEEDED TO TAILOR TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD THE CELL AND TISSUE IMAGING CENTER INCLUDES ELECTRON MICROSCOPY AND LIGHT MICROSCOPY THE FACILITY PROVIDES INVESTIGATORS ACCESS TO TRANSMISSION ELECTRON MICROSCOPY, CONFOCAL LASER SCANNING MICROSCOPY, MULTIPHOTON MICROSCOPY, IMAGE ANALYSIS, CELL MICROINJECTION AND LIVE CELL</p>

Identifier	ReturnReference	Explanation
		<p>IMAGING THE FEI TECNAI 20 200KV FEG ELECTRON MICROSCOPE, WHICH CAN MAGNIFY AN OBJECT 700 ,000 TIMES, IS AT THE HEART OF THIS PROGRAM THE ELECTRON MICROSCOPE INSTRUMENT IS ONE OF ONLY 200 OF ITS TYPE IN THE WORLD THIS TECHNOLOGY ALLOWS RESEARCHERS TO GET A CLOSER LOOK AT CANCER TO BETTER UNDERSTAND HOW IT GROWS AND SPREADS AND RESPONDS TO THERAPY USING THE ELECTRON MICROSCOPE, RESEARCHERS LEARN HOW THE CANCER CELLS BREAKAWAY FROM THE TUMOR AND BEGIN TO SPREAD THROUGHOUT THE BODY PREPARATIONS ARE UNDERWAY TO CONSTRUCT A NEW PATIENT CARE AND RESEARCH BUILDING ON THE ST JUDE CAMPUS ONCE COMPLETED, THE FACILITY WILL HOUSE PROTON BEAM RADIATION THERAPY TECHNOLOGY DESIGNED TO DELIVER RADIATION THERAPY FOR TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER CHILDHOOD CANCERS THIS EQUIPMENT WILL ENABLE ST JUDE TO PROVIDE THIS THERAPY IN A MORE INTEGRATED MANNER TO OUTPATIENTS AND ALLOW OUR RADIATION ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TREATMENTS WITH PROTONS ALONG WITH OUTSTANDING PATIENT CARE AND RESEARCH, ST JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GENERATION OF DOCTORS, NURSES, RESEARCHERS AND ACADEMIC LEADERS FROM PROGRAMS FOR HIGH SCHOOL STUDENTS TO THE POST-DOCTORAL LEVEL, THE HOSPITAL PLAYS A MAJOR ROLE IN PREPARING FUTURE LEADERS OF SCIENCE AND MEDICINE IN ADDITION TO ONSITE EDUCATION, ST JUDE'S INTERNATIONAL OUTREACH PROGRAM PROVIDES AN EDUCATION AND COLLABORATION WEB SITE, CURE4KIDSTM (WWW.CURE4KIDS.ORG) USE OF THE WEB SITE CONTINUES TO GROW AND NOW HAS MORE THAN 28,000 USERS IN 178 COUNTRIES THE ONLINE CONTENT HAS BEEN ACCESSED MORE THAN 5 MILLION TIMES SINCE IT'S INCEPTION IN 2002 AFRICAN AMERICANS AND HISPANICS COMBINED MAKEUP OVER 65% OF THE MEMPHIS POPULATION BECAUSE OF THE LARGE NUMBER OF RESIDENTS WHO ARE OF AFRICAN OR HISPANIC DESCENT AND A REPRESENTATIVE NUMBER OF PEOPLE OF MIDDLE EASTERN DESCENT, THE NUMBER OF FAMILIES AFFECTED BY SICKLE CELL DISEASE (SCD) IS HIGH IN THE MEMPHIS COMMUNITY AS THE ONLY PEDIATRIC SICKLE CELL CENTER IN THIS REGION, ST JUDE TREATS MOST CHILDREN WITH SCD IN THIS AREA IN CONJUNCTION WITH MEMPHIS CITY SCHOOLS, ST JUDE HOLDS KNOW YOUR SICKLE STATUS TRAINING SESSIONS TO TEACH STUDENTS AND SPORTS MANAGERS TO RECOGNIZE THE ONSET OF SCD SYMPTOMS AND HOW TO RESPOND OR HELP STUDENTS WITH SCD MANAGE THEIR SYMPTOMS ST JUDE'S SICKLE CELL CENTER'S COMMUNITY FOCUS IS THE ENHANCEMENT OF PUBLIC AWARENESS ABOUT SCD AND OTHER HEMOGLOBINOPATHIES, AS WELL AS, THE AVAILABILITY OF COUNSELING AND TREATMENT SERVICES ST JUDE DOES THIS THROUGH A NUMBER OF ADVOCACY PROGRAMS THAT COORDINATE WITH LOCAL SCHOOL SYSTEMS AND COMMUNITY HEALTHCARE AGENCIES VIA THE CONNECT2PROTECT PROGRAM, ST JUDE COLLABORATES WITH COMMUNITY ORGANIZATIONS WHICH INCLUDE CHURCHES, OTHER HEALTHCARE ORGANIZATIONS AND CIVIC GROUPS TO RAISE AWARENESS ABOUT THE NEED TO PREVENT THE SPREAD OF HIV/AIDS THE PRIMARY TARGET FOR THIS PROGRAM IS THE AFRICAN AMERICAN COMMUNITY ST JUDE'S CANCER EDUCATION PROGRAM FOR SCHOOL STUDENTS TEACHES HEALTHY EATING AND EXERCISE HABITS AS WELL AS DISCOURAGES SMOKING ST JUDE'S TOLL-FREE QUITLINE IS AVAILABLE TO ANYONE WHO HAS BEEN TREATED FOR PEDIATRIC CANCER IN ORDER TO ENCOURAGE SURVIVORS TO KICK THE SMOKING HABIT CALLERS CAN ACCESS COUNSELORS TO RECEIVE SUPPORT AND TOOLS TO SUSTAIN THEIR EFFORTS THE FUNDRAISING SOURCE FOR ST JUDE IS ALSAC WHICH RAISES FUNDS SOLELY FOR THE HOSPITAL BECAUSE OF THE HOSPITAL'S MISSION OF FINDING TREATMENTS FOR PEDIATRIC CANCERS, PEOPLE NATIONWIDE CONTRIBUTE VIA THOUSANDS OF FUNDRAISING EFFORTS ALSAC RAISED \$729 MILLION IN FISCAL YEAR 2011 TO MEET ST JUDE'S OPERATING COST VOLUNTEERS ENHANCE THE QUALITY OF PATIENT CARE BY PARTNERING WITH CLINICAL STAFF TO PROVIDE THAT ADDITIONAL PERSONAL TOUCH VOLUNTEERS ALSO HELP ENSURE A SAFE ENVIRONMENT THEY PROVIDE CARE AND CONCERN AND A LISTENING EAR FOR FAMILIES AT A TIME WHEN THEY NEED IT MOST THEY ARE VITAL AMBASSADORS BETWEEN THE HOSPITAL AND COMMUNITY</p>





**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**  
62-0646012

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items
- First-class or charter travel
  - Travel for companions
  - Tax idemnification and gross-up payments
  - Discretionary spending account
  - Housing allowance or residence for personal use
  - Payments for business use of personal residence
  - Health or social club dues or initiation fees
  - Personal services (e g , maid, chauffeur, chef)

**b** If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?  
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

**a** The organization?

**b** Any related organization?  
If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?  
If "Yes," to line 6a or 6b, describe in Part III

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD C SHADYAC JR	(i)	0	0	0	0	0	0	0
	(ii)	476,678	0	1,242	21,645	16,055	515,620	0
(2) WILLIAM E EVANS	(i)	686,756	0	137,277	26,950	12,787	863,770	0
	(ii)	0	0	0	0	0	0	0
(3) JAMES R DOWNING	(i)	594,640	0	118,969	26,950	14,090	754,649	0
	(ii)	0	0	0	0	0	0	0
(4) MICHAEL C CANARIOS	(i)	345,061	0	17,810	51,063	16,561	430,495	0
	(ii)	0	0	0	0	0	0	0
(5) MICHAEL B KASTAN	(i)	542,553	0	43,627	65,610	14,119	665,909	0
	(ii)	0	0	0	0	0	0	0
(6) JOSEPH H LAVER	(i)	557,924	0	16,413	53,450	14,119	641,906	0
	(ii)	0	0	0	0	0	0	0
(7) LARRY E KUN	(i)	619,239	10,000	105,701	26,950	16,103	777,993	0
	(ii)	0	0	0	0	0	0	0
(8) GEORGE B BIKHAZI	(i)	461,862	10,000	8,461	26,950	12,790	520,063	0
	(ii)	0	0	0	0	0	0	0
(9) ANDREW DAVIDOFF	(i)	500,517	10,000	21,420	71,500	13,951	617,388	0
	(ii)	0	0	0	0	0	0	0
(10) STEPHEN J SHOCHAT	(i)	488,007	0	15,718	26,950	15,382	546,057	0
	(ii)	0	0	0	0	0	0	0
(11) LESLIE L ROBISON	(i)	453,825	10,000	2,917	26,950	13,771	507,463	0
	(ii)	0	0	0	0	0	0	0
(12)								
(13)								
(14)								
(15)								
(16)								

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	FIRST CLASS OR CHARTER TRAVEL TWO CHARTER FLIGHTS WERE SCHEDULED FOR MULTIPLE EMPLOYEES, INCLUDING ONE OFFICER, TO ATTEND WORKING SESSIONS AT A COLLABORATING PARTNER SITE THE EXPENSE WAS NOT TREATED AS COMPENSATION TO THE OFFICER TRAVEL FOR COMPANIONS FAMILY MEMBER OF ONE OFFICER AND AN EMPLOYEE OF THE HOSPITAL, TRAVELS ON HOSPITAL BUSINESS AS REQUIRED BY THE POSITION TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND NOT RECORDED AS COMPENSATION TAX INDEMNIFICATIONS AND GROSS UP PAYMENTS FOUR OFFICERS WERE REIMBURSED GROSS UP DEPENDENT TUITION WHICH IS INCLUDED AS COMPENSATION TO THE OFFICERS HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES ONE OFFICER IS REIMBURSED ANNUALLY FOR COUNTRY CLUB DUES THESE DUES ARE TREATED AS COMPENSATION TO THE OFFICER
	PART I, LINE 4B	WILLIAM E EVANS, \$117,693 00, JAMES R DOWNING, \$74,340 00, MICHAEL C CANARIOS, \$24,112 90, MICHAEL B KASTAN, \$38,660 00, JOSEPH H LAVER, \$26,500 00, LARRY E KUN, \$101,345 00, ANDREW DAVIDOFF, \$44,550 00
SUPPLEMENTAL INFORMATION	PART III	PART II RICHARD C SHADYAC, JR SERVES AS A VOTING DIRECTOR OF THE BOARD OF ST JUDE MR SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC A RELATED ORGANIZATION TO ST JUDE THE COMPENSATION SHOWN IN COLUMNS (B), (C), (D) AND (E) WAS PAID TO MR SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC

**Schedule K  
(Form 990)**

OMB No 1545-0047

**Supplemental Information on Tax Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**

▶ **Attach to Form 990. ▶ See separate instructions.**

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

62-0646012

**Part I Bond Issues**

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697XJ3	12-21-2006	250,725,271	\$130.7 MILLION FOR CONSTRUCTION OF INTEGRATED PATIENT CARE AND RESEARCH		X		X		X

**Part II Proceeds**

	A	B	C	D
<b>1</b> Amount of bonds retired	16,258,048			
<b>2</b> Amount of bonds legally defeased				
<b>3</b> Total proceeds of issue	252,012,996			
<b>4</b> Gross proceeds in reserve funds				
<b>5</b> Capitalized interest from proceeds	3,026,125			
<b>6</b> Proceeds in refunding escrow				
<b>7</b> Issuance costs from proceeds	1,658,551			
<b>8</b> Credit enhancement from proceeds				
<b>9</b> Working capital expenditures from proceeds	2,188,865			
<b>10</b> Capital expenditures from proceeds	129,840,961			
<b>11</b> Other spent proceeds	115,298,494			
<b>12</b> Other unspent proceeds				
<b>13</b> Year of substantial completion	2008			
	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?		X		
<b>15</b> Were the bonds issued as part of an advance refunding issue?	X			
<b>16</b> Has the final allocation of proceeds been made?	X			
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

**Part III Private Business Use**

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

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use?		X						
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property?	X							
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0.460 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
<b>6</b> Total of lines 4 and 5	0.460 %							
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
<b>2</b> Is the bond issue a variable rate issue?		X						
<b>3a</b> Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was a hedge terminated?								
<b>4a</b> Were gross proceeds invested in a GIC?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>6</b> Did the bond issue qualify for an exception to rebate?		X						

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
		FACILITY, 120 MILLION TO ADVANCE REFUND 1999 SERIES ISSUE PART II, LINE 3, TOTAL PROCEEDS OF ISSUE INCLUDE INVESTMENT EARNINGS IN THE AMOUNT OF \$1,278,726

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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

Employer identification number 62-0646012

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 3 main columns: (a) Name of disqualified person, (b) Description of transaction, (c) Corrected? (Yes/No)

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958. 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

Table with 7 main columns: (a) Name of interested person and purpose, (b) Loan to or from the organization?, (c) Original principal amount, (d) Balance due, (e) In default?, (f) Approved by board or committee?, (g) Written agreement?

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 3 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of grant or type of assistance

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SHAKER RECRUITMENT ADVERTISING AND COMMUNICATIONS	ENTITY MORE THAN 35% OWNED BY DIRECTORS JOSEH G SHAKER AND ROBERT A BREIT	559,583	ADVERTISING		No
(2) MARY RELLING	FAMILY MEMBER OF WILLIAM E EVANS, DIRECTOR/CEO AND EX-OFFICIO DIRECTOR	366,228	EMPLOYMENT		No
(3) RACHEL LAVER	FAMILY MEMBER OF JOSEPH H LAVER, EVP/CLINICAL DIRECTOR	17,905	EMPLOYMENT		No
(4) SUSANNA DOWNING	FAMILY MEMBER OF JAMES R DOWNING, EVP/SCIENTIFIC DIRECTOR	32,319	EMPLOYMENT		No

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**

ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

**Employer identification number**

62-0646012

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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4		<p>1 THE AUDIT COMMITTEE CHARTER NOW STATES THAT A QUORUM NECESSARY FOR CONDUCTING BUSINESS SHALL BE 1/3 OF THE VOTING MEMBERS FOR THE COMMITTEE 2 THE AUDIT COMMITTEE CHARTER NOW STATES THAT MATTERS SHALL BE DETERMINED BY A MAJORITY VOTE OF THE MEMBERS PRESENT FOR ANY MEETING 3 THE AUDIT COMMITTEE CHARTER NO LONGER INCLUDES REFERENCE TO REVIEWING THE EFFECTIVENESS OF THE CORPORATE COMPLIANCE PROGRAM OR OVERSIGHT ON THE CORPORATE COMPLIANCE OFFICER AND THE COMPLIANCE FUNCTION IN THE GOVERNANCE RESPONSIBILITIES OF THE COMMITTEE THE LEGAL AND BY LAWS COMMITTEE PROVIDES OVERSIGHT OF THE CORPORATE COMPLIANCE PROGRAM, CORPORATE COMPLIANCE OFFICE, AND COMPLIANCE FUNCTION 4 THE AUDIT COMMITTEE CHARTER MORE CLEARLY DEFINES THAT THE AUDITED FINANCIAL STATEMENTS ARE DISTRIBUTED TO THE ENTIRE BOARD, MANAGEMENT REPRESENTATION LETTERS ARE REVIEWED BY THE AUDIT COMMITTEE, DISTRIBUTED TO THE BOARD OFFICERS, AND MADE AVAILABLE UPON REQUEST TO ANY BOARD MEMBER 5 THE AUDIT COMMITTEE CHARTER MORE CLEARLY DEFINES THAT THE COMMITTEE'S GOVERNANCE INCLUDES REPORTS RECEIVED FROM REGULATORS THAT MAY HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS 6 THE AUDIT COMMITTEE CHARTER MORE CLEARLY DEFINES THAT REPORTS REGARDING ACCOUNTING, INTERNAL CONTROL, AND AUDITING MATTERS RECEIVED FROM THE CONFIDENTIAL ANONYMOUS REPORTING MECHANISM ARE ROUTED THROUGH THE SVP AND CHIEF LEGAL OFFICER TO THE COMMITTEE 7 THE AUDIT COMMITTEE CHARTER DEFINES THE RESPONSIBILITY OF THE COMMITTEE TO RECOMMEND TO THE BOARD OF GOVERNORS THE STRUCTURE OF THE INTERNAL AUDIT DEPARTMENT 8 THE AUDIT COMMITTEE CHARTER MORE CLEARLY DEFINES THAT THE COMMITTEE IS TO CONSIDER ANNUALLY THE PUBLIC ACCOUNTANT RETENTION AND PARTNER ROTATION 9 THE AUDIT COMMITTEE CHARTER MORE CLEARLY DEFINES THAT THE COMMITTEE IS TO ENSURE THAT CONFLICT OF INTEREST HAS BEEN MANAGED WITH RESPECT TO THE EXTERNAL AUDITOR 10 THE AUDIT COMMITTEE CHARTER WAS EDITED TO REMOVE REFERENCES TO SPECIFIC YEARS AND BUDGET AMOUNTS FOR EXTERNAL AUDITOR AND INTERNAL AUDIT DEPARTMENT 11 THE AUDIT COMMITTEE CHARTER MORE CLEARLY DEFINES THAT INTERNAL AUDIT HAS A SOLID LINE (FUNCTIONAL REPORTING) TO THE BOARD OF GOVERNORS AND A DOTTED LINE (ADMINISTRATIVE REPORTING) TO THE SVP AND CHIEF FINANCIAL OFFICER</p>

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD COMMISSIONS BI ANNUAL THIRD PARTY SALARY SURVEYS TO DETERMINE COMPENSATION FOR THE FOLLOWING OFFICERS CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, SCIENTIFIC DIRECTOR, CANCER CENTER DIRECTOR, CLINICAL DIRECTOR ALL CHANGES TO SALARY FOR THE OFFICERS ARE APPROVED BY THE BOARD THE LAST REVIEW WAS COMPLETED IN 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE FOR PUBLIC INSPECTION FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
AVG HOURS DEVOTED TO RELATED ORG(S) WHEN RELATED COMP IS REPORTED	FORM 990, PART VII	RICHARD C SHADYAC, JR SERVES AS A VOTING DIRECTOR ON THE BOARD OF ST JUDE MR SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A RELATED ORGANIZATION TO ST JUDE THE COMPENSATION SHOWN IN COLUMN (E) WAS PAID TO MR SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 169,320 CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS ALSAC 308,964,137 CHANGE IN INTEREST IN NET ASSET OF ALSAC 135,530,676 TOTAL TO FORM 990, PART XI, LINE 5 444,664,133



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

**Employer identification number**

62-0646012

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 62-0646012	VACCINE MANUFACTURER	TN	-2,041,551	155,356	N/A
(2) THANKS & GIVING LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 20-1310435	ROYALTY INCOME FROM BOOK SALES	TN	712	10,448	N/A
(3) THE RIGHT WORDS LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 95-4878579	ROYALTY INCOME FROM BOOK SALES	NY	0	0	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC 501 STJUDE PLACE MEMPHIS, TN 381050000 35-1044585	SOLICIT SUPPORT FOR THE OPERATIONS OF ST JUDE	IL	501(C)(3)	SECTION 170 (B)(1)(A)	N/A		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
  
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
  
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
  
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
  
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	Yes	No
<b>1a</b>		No
<b>1b</b>		No
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>		No
<b>1k</b>		No
<b>1l</b>	Yes	
<b>1m</b>		No
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>		No
<b>1r</b>		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	C	375,102,514	CASH VALUE
<b>(2)</b> AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	L	375,102,514	CASH VALUE
<b>(3)</b> AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	O	92,321	CASH VALUE
<b>(4)</b> AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	P	1,040,158	CASH VALUE
<b>(5)</b>			
<b>(6)</b>			



**Part VII Supplemental Information**

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

# St. Jude Children's Research Hospital, Inc. and Subsidiary

Consolidated Financial Statements as of and  
for the Years Ended June 30, 2011 and 2010,  
and Independent Auditors' Report

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

## TABLE OF CONTENTS

---

	<b>Page</b>
INDEPENDENT AUDITORS' REPORT	1
CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2011 AND 2010	
Statements of Financial Position	2
Statements of Activities	3
Statements of Functional Expenses	4
Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6-19

## INDEPENDENT AUDITORS' REPORT

To the Board of Governors of  
St. Jude Children's Research Hospital, Inc.  
Memphis, Tennessee

We have audited the accompanying consolidated statements of financial position of St. Jude Children's Research Hospital, Inc. and its wholly owned subsidiary (collectively, the "Hospital") as of June 30, 2011 and 2010, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, such consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Hospital as of June 30, 2011 and 2010, and the results of its operations, changes in its functional expenses, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Deloitte & Touche LLP*

September 28, 2011



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

## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2011 AND 2010

	2011	2010
<b>ASSETS</b>		
CURRENT ASSETS		
Cash	\$ 2,426,793	\$ 6,602,155
Assets limited as to use — held by trustee	10,099,500	10,752,450
Accounts receivable		
Patient care services — net	11,242,536	12,979,076
Grants	11,133,917	8,044,487
Other	573,550	1,315,886
Inventories	3,732,709	4,107,758
Prepaid expenses and other assets	<u>11,203,641</u>	<u>13,870,573</u>
Total current assets	50,412,646	57,672,385
ASSETS LIMITED AS TO USE — Excluding current portion	3,212,783	2,933,031
INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	2,381,645,965	1,937,151,152
PROPERTY AND EQUIPMENT — Net	423,272,461	441,776,563
UNAMORTIZED BOND ISSUANCE COSTS	<u>1,364,638</u>	<u>1,433,416</u>
TOTAL	<u>\$ 2,859,908,493</u>	<u>\$ 2,440,966,547</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES		
Current portion of long-term debt	\$ 4,435,000	\$ 4,220,000
Accounts payable	31,723,139	28,462,044
Accrued payroll costs	31,313,162	29,915,734
Accrued interest	5,664,500	5,770,000
Employee health liability costs	<u>2,790,645</u>	<u>2,679,434</u>
Total current liabilities	75,926,446	71,047,212
LONG-TERM DEBT — Excluding current portion	234,467,223	239,523,268
DEFERRED GRANT INCOME	6,415,432	5,330,877
OTHER LONG-TERM LIABILITIES	<u>1,460,038</u>	<u>1,795,285</u>
Total liabilities	<u>318,269,139</u>	<u>317,696,642</u>
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Unrestricted	1,706,092,259	1,423,253,486
Temporarily restricted	46,913,705	37,242,519
Permanently restricted	<u>788,633,390</u>	<u>662,773,900</u>
Total net assets	<u>2,541,639,354</u>	<u>2,123,269,905</u>
TOTAL	<u>\$ 2,859,908,493</u>	<u>\$ 2,440,966,547</u>

See notes to consolidated financial statements

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

## CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	2011				2010			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES, GAINS, AND OTHER SUPPORT								
Net patient service revenue	\$ 88,718,150	\$ -	\$ -	\$ 88,718,150	\$ 83,759,361	\$ -	\$ -	\$ 83,759,361
Research grants	101,487,671	-	-	101,487,671	89,185,050	-	-	89,185,050
Net investment gain	229,752	-	-	229,752	135,760	-	-	135,760
Other	8,420,675	-	-	8,420,675	8,745,152	-	-	8,745,152
Total revenues, gains, and other support	198,856,248	-	-	198,856,248	181,825,323	-	-	181,825,323
EXPENSES								
Program services								
Patient care services	265,713,135	-	-	265,713,135	274,815,111	-	-	274,815,111
Research	299,348,142	-	-	299,348,142	286,874,360	-	-	286,874,360
Education, training, and community services	7,804,188	-	-	7,804,188	6,588,045	-	-	6,588,045
Total program services	572,865,465	-	-	572,865,465	568,277,516	-	-	568,277,516
Supporting services — administrative and general	27,166,239	-	-	27,166,239	26,646,415	-	-	26,646,415
Total expenses	600,031,704	-	-	600,031,704	594,923,931	-	-	594,923,931
CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	308,964,137	-	-	308,964,137	144,742,299	-	-	144,742,299
LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT	(52,422)	-	-	(52,422)	(101,423)	-	-	(101,423)
EXPENSES IN EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT	(92,263,741)	-	-	(92,263,741)	(268,457,732)	-	-	(268,457,732)
NET SUPPORT RECEIVED FROM AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	375,102,514	-	-	375,102,514	408,161,189	-	-	408,161,189
CHANGE IN INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	-	9,671,186	125,859,490	135,530,676	-	4,599,384	71,953,651	76,553,035
CHANGES IN NET ASSETS	282,838,773	9,671,186	125,859,490	418,369,449	139,703,457	4,599,384	71,953,651	216,256,492
NET ASSETS — Beginning of year	1,423,253,486	37,242,519	662,773,900	2,123,269,905	1,283,550,029	32,643,135	590,820,249	1,907,013,413
NET ASSETS — End of year	\$1,706,092,259	\$46,913,705	\$ 788,633,390	\$2,541,639,354	\$1,423,253,486	\$37,242,519	\$ 662,773,900	\$2,123,269,905

See notes to consolidated financial statements

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

### CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	2011			2010		
	Program Services	Supporting Services — Administrative and General	Total Program and Supporting Services	Program Services	Supporting Services — Administrative and General	Total Program and Supporting Services
SALARIES AND BENEFITS	\$ 306,472,548	\$ 14,985,137	\$ 321,457,685	\$ 298,527,404	\$ 14,616,188	\$ 313,143,592
PROFESSIONAL FEES AND CONTRACT SERVICES	83,091,145	3,663,163	86,754,308	78,750,842	3,971,344	82,722,186
SUPPLIES	77,439,820	1,285,610	78,725,430	79,961,927	1,044,579	81,006,506
TELEPHONE	1,019,298	109,123	1,128,421	1,061,779	125,879	1,187,658
OCCUPANCY	18,062,217	1,847,634	19,909,851	16,453,546	2,678,484	19,132,030
TRAVEL AND MEETINGS	9,237,836	206,604	9,444,440	8,991,889	209,711	9,201,600
INTEREST	10,383,523	18,850	10,402,373	10,906,654	18,520	10,925,174
MISCELLANEOUS	<u>6,813,371</u>	<u>2,294,761</u>	<u>9,108,132</u>	<u>14,646,970</u>	<u>1,927,795</u>	<u>16,574,765</u>
Total before depreciation and amortization	512,519,758	24,410,882	536,930,640	509,301,011	24,592,500	533,893,511
DEPRECIATION AND AMORTIZATION	<u>60,345,707</u>	<u>2,755,357</u>	<u>63,101,064</u>	<u>58,976,505</u>	<u>2,053,915</u>	<u>61,030,420</u>
	<u>\$ 572,865,465</u>	<u>\$ 27,166,239</u>	<u>\$ 600,031,704</u>	<u>\$ 568,277,516</u>	<u>\$ 26,646,415</u>	<u>\$ 594,923,931</u>

See notes to consolidated financial statements

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

## CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	2011	2010
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Changes in net assets	\$ 418,369,449	\$ 216,256,492
Adjustments to reconcile changes in net assets to net cash used in operating activities		
Support received from American Lebanese Syrian Associated Charities, Inc	(375,102,514)	(408,161,189)
Change in interest in net assets of American Lebanese Syrian Associated Charities, Inc	(444,494,813)	(221,295,334)
Depreciation and amortization	62,548,797	61,030,420
Net realized and unrealized investment gains	(229,752)	(135,760)
Loss from disposal of property and equipment	52,422	101,423
Changes in operating assets and liabilities		
Accounts receivable	(610,554)	(1,974,013)
Inventories	375,049	(728,786)
Prepaid expenses and other assets	2,666,932	(7,073,388)
Accounts payable and other accrued liabilities — net of change in net aggregate outstanding check liability	4,328,987	4,406,197
Deferred grant income	1,084,555	1,287,559
Change in due from/to American Lebanese Syrian Associated Charities, Inc	-	(1,353,075)
Net cash used in operating activities	<u>(331,011,442)</u>	<u>(357,639,454)</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Net decrease in assets limited as to use	602,950	2,249,517
Capital expenditures	(44,720,886)	(37,415,587)
Proceeds from the sale of property and equipment	<u>71,502</u>	<u>21,970</u>
Net cash used in investing activities	<u>(44,046,434)</u>	<u>(35,144,100)</u>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Support received from American Lebanese Syrian Associated Charities, Inc	375,102,514	408,161,189
Change in net aggregate outstanding check liability	-	(4,760,580)
Bond principal payment	<u>(4,220,000)</u>	<u>(4,030,000)</u>
Net cash provided by financing activities	<u>370,882,514</u>	<u>399,370,609</u>
<b>NET CHANGE IN CASH</b>	<b>(4,175,362)</b>	<b>6,587,055</b>
CASH — Beginning of year	<u>6,602,155</u>	<u>15,100</u>
CASH — End of year	<u>\$ 2,426,793</u>	<u>\$ 6,602,155</u>

See notes to consolidated financial statements

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

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

---

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

St. Jude Children's Research Hospital, Inc. (the "Hospital") is a research, treatment, and education center whose mission is to save children's lives by finding the causes of catastrophic illnesses, improving related treatments, and finding cures for their diseases. More than 5,900 patients are seen at the Hospital yearly, most of whom are treated on a continuing outpatient basis as part of ongoing research programs and account for approximately 60,000 hospital visits per year. The current basic science and clinical research at the Hospital includes work in gene therapy, chemotherapy, the biochemistry of normal cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, pediatric AIDS, and physiological effects of catastrophic illnesses.

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

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

**Cash** — The Hospital has a cash management arrangement with ALSAC generally providing for ALSAC's reimbursement of Hospital funds when Hospital checks are presented for payment. The aggregate outstanding check liability, net of such available cash, is included in accounts payable, as applicable, in the accompanying consolidated statements of financial position.

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

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

**Interest in Net Assets of ALSAC** — The Hospital applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958, *Not-for-Profit Entities*. Because of the Hospital's relationship as ALSAC's sole beneficiary and the overall financial interrelationship of the Hospital and ALSAC, ASC Topic 958 requires that the Hospital report its interest in the net assets of ALSAC in the consolidated statements of financial position, with corresponding changes in those net assets reported in a "quasi-equity-method" fashion in the accompanying consolidated statements of activities.

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

**Costs of Borrowing** — Bond issuance costs and bond discounts and premiums are amortized over the term of the related bond issue. Approximately \$69,000 and \$68,000 was amortized during 2011 and 2010, respectively, relating to these issuance costs.

The Hospital capitalizes interest cost on qualified construction expenditures, net of income earned on related trustee assets, as a component of the cost of related projects. Interest totaling approximately \$374,000 and \$615,000 was capitalized in 2011 and 2010, respectively.

**Property and Equipment** — Equipment is recorded at cost and is depreciated on a straight-line basis over its estimated useful life of 3 to 20 years. Leasehold interests are recorded at cost and are depreciated on a straight-line basis over the term of their lease or their estimated useful lives, whichever is shorter.

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

**Net Patient Service Revenues and Receivables** — No family ever pays the Hospital for the care their child receives. Accordingly, net patient service revenue consists only of estimated net realizable amounts from third-party payors for services rendered, including estimated retroactive revenue adjustments (if necessary) due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Patient service revenue has been reduced by adjustments for uncollectible accounts totaling approximately \$532,000 and \$3,400,000 in 2011 and 2010, respectively.

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

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

**Income Taxes** — The Hospital qualifies as tax exempt under existing provisions of the Internal Revenue Code (the "Code"), and its income is generally not subject to federal or state income taxes. The Hospital is not considered a private foundation as defined in Section 509(a) of the Code and, therefore, individual donors are entitled to the maximum charitable deduction under Section 170(c) of the Code.

The Hospital adopted the provisions of ASC 740, *Income Taxes*, on July 1, 2009. Application of ASC Topic 740 to a tax-exempt organization is primarily directed at the characterization of income as tax exempt (related or excluded exempt function income) and/or taxable as unrelated business income as defined in the Code.

The Hospital evaluated the effect of ASC 740 and determined that no adjustments to its consolidated financial statements were required upon the adoption of ASC Topic 740 on July 1, 2009. As of June 30, 2011, the Hospital had not identified any uncertain tax positions under ASC 740 requiring adjustments to its consolidated financial statements. In the event the Hospital were to recognize interest and penalties related to uncertain tax positions, it would be recognized in the consolidated financial statements as interest expense for interest and miscellaneous for penalties. Generally, tax years 2007 through 2010 are open to examination by the federal and state taxing authorities, respectively. There are no income tax examinations currently in process.

**Use of Estimates** — The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires that management make estimates and assumptions affecting the reported amounts of assets, liabilities, revenues, and expenses, as well as disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

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

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

**Subsequent Events** — The Hospital has evaluated the impact of significant subsequent events. There have been no subsequent events through September 28, 2011, the date the consolidated financial statements were available to be issued, that require recognition or disclosure.

**Recent Accounting Pronouncements** — In January 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements*, which amends ASC 820, *Fair Value Measurements and Disclosures*, to add new requirements for disclosures about transfers into and out of Level 1 and 2 measurements and separate disclosures about purchases, sales, issuances, and settlements relating to Level 3 measurements. This ASU also clarifies existing fair value disclosure requirements about the level of disaggregation and about inputs and valuation techniques used to measure fair value. This standard is effective for the first reporting period beginning after December 15, 2009, except for the requirement to provide the Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Hospital prospectively adopted the new guidance in 2011, except for the Level 3 reconciliation disclosures, which are required in 2012. The adoption in 2011 did not materially affect, and the future adoption is not expected to materially affect, the Hospital's consolidated financial statements.

In September 2009, the FASB issued ASU No. 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)*. ASU No. 2009-12 provides guidance on estimating fair value of alternative investments when using the net asset value (NAV) per share provided by the investment entity. ALSAC adopted ASU No. 2009-12 as of June 30, 2011. The adoption of ASU No. 2009-12 had no impact on the net assets of the Hospital or ALSAC, however, the adoption did affect the classification of ALSAC's investments in the fair value hierarchy, as disclosed at Note 9.

## 2. ASSETS LIMITED AS TO USE

The composition of assets limited as to use as of June 30, 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Under bond indenture agreements — held by trustee	\$ 10,099,500	\$ 10,752,450
Other investments — property held for resale	1,718,391	1,668,391
Under self-insurance funding arrangements — pooled investment funds	<u>1,494,392</u>	<u>1,264,640</u>
	13,312,283	13,685,481
Less amounts classified as current assets	<u>10,099,500</u>	<u>10,752,450</u>
Total	<u>\$ 3,212,783</u>	<u>\$ 2,933,031</u>

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

The composition of net investment gain for the years ended June 30, 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Interest and dividend income (loss)	\$ 18,090	\$ (1,868)
Net realized and unrealized investment gains	<u>211,662</u>	<u>137,628</u>
Total	<u>\$ 229,752</u>	<u>\$ 135,760</u>

## 3. TRUSTEED BOND FUNDS

The trustee bond funds were established in accordance with the requirements of the indentures related to the Hospital Revenue Bonds discussed in Note 5. The trustee bond funds were approximately \$10,100,000 and \$10,752,000 as of June 30, 2011 and 2010, respectively.

Amounts in the principal and interest funds are for the annual debt service of the Hospital Revenue Bonds and amounted to approximately \$10,100,000 and \$9,990,000 at June 30, 2011 and 2010, respectively. Amounts classified as current assets represent funds to be used to pay debt service and other amounts classified as current liabilities as of June 30, 2011 and 2010. Approximately \$762,000 of the funds held by the trustee at June 30, 2010, were restricted for the use in the construction of the Chili’s Care Center (CCC) in accordance with the terms of the debt (see Note 5). The CCC was completed during fiscal year 2010 and the restricted funds at June 30, 2010, were used to partially fund an interest payment during fiscal year 2011.



#### 4. PROPERTY AND EQUIPMENT

A summary of property and equipment as of June 30, 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Leasehold interests		
Land and improvements	\$ 6,166,438	\$ 5,620,475
Buildings and improvements	623,372,287	602,891,440
Owned property		
Equipment	283,266,502	261,530,883
Construction in progress	<u>1,376,773</u>	<u>17,265,291</u>
	914,182,000	887,308,089
Less accumulated depreciation	<u>490,909,539</u>	<u>445,531,526</u>
Total	<u>\$423,272,461</u>	<u>\$441,776,563</u>

All land improvements, buildings, and building improvements are leased from ALSAC. The major terms of the lease are described in Note 13. The Hospital has reported land and buildings under lease from ALSAC as a capital lease. Land and buildings have been capitalized at cost, which the Company estimates approximated the fair value at the inception of the lease.

Construction in progress at June 30, 2010, was principally composed of costs incurred during the Patient Care Center renovation. The Patient Care Center renovation was completed during fiscal year 2011.

#### 5. LONG-TERM DEBT

A summary of long-term debt as of June 30, 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Series 2006 Revenue Bonds due in annual installments through 2036, fixed interest from 4%–5%	\$ 226,580,000	\$ 230,800,000
Unamortized premium on bonds	<u>12,322,223</u>	<u>12,943,268</u>
	238,902,223	243,743,268
Less current portion	<u>(4,435,000)</u>	<u>(4,220,000)</u>
Total	<u>\$234,467,223</u>	<u>\$239,523,268</u>

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

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

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

<b>Years Ending June 30</b>	<b>Long-Term Debt</b>
2012	\$ 4,435,000
2013	4,655,000
2014	4,890,000
2015	5,130,000
2016	5,390,000
Thereafter	<u>202,080,000</u>
	226,580,000
Plus unamortized premium on bonds	<u>12,322,223</u>
Total	<u>\$238,902,223</u>

The Hospital paid interest of approximately \$11,400,000 and \$11,600,000 during the years ended June 30, 2011 and 2010, respectively

## 6. NET PATIENT SERVICE REVENUE

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

*Medicaid* — Inpatient and outpatient services rendered to Medicaid program beneficiaries are generally paid based upon prospective reimbursement methodologies established by the beneficiaries' state of residence Revenue from the Medicaid program accounted for approximately 25% and 33% of the Hospital's net patient service revenue for the years ended June 30, 2011 and 2010, respectively

*Blue Cross* — All acute care services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates Revenue from Blue Cross subscribers accounted for approximately 30% and 28% of the Hospital's net patient service revenue for the years ended June 30, 2011 and 2010, respectively

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

The components of net patient service revenue as of June 30, 2011 and 2010, consisted of the following

	<b>2011</b>	<b>2010</b>
Gross patient service revenue — net of charity care charges foregone	\$ 301,219,257	\$ 251,757,171
Less provision for adjustments and uncollectible charges	<u>212,501,107</u>	<u>167,997,810</u>
Net patient service revenue	<u>\$ 88,718,150</u>	<u>\$ 83,759,361</u>

## **7. CHARITY CARE AND CONTRACTUAL ADJUSTMENTS**

It is the Hospital's policy to provide care to patients for all charges in excess of those realizable from third-party payors. Following that policy, charges foregone, based on established rates, totaled approximately \$46,791,000 and \$43,570,000 in 2011 and 2010, respectively.

The Hospital also participates in TennCare and other states' Medicaid programs. Under these programs, the Hospital provides care to patients at payment rates, which are determined by state governments, regardless of actual cost. The Hospital recorded gross patient charges to Medicaid patients totaling approximately \$132,827,000 and \$121,058,000 and was reimbursed approximately \$22,210,000 and \$28,000,000 in 2011 and 2010, respectively. This resulted in a total contractual adjustment related to Medicaid programs of approximately \$110,617,000 and \$93,058,000, or 83% and 77%, of Medicaid program charges for 2011 and 2010, respectively.

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

## **8. EMPLOYEE RETIREMENT BENEFIT PLAN**

The Hospital sponsors a defined-contribution retirement annuity plan generally covering all employees who have completed one year of service. The plan requires that the Hospital make annual contributions based on participants' salaries. Employee contributions to the plan are not allowed. Hospital contributions are 50% vested after two years of service and 100% vested after three years of service. Total cash contributions to the plan were approximately \$16,100,000 and \$15,400,000 for the years ended June 30, 2011 and 2010, respectively.

## 9. ALSAC

The accompanying consolidated financial statements do not include the individual accounts of ALSAC. Because of the Hospital's relationship as ALSAC's sole beneficiary and the overall financial interrelationship of the Hospital and ALSAC, the Hospital's interest in the net assets of ALSAC is reported in its statements of financial position, with corresponding changes in those net assets reported in a "quasi-equity method" in the statements of activities. A summary of the financial statements of ALSAC as of June 30, 2011 and 2010, and for the years then ended is as follows:

	2011	2010
Assets		
Cash and investments	\$2,335,336,742	\$1,887,966,207
Other assets	<u>87,477,278</u>	<u>87,117,055</u>
Total assets	<u>\$2,422,814,020</u>	<u>\$1,975,083,262</u>
Total liabilities	<u>\$ 41,168,055</u>	<u>\$ 37,932,110</u>
Net assets		
Unrestricted	1,546,098,870	1,237,134,733
Temporarily restricted	46,913,705	37,242,519
Permanently restricted	<u>788,633,390</u>	<u>662,773,900</u>
Total net assets	<u>2,381,645,965</u>	<u>1,937,151,152</u>
Total liabilities and net assets	<u>\$2,422,814,020</u>	<u>\$1,975,083,262</u>
Revenues, gains, and other support	<u>\$1,066,346,400</u>	<u>\$ 869,277,924</u>
Expenses		
Hospital support	375,102,514	408,161,189
Other program services	51,699,380	40,752,990
Supporting services	<u>195,049,693</u>	<u>199,068,411</u>
Total expenses	<u>621,851,587</u>	<u>647,982,590</u>
Changes in net assets	444,494,813	221,295,334
Net assets — beginning of year	<u>1,937,151,152</u>	<u>1,715,855,818</u>
Net assets — end of year	<u>\$2,381,645,965</u>	<u>\$1,937,151,152</u>

**Investments** — The composition of ALSAC’s investments as of June 30, 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Global equity	\$ 862,822,979	\$ 611,863,788
Marketable alternative	463,384,860	400,367,291
Real assets	388,092,434	311,776,604
Private equity	163,501,394	144,920,232
Fixed income	256,549,112	285,292,181
Cash	<u>119,322,792</u>	<u>47,994,467</u>
 Total	 <u>\$2,253,673,571</u>	 <u>\$1,802,214,563</u>

Marketable alternative investments included hedged equity, distressed debt, and multi-strategy managers. ALSAC is obligated under certain investment contracts to periodically advance funding up to contractual levels. Such commitments were approximately \$143,367,000 and \$163,727,000 at June 30, 2011 and 2010, respectively.

The composition of net investment income for the years ended June 30, 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Net realized and unrealized investment gains	\$309,075,592	\$164,246,014
Interest and dividend income	28,742,717	20,149,588
Investment expenses	<u>(741,326)</u>	<u>(778,677)</u>
 Net investment income	 <u>\$337,076,983</u>	 <u>\$183,616,925</u>

**Fair Value Disclosures** — ALSAC accounts for assets and liabilities measured at fair value using ASC Topic 820. Under ASC Topic 820, fair value refers to the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The guidance enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. Investments with readily available actively quoted prices, or for which fair value can be measured from actively quoted prices, generally, will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. In the absence of actively quoted prices and observable inputs, ALSAC estimates prices based on available historical data and near term future pricing information that reflects its market assumptions. The guidance requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

*Level 1* — Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

*Level 2* — Inputs are other than quoted prices in active markets that are observable for the asset or liability, either directly or indirectly.

*Level 3* — Inputs are unobservable and significant to the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

ALSAC's assets and investments by asset class and fair value hierarchy level as of June 30, 2011 and 2010, are as follows

<b>2011</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Global equity	\$ 307,231,460	\$ 555,591,519	\$ -	\$ 862,822,979
Marketable alternative	-	463,384,860	-	463,384,860
Real assets	95,555,260	189,983,789	102,553,385	388,092,434
Private equity	-	-	163,501,394	163,501,394
Fixed income	83,362,210	173,186,902	-	256,549,112
Cash	<u>119,322,792</u>	<u>-</u>	<u>-</u>	<u>119,322,792</u>
<b>Total</b>	<b><u>\$605,471,722</u></b>	<b><u>\$1,382,147,070</u></b>	<b><u>\$266,054,779</u></b>	<b><u>\$2,253,673,571</u></b>
<b>2010</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Global equity	\$ 212,313,983	\$ 399,269,308	\$ 280,497	\$ 611,863,788
Marketable alternative	-	400,193,665	173,626	400,367,291
Real assets	82,335,328	150,687,949	78,753,327	311,776,604
Private equity	-	-	144,920,232	144,920,232
Fixed income	69,126,465	216,165,716	-	285,292,181
Cash	<u>47,994,467</u>	<u>-</u>	<u>-</u>	<u>47,994,467</u>
<b>Total</b>	<b><u>\$411,770,243</u></b>	<b><u>\$1,166,316,638</u></b>	<b><u>\$224,127,682</u></b>	<b><u>\$1,802,214,563</u></b>

There were no significant transfers between Level 1 and Level 2 (asset-level reclassifications) during the fiscal year ended June 30, 2011

For the valuation of certain governmental and corporate bonds, mutual funds, common and preferred stock as of June 30, 2011 and 2010, ALSAC used quoted prices in principal active markets for identical assets as of the valuation date (Level 1)

For the valuation of certain governmental and corporate bonds, common and preferred stock, commingled funds, and limited partnerships as of June 30, 2011 and 2010, ALSAC used quoted prices in principal active markets for certain underlying fund positions and significant other observable inputs (Level 2)

For the valuation of nonmarketable real assets and private equity funds as of June 30, 2011 and 2010, ALSAC used significant unobservable inputs, including information from fund managers or general partners based on quoted market prices, if available, or other valuation methods. ALSAC reviews and evaluates the values provided by the fund managers and general partners and agrees with the valuation methods and assumptions used in determining the fair value of these investments (Level 3)

The changes in assets by asset class measured at fair value for which ALSAC used Level 3 inputs to determine fair value for the year ended June 30, 2011, are as follows

	<b>Global Equity</b>	<b>Marketable Alternative</b>	<b>Real Assets</b>	<b>Private Equity</b>	<b>Total</b>
Beginning balance at June 30, 2010	\$ 280,497	\$ 173,626	\$ 78,753,327	\$ 144,920,232	\$ 224,127,682
Transfers into Level 3	-	-	-	-	-
Transfers out of Level 3 (a)	(280,497)	-	-	-	(280,497)
Purchases and sales	-	(101,634)	(2,236,931)	(8,536,795)	(10,875,360)
Interest and dividends	-	-	1,793,959	3,530,551	5,324,510
Realized (loss) gain (b)	-	(64,458)	11,964,942	9,510,094	21,410,578
Unrealized (loss) gain (b)	-	(7,534)	12,278,088	14,077,311	26,347,865
Ending balance at June 30, 2011	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 102,553,385</u>	<u>\$ 163,501,393</u>	<u>\$ 266,054,778</u>

(a) The Level 3 transfer-out relates to the reclassification of equity securities

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

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

The changes in assets measured at fair value for which ALSAC used Level 3 inputs to determine fair value for the year ended June 30, 2010, are as follows

Beginning balance at June 30, 2009	\$ 184,872,810
Net realized gains	4,980,991
Net unrealized gains	11,796,695
Interest and dividends	2,460,482
Purchases and sales	<u>20,016,704</u>
Ending balance at June 30, 2010	<u>\$ 224,127,682</u>

ALSAC uses the NAV as a practical expedient to determine the fair value of all the underlying investments, which (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company

The investments in investment funds valued at NAV by major category as of June 30, 2011, are as follows

	<b>Fair Value</b>	<b>Unfunded Commitments</b>	<b>Redemption Frequency</b>	<b>Redemption Notice Period</b>
Global equity (a)	\$ 173,449,102	\$ -	Monthly, quarterly	35–60 days
Marketable alternatives (b) (c)	463,384,860	-	Monthly, quarterly	30–180 days
Real assets (d) (e)	208,295,450	64,320,310	Monthly, quarterly for marketable real assets	0–90 days
Private equity (f)	<u>163,501,394</u>	<u>79,046,266</u>	Not redeemable	
Total	<u>\$ 1,008,630,806</u>	<u>\$ 143,366,576</u>		

As of June 30, 2011, there are approximately \$5.4 million of marketable alternative assets from which ALSAC receives distributions through liquidation by fund managers of underlying, illiquid securities. Liquidation is expected to be completed within the next year.

- (a) This category is invested in equity long/short hedge funds that invest primarily in U.S. and international equities. These funds include short positions as well as long positions and use leverage. They are generally 100% net long. The fair value of these investments has been estimated using the NAV per share of the respective funds. As of June 30, 2011, approximately 25% of the value of these investments is available for redemption monthly with 35 days' notice and approximately 75% is available quarterly with 60 days' notice.
- (b) This category is invested in hedge fund strategies that include hedged equity, multi-strategy, arbitrage, global macro, distressed securities, and open mandate strategies. Underlying investments are primarily liquid investments and their derivatives in fixed income, asset-backed securities, currency, commodities, and equities. The funds include short positions as well as long positions and use leverage. The fair values of the investments in this category have been estimated using the NAV per share of the respective funds. As of June 30, 2011, approximately 74% is available for redemption within 12 months, and 26% is available for redemption in more than 12 months. The total of illiquid investments represents 10% of this category.
- (c) Some funds may invest in private investments, which are typically segregated into "side pockets" (a separate share class) and are not available for redemption until the investment is liquidated by the manager. The fair value of these investments has been estimated using the NAV per share of the respective segregated investments. As of June 30, 2011, approximately 10% of this category total is invested in private investments. The time at which the investments in side pockets will be liquidated cannot be estimated.
- (d) This category is invested in funds that invest in a variety of real assets that include public and private real estate and real estate-related debt and securities, public and private oil and gas and other energy-related investments, timber, commodities, precious metals, public and private mining companies, and TIPS (Treasury Inflation Protected Securities). The fair value of the public investments in this category has been estimated using the NAV per share of the respective funds. As of June 30, 2011, approximately 35% is available for redemption within 12 months, 11% is available for redemption in more than 12 months, and 54% are illiquid.
- (e) Approximately 54% of the real assets are invested in illiquid investment funds. The fair market value of the investments in this category has been estimated using the NAV of ALSAC's ownership interest in the partners' capital. The funds in this category do not permit redemptions.
- (f) Investment mandates for private equity include leveraged buyouts, growth equity, venture capital, and distressed investments. The fair values of the respective funds in this category have been estimated using the NAV of ALSAC's ownership interest in the partner's capital. The funds in this category do not permit redemptions.

## 10. BUSINESS AND CREDIT CONCENTRATIONS

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



The mix of accounts receivable from third-party payors, net of contractual allowances, as of June 30 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Commercial insurance	27 %	25 %
Medicaid	50	50
Blue Cross	19	24
Other third-party payors	<u>4</u>	<u>1</u>
Total	<u>100 %</u>	<u>100 %</u>

## 11. FINANCIAL INSTRUMENTS

The carrying amounts of all applicable asset and liability financial instruments reported in the consolidated statements of financial position (except debt instruments) approximate their estimated fair values, in all significant respects, as of June 30, 2011 and 2010. Fair value of a financial instrument is defined as the amount at which the instrument could be exchanged in a current transaction between willing parties.

The fair values of the debt instruments have been estimated using interest rates currently available to the Hospital for borrowings having similar character, collateral, and duration. The aggregate fair value of such instruments approximated \$231,340,000 and \$241,720,000 as of June 30, 2011 and 2010, respectively.

## 12. SELF-INSURANCE PROGRAMS

The Hospital is self-insured for the following:

- Comprehensive general and professional liability coverage up to \$2 million per claim and \$7 million in the aggregate, with \$100 million of excess claims-made coverage above the self-insured retentions.
- Workers' compensation liabilities up to a specific retention of \$500,000, with excess coverage at statutory limits.
- Employee health coverage up to \$350,000 per covered individual per claim with no lifetime limit.

The Hospital records a reserve for the estimated ultimate costs of both reported claims and claims incurred but not reported related to the above-described self-insurance programs. The Hospital also has substantial excess liability coverage available under the provisions of certain claims-made policies. To the extent that any claims-made coverage is not renewed or replaced with equivalent insurance, claims based on occurrences during the term of such coverage, but reported subsequently, would be uninsured. Management believes, based on incidents identified through the Hospital's incident reporting system, that any such claims would not have a material effect on the Hospital's consolidated results of operations or financial position. In any event, management anticipates that the claims-made coverage currently in place will be renewed or replaced with equivalent insurance as the term of such coverage expires. Excess policies for professional liability coverage, workers' compensation coverage, and employee health coverage expire on May 1, 2012, January 1, 2012, and December 31, 2011, respectively.

### 13. LEASES

Rental expense for all operating leases was approximately \$1,477,000 and \$1,930,000 for the years ended June 30, 2011 and 2010, respectively

A schedule by year of future minimum lease payments under operating leases as of June 30, 2011, that have initial or remaining lease terms in excess of one year is as follows

<b>Years Ending June 30</b>	
2012	\$ 484,604
2013	64,889
2014	42,968
2015	<u>18,603</u>
Total	<u>\$ 611,064</u>

The Hospital conducts its operations from leased property and facilities, which includes certain land, administration facilities, two parking garages, patient care facilities, and research facilities. The term of the lease of the aforementioned property and facilities between the Hospital and ALSAC is 100 years commencing December 31, 1998, and expiring December 31, 2098. This lease is classified as a capital lease by the Hospital.

An analysis of leased property under the Hospital's capital lease by major classes as of June 30, 2011 and 2010, is as follows

	<b>2011</b>	<b>2010</b>
Land and improvements	\$ 6,166,438	\$ 5,620,475
Buildings and improvements	<u>623,372,287</u>	<u>602,891,440</u>
	629,538,725	608,511,915
Less accumulated depreciation	<u>313,565,062</u>	<u>279,604,709</u>
	<u>\$ 315,973,663</u>	<u>\$ 328,907,206</u>

There are no future minimum lease payments under this capital lease

\* \* \* \* \*

**Additional Data**

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOYCE ABOUSSIE DIRECTOR	4 00	X						0	0	0
THOMAS G ABRAHAM DIRECTOR	4 00	X						0	0	0
SUSAN MACK AGUILLARD MD DIRECTOR	4 00	X						0	0	0
MAHIR AWDEH MD DIRECTOR	4 00	X						0	0	0
JOSEPH S AYOUB JR ESQ DIRECTOR	4 00	X						0	0	0
PAUL J AYOUB ESQ DIRECTOR	4 00	X						0	0	0
JAMES B BARKATE DIRECTOR	4 00	X						0	0	0
MARTHA PERINE BEARD DIRECTOR	8 00	X						0	0	0
KATHIE BERLIN DIRECTOR	4 00	X						0	0	0
SHERYL BOURISK DIRECTOR	4 00	X						0	0	0
ROBERT A BREIT MD DIRECTOR	8 00	X						0	0	0
TERRY BURMAN DIRECTOR	8 00	X						0	0	0
STEPHEN J CAMER MD DIRECTOR	4 00	X						0	0	0
TONY CHARAF DIRECTOR	4 00	X						0	0	0
ANN M DANNER DIRECTOR	4 00	X						0	0	0
FRED P GATTAS JR DIRECTOR	4 00	X						0	0	0
FRED P GATTAS III DIRECTOR	4 00	X						0	0	0
CHRISTOPHER GEORGE MD DIRECTOR	4 00	X						0	0	0
JUDY HABIB DIRECTOR	4 00	X						0	0	0
PAUL K HAJAR DIRECTOR	4 00	X						0	0	0
CHUCK HAJJAR DIRECTOR	4 00	X						0	0	0
FRED R HARRIS DIRECTOR	4 00	X						0	0	0
BRUCE B HOPKINS DIRECTOR	4 00	X						0	0	0
RICHARD IEYOUB DIRECTOR	4 00	X						0	0	0
RICHARD KARAM ESQ DIRECTOR	4 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SALLI LEVAN DIRECTOR	4 00	X						0	0	0
PAUL MARCUS DIRECTOR	4 00	X						0	0	0
MICHAEL D MCCOY DIRECTOR	4 00	X						0	0	0
ROBERT T MOLINET DIRECTOR	4 00	X						0	0	0
JIM NAIFEH JR DIRECTOR	4 00	X						0	0	0
THOMAS PENN III DIRECTOR	4 00	X						0	0	0
MANAL SAAB DIRECTOR	4 00	X						0	0	0
CAMILLE F SARROUF SR ESQ DIRECTOR	4 00	X						0	0	0
CAMILLE F SARROUF JR ESQ DIRECTOR	4 00	X						0	0	0
JOSEPH G SHAKER DIRECTOR	4 00	X						0	0	0
GEORGE A SIMON II DIRECTOR	4 00	X						0	0	0
PAUL J SIMON DIRECTOR	4 00	X						0	0	0
TERRE THOMAS DIRECTOR	4 00	X						0	0	0
TONY THOMAS DIRECTOR	4 00	X						0	0	0
PAT KERR TIGRETT DIRECTOR	4 00	X						0	0	0
RICHARD M UNES DIRECTOR	4 00	X						0	0	0
PAUL H WEIN ESQ DIRECTOR	4 00	X						0	0	0
TOM WERTZ DIRECTOR	4 00	X						0	0	0
RAMZI T YOUNIS MD DIRECTOR	4 00	X						0	0	0
TAMA ZAYDON DIRECTOR	4 00	X						0	0	0
RAYMOND J ZOGHBY DIRECTOR	4 00	X						0	0	0
RICHARD C SHADYAC JR EX-OFFICIO DIRECTOR	1 00	X						0	477,920	37,700
WILLIAM E EVANS DIRECTOR AND CEO	55 00	X			X			824,033	0	39,737
JAMES R DOWNING EVP/SCIENTIFIC DIRECTOR	55 00				X			713,609	0	41,040
MICHAEL C CANARIOS SVP/CHIEF FINANCIAL OFFICER	55 00				X			362,871	0	67,624

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL B KASTAN EVP/DIRECTOR CANCER CENTER	55 00			X				586,180	0	79,729
JOSEPH H LAVER SVP/CLINICAL DIRECTOR	55 00			X				574,337	0	67,569
LARRY E KUN CHAIR/FACULTY	55 00					X		734,940	0	43,053
GEORGE B BIKHAZI FACULTY	55 00					X		480,323	0	39,740
ANDREW DAVIDOFF CHAIR/FACULTY	55 00					X		531,937	0	85,451
STEPHEN J SHOCHAT FACULTY	55 00					X		503,725	0	42,332
LESLIE L ROBISON CHAIR/FACULTY	55 00					X		466,742	0	40,721