

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** JUL 1, 2012 **and ending** JUN 30, 2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. <b>Doing Business As</b> _____ <b>Number and street (or P.O. box if mail is not delivered to street address) Room/suite</b> 501 ST. JUDE PLACE _____ <b>City, town, or post office, state, and ZIP code</b> MEMPHIS, TN 38105-0000 <b>F Name and address of principal officer:</b> RICHARD C. SHADYAC, JR. 501 ST JUDE PLACE, MEMPHIS, TN 38105-0000	<b>D Employer identification number</b> 35-1044585 <b>E Telephone number</b> 901-578-2000 <b>G Gross receipts \$</b> 1,445,355,456. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶ _____
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> WWW.STJUDE.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1957 <b>M State of legal domicile:</b> IL

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO BUILD AWARENESS AND RAISE FUNDS TO SUPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> 50 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> 44 <b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) <b>5</b> 1388 <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> 999999 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> 457,311. <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> -221,753.															
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>776,484,977.</b> <b>9</b> Program service revenue (Part VIII, line 2g) <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>67,856,711.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>25,799,003.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>870,140,691.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>776,484,977.</td> <td>851,256,497.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>67,856,711.</td> <td>98,059,063.</td> </tr> <tr> <td>25,799,003.</td> <td>26,761,727.</td> </tr> <tr> <td>870,140,691.</td> <td>976,077,287.</td> </tr> </tbody> </table>	Prior Year	Current Year	776,484,977.	851,256,497.	0.	0.	67,856,711.	98,059,063.	25,799,003.	26,761,727.	870,140,691.	976,077,287.		
Prior Year	Current Year															
776,484,977.	851,256,497.															
0.	0.															
67,856,711.	98,059,063.															
25,799,003.	26,761,727.															
870,140,691.	976,077,287.															
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>441,990,544.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>82,095,094.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>4,353,600.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>146,118,954.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>174,865,211.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>703,304,449.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>166,836,242.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>441,990,544.</td> <td>488,001,943.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>82,095,094.</td> <td>88,674,093.</td> </tr> <tr> <td>4,353,600.</td> <td>4,023,495.</td> </tr> <tr> <td>174,865,211.</td> <td>185,088,006.</td> </tr> <tr> <td>703,304,449.</td> <td>765,787,537.</td> </tr> <tr> <td>166,836,242.</td> <td>210,289,750.</td> </tr> </tbody> </table>	441,990,544.	488,001,943.	0.	0.	82,095,094.	88,674,093.	4,353,600.	4,023,495.	174,865,211.	185,088,006.	703,304,449.	765,787,537.	166,836,242.	210,289,750.
441,990,544.	488,001,943.															
0.	0.															
82,095,094.	88,674,093.															
4,353,600.	4,023,495.															
174,865,211.	185,088,006.															
703,304,449.	765,787,537.															
166,836,242.	210,289,750.															
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>2,506,529,810.</b> <b>21</b> Total liabilities (Part X, line 26) <b>52,074,707.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>2,454,455,103.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Beginning of Current Year</th> <th style="width:50%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>2,506,529,810.</td> <td>2,823,811,554.</td> </tr> <tr> <td>52,074,707.</td> <td>54,868,882.</td> </tr> <tr> <td>2,454,455,103.</td> <td>2,768,942,672.</td> </tr> </tbody> </table>	Beginning of Current Year	End of Year	2,506,529,810.	2,823,811,554.	52,074,707.	54,868,882.	2,454,455,103.	2,768,942,672.						
Beginning of Current Year	End of Year															
2,506,529,810.	2,823,811,554.															
52,074,707.	54,868,882.															
2,454,455,103.	2,768,942,672.															

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JEFFREY T. PEARSON, CHIEF FINANCIAL OFFICER Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00752421	Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772 Firm's address ▶ 100 PEABODY PLACE, STE. 800 MEMPHIS, TN 38103 Phone no. (901)322-6700

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) WAS FOUNDED IN 1957 AND EXISTS FOR THE SOLE PURPOSE OF RAISING FUNDS AND BUILDING AWARENESS TO SUPPORT THE CURRENT AND FUTURE NEEDS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 556,214,370. including grants of \$ 488,001,943. ) (Revenue \$ ) ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL (ST. JUDE). ALSAC EXISTS SOLELY TO BUILD AWARENESS AND RAISE THE FUNDS NECESSARY TO OPERATE AND MAINTAIN ST. JUDE. BECAUSE OF ALSAC, NO FAMILY EVER RECEIVES A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD. IT COSTS \$1.9 MILLION A DAY TO OPERATE ST. JUDE, AND APPROXIMATELY 75 PERCENT OF ST. JUDE'S BUDGET IS COVERED BY PUBLIC CONTRIBUTIONS GENERATED BY ALSAC FUNDRAISING PROGRAMS.

(CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses 556,214,370.

**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> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....		X
<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> .....		X
<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> .....	X	
<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> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<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> .....		X
<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> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<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> .....	X	
<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> .....	X	
<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> .....		X
<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> .....		X
<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> .....	X	
<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> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<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 and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<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</i> .....	X	
<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> .....	X	
<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> .....	X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<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> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<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 through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<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>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<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> .....		X
<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> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<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> .....		X
<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> .....	X	
<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> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<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> .....	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<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> .....		X
<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> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<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> .....		X
<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> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JEFFREY T. PEARSON - (901) 578-2000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOYCE ABOUSSIE VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(2) SUSAN MACK AGUILLARD, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(3) MAHIR AWDEH, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(4) JOSEPH S. AYOUB, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(5) PAUL J. AYOUB, ESQ. VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(6) FREDERICK M. AZAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(7) JAMES B. BARKATE VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(8) MARTHA PERINE BEARD VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(9) SHERYL BOURISK VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(10) ROBERT A. BREIT, MD VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(11) TERRY BURMAN VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(12) STEPHEN J. CAMER, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(13) TONY CHARAF VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(14) ANN M. DANNER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(15) MICHAEL FRANCIS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(16) FRED P. GATTAS, JR. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(17) FRED P. GATTAS, III PHARMD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTOPHER GEORGE, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(19) JUDY HABIB VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(20) GABRIEL (GABY) HADDAD, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(21) PAUL K. HAJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(22) CHUCK HAJJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(23) FOUAD HAJJAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(24) FRED R. HARRIS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(25) BRUCE B. HOPKINS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(26) RICHARD IEYOUB, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,916,344.	941,143.	374,814.
<b>d Total (add lines 1b and 1c)</b>								2,916,344.	941,143.	374,814.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **114**

	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>		X
<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>	X	
<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>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE, AKRON, OH 44333-4501	CALL CENTER	2,267,229.
TEKSYSTEMS 7437 RACE RD., HANOVER, MD 21076-0000	IT CONTRACT LABOR	2,084,215.
R.B. DAVIES, INC., 10536 CULVER BLVD, SUITE M, CULVER CITY, CA 90232-2423	MARKETING CONSULTANT	1,439,735.
MDS COMMUNICATIONS CORPORATION 545 W. JUANITA AVENUE, MESA, AZ 85210-0000	CALL CENTER	1,118,748.
VACO MIDSOUTH LLC, 5410 MARYLAND WAY #460, BRENTWOOD, TN 37027-0000	IT CONTRACT LABOR	1,048,112.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **39**

SEE PART VII, SECTION A CONTINUATION SHEETS



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) SALLI LEVAN VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(28) PAUL MARCUS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(29) MICHAEL D. MCCOY VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(30) ROBERT T. MOLINET, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(31) DWAYNE M. MURRAY, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(32) JIM NAIFEH, JR. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(33) HELEN NUGENT VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(34) RAMZI NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(35) THOMAS PENN, III VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(36) CAMILLE F. SARROUF, SR., ESQ VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(37) CAMILLE F. SARROUF, JR., ESQ. VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(38) JOSEPH C. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(39) JOSEPH G. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(40) GEORGE A. SIMON, II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(41) MICHAEL SIMON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(42) PAUL J. SIMON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(43) TERRE THOMAS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(44) TONY THOMAS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(45) RICHARD M. UNES VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(46) PAUL H WEIN ESQ VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 9,978,044.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b> 2,180,035.				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 839,098,418.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	3,731,605.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 851,256,497.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	Business Code				
	<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 .....	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 26,752,910.			26,752,910.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real	42,954.			
		(ii) Personal				
		<b>b</b> Less: rental expenses .....	0.			
		<b>c</b> Rental income or (loss) .....	42,954.			
	<b>d</b> Net rental income or (loss) .....	▶ 42,954.			42,954.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	531,529,345.			
		(ii) Other	640,212.			
		<b>b</b> Less: cost or other basis and sales expenses .....	459,573,603.	1,289,801.		
		<b>c</b> Gain or (loss) .....	71,955,742.	-649,589.		
	<b>d</b> Net gain or (loss) .....	▶ 71,306,153.	-649,589.		71,955,742.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 2,180,035. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	12,143,709.			
		<b>b</b> Less: direct expenses .....	<b>b</b> 4,073,066.			
<b>c</b> Net income or (loss) from fundraising events .....		▶ 8,070,643.			8,070,643.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	21,922,158.				
	<b>b</b> Less: direct expenses .....	<b>b</b> 3,731,339.				
	<b>c</b> Net income or (loss) from gaming activities .....	▶ 18,190,819.	18,190,819.			
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	1,067,671.				
	<b>b</b> Less: cost of goods sold .....	<b>b</b> 610,360.				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶ 457,311.		457,311.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> _____	Business Code				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶				
	<b>12 Total revenue.</b> See instructions. ....	▶ 976,077,287.	17,541,230.	457,311.	106,822,249.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	488,001,943.	488,001,943.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,238,354.	177,679.	387,873.	672,802.
<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	69,830,603.	10,019,302.	21,872,080.	37,939,221.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,267,792.	609,469.	1,310,804.	2,347,519.
<b>9</b> Other employee benefits	8,325,668.	1,081,305.	2,952,375.	4,291,988.
<b>10</b> Payroll taxes	5,011,676.	717,675.	1,513,146.	2,780,855.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,573,109.	230,359.	339,059.	1,003,691.
<b>c</b> Accounting	222,506.		222,506.	
<b>d</b> Lobbying	28,000.		28,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17	4,023,495.			4,023,495.
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	9,653,133.	3,507,371.	1,759,669.	4,386,093.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	406,646.	46,238.	130,906.	229,502.
<b>14</b> Information technology	11,792,220.	1,444,999.	7,770,620.	2,576,601.
<b>15</b> Royalties				
<b>16</b> Occupancy	5,240,631.	513,559.	1,564,795.	3,162,277.
<b>17</b> Travel	6,860,639.	1,133,518.	1,425,166.	4,301,955.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,234,267.	325,707.	427,566.	1,480,994.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	8,042,011.	990,363.	5,194,190.	1,857,458.
<b>23</b> Insurance	1,242,486.	140,914.	525,340.	576,232.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MAILINGS & SHIPPING	66,575,907.	19,158,220.	7,857,107.	39,560,580.
<b>b</b> CAMPAIGN EXPENSES	46,968,471.	23,697,103.	2,328,206.	20,943,162.
<b>c</b> PRINTING & PUBLICATIONS	6,535,181.	832,561.	909,086.	4,793,534.
<b>d</b> EQUIP RENTAL/MAINTENANC	863,181.	170,349.	223,785.	469,047.
<b>e</b> All other expenses	16,849,618.	3,415,736.	4,711,934.	8,721,948.
<b>25</b> Total functional expenses. Add lines 1 through 24e	765,787,537.	556,214,370.	63,454,213.	146,118,954.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	90,968,952.	45,283,854.	6,325,784.	39,359,314.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....		1	
	2	Savings and temporary cash investments .....	83,405,496.	2	35,505,256.
	3	Pledges and grants receivable, net .....	17,361,882.	3	21,141,316.
	4	Accounts receivable, net .....	1,981,760.	4	1,377,961.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	1,306,619.	8	1,022,212.
	9	Prepaid expenses and deferred charges .....	5,755,669.	9	4,897,935.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 114,576,884.		
	b	Less: accumulated depreciation .....	10b 36,319,600.	10c	78,257,284.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....	2,327,527,341.	12	2,681,609,590.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,506,529,810.	16	2,823,811,554.	
Liabilities	17	Accounts payable and accrued expenses .....	22,998,433.	17	18,640,033.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	29,076,274.	25	36,228,849.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	52,074,707.	26	54,868,882.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	1,618,940,853.	27	1,864,955,132.
	28	Temporarily restricted net assets .....	52,799,597.	28	60,144,267.
	29	Permanently restricted net assets .....	782,714,653.	29	843,843,273.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
	33	<b>Total net assets or fund balances</b> .....	2,454,455,103.	33	2,768,942,672.
	34	<b>Total liabilities and net assets/fund balances</b> .....	2,506,529,810.	34	2,823,811,554.

**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>	976,077,287.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	765,787,537.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	210,289,750.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,454,455,103.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	102,728,032.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,469,787.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,768,942,672.

**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? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<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? _____		X
<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 _____		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

**Name of the organization** AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. **Employer identification number** 35-1044585

**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 - Non-functionally integrated
- 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?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? ..... <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? ..... <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	658,106,230.	659,370,821.	698,411,243.	776,484,977.	851,256,497.	3643629768.
<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 .....	658,106,230.	659,370,821.	698,411,243.	776,484,977.	851,256,497.	3643629768.
<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.						3643629768.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	658,106,230.	659,370,821.	698,411,243.	776,484,977.	851,256,497.	3643629768.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	25,255,056.	20,199,495.	28,793,950.	25,519,444.	26,795,864.	126,563,809.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	1,129,256.	832,925.	654,264.	1,083,436.	457,311.	4,157,192.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	-15,828,592.	68,782,839.	94,493,447.	75,943,394.	106,021,609.	329,412,697.
<b>11 Total support.</b> Add lines 7 through 10						4103763466.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	88.79 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	88.36 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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.** 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).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GAIN (LOSS) SALE OF SECURITIES

GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS)

GROSS GAMING RECEIPTS

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

COLUMN (A): 2008 - TOTAL OF (\$15,828,592) CONSISTS OF:

A. GAIN/LOSS ON SALE OF SECURITIES: (\$42,101,258)

B. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): \$6,764,765

C. GROSS GAMING RECEIPTS: \$19,507,901

COLUMN (B): 2009 - TOTAL OF \$68,782,839 CONSISTS OF:

A. GAIN/LOSS ON SALE OF SECURITIES: \$40,695,234

B. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): \$7,055,656

C. GROSS GAMING RECEIPTS: \$21,031,949

COLUMN (C): 2010 - TOTAL OF \$94,493,447 CONSISTS OF:

A. GAIN/LOSS ON SALE OF SECURITIES: \$61,418,176

B. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): \$9,331,666

C. GROSS GAMING RECEIPTS: \$23,743,605

COLUMN (D): 2011 - TOTAL OF \$75,943,394 CONSISTS OF:

A. GAIN/LOSS ON SALE OF SECURITIES: \$42,518,219

B. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): \$10,902,322

C. GROSS GAMING RECEIPTS: \$22,522,853

COLUMN (E): 2012 - TOTAL OF \$106,021,609 CONSISTS OF:

A. GAIN/LOSS ON SALE OF SECURITIES: \$71,955,742

B. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): \$12,143,709

C. GROSS GAMING RECEIPTS: \$21,922,158

**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

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

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

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

Name of organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
--	--

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

LHA

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<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:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable 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)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<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?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		28,000.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			28,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<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?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

<b>1</b> Dues, assessments and similar amounts from members	1
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	2a
<b>b</b> Carryover from last year	2b
<b>c</b> Total	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
<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?	4
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	5

**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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBYING ACTIVITIES WERE RELATED TO PROPOSED TENNESSEE LEGISLATION

AMENDING CHARITABLE GIFT AGREEMENT LAWS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

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: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, states where located, monitoring policy, staff hours, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	782,714,653.	788,633,390.	662,773,900.	590,820,249.	723,150,356.
b Contributions	705,311.	3,859,109.	4,402,533.	4,396,601.	10,016,491.
c Net investment earnings, gains, and losses	69,209,599.	-8,877,846.	123,156,706.	69,032,459.	-142,346,598.
d Grants or scholarships	0.	0.	0.	0.	0.
e Other expenditures for facilities and programs	8,786,290.	900,000.	1,699,749.	1,475,409.	0.
f Administrative expenses				0.	0.
g End of year balance	843,843,273.	782,714,653.	788,633,390.	662,773,900.	590,820,249.

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

- a Board designated or quasi-endowment  .00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  .00 %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		31,574,633.		31,574,633.
b Buildings		26,031,915.	13,949,930.	12,081,985.
c Leasehold improvements		168,368.	165,964.	2,404.
d Equipment		21,644,925.	12,020,533.	9,624,392.
e Other		35,157,043.	10,183,173.	24,973,870.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  78,257,284.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) GLOBAL EQUITY	1,068,432,022.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	723,160,300.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	389,863,714.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	182,062,616.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME	291,178,665.	END-OF-YEAR MARKET VALUE
(F) CASH EQUIVALENTS	26,912,273.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,681,609,590.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	36,228,849.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	36,228,849.

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



**Part XI 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>	1,083,186,246.
<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> 102,728,032.		
<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 XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	102,728,032.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	980,458,214.
<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 XIII.)	<b>4b</b> -4,380,927.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	-4,380,927.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	976,077,287.

**Part XII 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>	769,518,876.
<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 XIII.)	<b>2d</b> 3,731,339.		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	3,731,339.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	765,787,537.
<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 XIII.)	<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 must equal Form 990, Part I, line 18.)		<b>5</b>	765,787,537.

**Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: TO SUPPORT THE FUTURE NEEDS OF ST. JUDE CHILDREN'S

RESEARCH HOSPITAL, INC.

PART X, LINE 2: AS OF JUNE 30, 2013, ALSAC HAD NOT IDENTIFIED ANY

UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING

ADJUSTMENTS TO ITS FINANCIAL STATEMENTS. IN THE EVENT ALSAC WERE TO

RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT

WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS A GENERAL EXPENSE.

**Part XIII** Supplemental Information (continued)

GENERALLY, TAX YEARS ENDING IN 2009 THROUGH 2013 ARE OPEN TO EXAMINATION

BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO

INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES -3,731,339.

NET LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT -649,588.

TOTAL TO SCHEDULE D, PART XI, LINE 4B -4,380,927.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES 3,731,339.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization <b>AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.</b>	Employer identification number <b>35-1044585</b>
--	---

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE PACIFIC	0	0	INVESTMENTS		6,524,605.
EUROPE	0	0	INVESTMENTS		34,804,763.
SOUTH AMERICA	0	0	INVESTMENTS		529,800.
CENTRAL AMERICA & CARIBBEAN	0	0	INVESTMENTS		625,688,395.
NORTH AMERICA	0	0	INVESTMENTS		5,148,655.
MIDDLE EAST	0	0	INVESTMENTS		1,030,245.
<b>3 a</b> Sub-total .....	0	0			673,726,463.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			673,726,463.

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

Schedule F (Form 990) 2012





**Part IV Foreign Forms**

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



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2012**

Department of the Treasury  
Internal Revenue Service

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

Open To Public Inspection

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.** Employer identification number **35-1044585**

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

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

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION MANAGEMENT CORP - 325 SPRINGSIDE DR., AKRON, OH	FUNDRAISING SOLICITOR		X	2,427,321.	2,238,999.	188,322.
MDS COMMUNICATIONS CORP - 545 W. JUANITA AVE., MESA, AZ	FUNDRAISING SOLICITOR		X	2,415,160.	1,784,496.	630,664.
PARADYSZ, INC. - 5 HANOVER SQUARE - 6TH FLR, NEW YORK,	FUNDRAISING COUNSEL		X	0.	1,388,789.	-1,388,789.
MINDSET DIRECT - 1700 N. JEFFERSON ST., STE. 200,	FUNDRAISING COUNSEL		X	0.	415,806.	-415,806.
EIDOLON COMMUNICATIONS LLC - 15 MAIDEN LANE, STE. 1401,	FUNDRAISING COUNSEL		X	0.	5,000.	-5,000.
<b>Total</b>				<b>4,842,481.</b>	<b>5,833,090.</b>	<b>-990,609.</b>

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

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY  
NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI, VA



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	GALA (event type)	108 (total number)	
Revenue	<b>1</b> Gross receipts .....	1,348,652.	754,429.	12,220,663.	14,323,744.
	<b>2</b> Less: Contributions .....	442,332.	55,779.	1,681,924.	2,180,035.
	<b>3</b> Gross income (line 1 minus line 2) .....	906,320.	698,650.	10,538,739.	12,143,709.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	32,416.	4,198.	102,793.	139,407.
	<b>6</b> Rent/facility costs .....	0.	0.	749,599.	749,599.
	<b>7</b> Food and beverages .....	9,029.	111,348.	1,529,576.	1,649,953.
	<b>8</b> Entertainment .....	13,260.	34,374.	365,597.	413,231.
	<b>9</b> Other direct expenses .....	24,158.	18,653.	1,078,065.	1,120,876.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 4,073,066 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				8,070,643.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			21,922,158.
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....			3,721,627.	3,721,627.
	<b>4</b> Rent/facility costs .....			9,712.	9,712.
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 15.00 % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( 3,731,339 )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....				18,190,819.	

**9** Enter the state(s) in which the organization operates gaming activities: CA, GA, IL, IN, KY, LA, MS, MO, OH, TN, TX, VA

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	13a	5.00	%
b An outside facility	13b	95.00	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JEFFREY T. PEARSON

Address ▶ 501 ST. JUDE PLACE - MEMPHIS, TN 38105-0000

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ BRIAN DOYLE

Gaming manager compensation ▶ \$ 120,582.

Description of services provided ▶ MANAGES THE PLANNING AND EXECUTION OF RAFFLE ACTIVITIES

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR., AKRON, OH 44333-4501

(I) NAME OF FUNDRAISER: MDS COMMUNICATIONS CORP

(I) ADDRESS OF FUNDRAISER: 545 W. JUANITA AVE., MESA, AZ 85210-0000

(I) NAME OF FUNDRAISER: PARADYSZ, INC.

**Part IV** Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER: 5 HANOVER SQUARE - 6TH FLR, NEW YORK, NY 10004

(I) NAME OF FUNDRAISER: MINDSET DIRECT

(I) ADDRESS OF FUNDRAISER:

1700 N. JEFFERSON ST., STE. 200, ARLINGTON, VA 22205

(I) NAME OF FUNDRAISER: EIDOLON COMMUNICATIONS LLC

(I) ADDRESS OF FUNDRAISER: 15 MAIDEN LANE, STE. 1401, NEW YORK, NY 10038

SCHEDULE G, PART I, LINE 2B, COLUMN (V): FUNDRAISING SERVICES ARE FOR

SERVICES ONLY AND ARE PAID AS A FIXED FEE. USE OF PROFESSIONAL

FUNDRAISERS IS RELATED MOSTLY TO DONOR CULTIVATION, AND WHILE THERE IS AN

UPFRONT INVESTMENT, THE LIFETIME VALUE OF GIVING FROM THESE DONORS

GENERATES SIGNIFICANT VALUE TO ST. JUDE IN THE LONG TERM. NO CONTRACTS

WITH PROFESSIONAL FUNDRAISERS CONTAIN PROVISIONS FOR REIMBURSEMENT OF

FUNDRAISING EXPENSES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.** Employer identification number **35-1044585**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105-0000	62-0646012	501(C)(3)	488,001,943.	0.			OPERATE HOSPITAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **1.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: THE SOLE RECIPIENT OF GRANTS AND SUPPORT IS ST.

JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC IS THE FUNDRAISING AND

AWARENESS ORGANIZATION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL. ALSAC

EXISTS SOLELY TO BUILD AWARENESS AND RAISE THE FUNDS NECESSARY TO OPERATE

AND MAINTAIN ST. JUDE. IT COSTS \$1.9 MILLION A DAY TO OPERATE ST. JUDE, AND

75 PERCENT OF ST. JUDE'S OPERATING BUDGET IS COVERED BY PUBLIC

CONTRIBUTIONS GENERATED BY ALSAC FUNDRAISING PROGRAMS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.** Employer identification number **35-1044585**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input checked="" type="checkbox"/> Travel for companions                              <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments      <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                      <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b> X	
<p><b>2</b> 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? .....</p>	<b>2</b> X	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                              <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant              <input checked="" type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Form 990 of other organizations                      <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </p>		
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	X
	<b>4b</b>	X
	<b>4c</b>	X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>		
<p><b>5</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	X
	<b>5b</b>	X
<p><b>6</b> 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:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	X
	<b>6b</b>	X
<p><b>7</b> 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 .....</p>	<b>7</b>	X
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2012



Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A: TRAVEL FOR COMPANIONS: PAYMENT FOR COMPANION TRIPS IS AN INFREQUENT PRACTICE. IT IS LIMITED TO INSTANCES WHERE IT IS NECESSARY, APPROPRIATE AND EXPECTED FOR THE CEO'S SPOUSE TO PARTICIPATE IN HOSTING AND REPRESENTING ALSAC. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: PAYMENTS MADE TO ELIGIBLE EMPLOYEES FOR CERTAIN TAXABLE RETIREMENT BENEFITS WERE GROSSED-UP FOR TAX INDEMNIFICATION PURPOSES. HEALTH OR SOCIAL CLUB DUES: A SOCIAL CLUB MEMBERSHIP WAS MADE AVAILABLE TO THE CEO BUT LIMITED TO BUSINESS PURPOSES IN ACCORDANCE WITH A WRITTEN POLICY DIRECTIVE.

PART II: WILLIAM E. EVANS SERVES AS A VOTING DIRECTOR OF THE BOARD OF ALSAC. DR. EVANS IS EMPLOYED AS AN OFFICER OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, AN ORGANIZATION RELATED TO ALSAC. THE COMPENSATION SHOWN IN COLUMNS (B), (D), AND (E) WAS PAID TO DR. EVANS BY ST. JUDE FOR HIS DUTIES AS CEO OF ST. JUDE.



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2012**

Open To Public  
Inspection

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.** Employer identification number **35-1044585**

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

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

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

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

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

Total .....

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

**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
KHJ	ENTITY MORE THAN 35	148,446.	CONSULTING		X
MIKE FOWLER	FAMILY MEMBER OF DA	103,654.	EMPLOYMENT		X

**Part V Supplemental Information**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: KHJ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

ENTITY MORE THAN 35% OWNED BY JUDY HABIB, DIRECTOR

(A) NAME OF PERSON: MIKE FOWLER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DAVID MCKEE, OFFICER

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.** Employer identification number **35-1044585**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	17		
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	3		
7 Boats and planes	X	1		
8 Intellectual property				
9 Securities - Publicly traded	X	414	3,731,605.	COST OR SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( PRIZE PACKAGE )	X	93	0.	
26 Other ▶ ( GIFT CARDS )	X	76	0.	
27 Other ▶ ( MISCELLANEOUS )	X	240	0.	
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 3

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X

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

SCHEDULE M, PART I, COLUMN (B): NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 33: FOR LINES 1, 6, 7, 25, 26 & 27: REVENUES ARE

INCLUDED IN FORM 990, PART VIII, LINE 8A (FUNDRAISING EVENTS) OR LINE

9A (GAMING).

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED  
CHARITIES, INC.

Employer identification number  
35-1044585

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ST. JUDE IS THE FIRST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED

COMPREHENSIVE CANCER CENTER DEVOTED SOLELY TO CHILDREN.

WHEN ST. JUDE OPENED ITS DOORS IN 1962, IT WAS THE FIRST CHILDREN'S

HOSPITAL TO BRING RESEARCH AND PATIENT CARE TOGETHER UNDER ONE ROOF.

SINCE THAT TIME, TREATMENTS INVENTED AT ST. JUDE HAVE HELPED PUSH

OVERALL SURVIVAL RATES FOR CHILDHOOD CANCERS FROM 20 PERCENT TO MORE

THAN 80 PERCENT TODAY.

TODAY, ST. JUDE IS LEADING THE WAY THE WORLD UNDERSTANDS, TREATS AND

DEFEATS CHILDHOOD CANCER AND OTHER DEADLY DISEASES. ST. JUDE HAS LED AN

UNPRECEDENTED EFFORT TO SEQUENCE THE PEDIATRIC CANCER GENOME AND TO

IDENTIFY THE GENETIC CHANGES THAT GIVE RISE TO SOME OF THE WORLD'S

DEADLIEST CHILDHOOD CANCERS.

AND ST. JUDE CONTINUES TO UPHOLD ITS PROMISE OF CONDUCTING PIONEERING

RESEARCH AND PROVIDING EXCEPTIONAL PATIENT CARE, ALL WHILE ENSURING

THAT NO FAMILY EVER RECEIVES A BILL FROM ST. JUDE FOR TREATMENT,

TRAVEL, HOUSING OR FOOD - BECAUSE ALL A FAMILY SHOULD WORRY ABOUT IS

HELPING THEIR CHILD LIVE. ST. JUDE ALSO MAINTAINS A SCHOOL PROGRAM TO

PROVIDE OPPORTUNITIES FOR PATIENTS TO CONTINUE THEIR NORMAL EDUCATIONAL

ACTIVITIES AND TO PROVIDE RE-ENTRY SERVICES TO EASE THE TRANSITION BACK

TO THE COMMUNITY SCHOOL.

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED  
CHARITIES, INC.

Employer identification number  
35-1044585

ST. JUDE FREELY SHARES BREAKTHROUGHS IT MAKES, AND EVERY CHILD SAVED AT

ST. JUDE MEANS DOCTORS AND SCIENTISTS WORLDWIDE CAN USE THAT KNOWLEDGE

TO SAVE THOUSANDS MORE CHILDREN.

IN ADDITION TO CHILDHOOD CANCER, ST. JUDE PLAYS A CRITICAL LEADERSHIP

ROLE IN GROUNDBREAKING STUDIES ON SICKLE CELL DISEASE, INFECTIOUS

DISEASES AND GENETIC DISORDERS. THESE EFFORTS ARE INSTRUMENTAL TO

IMPROVING CARE FOR CHILDREN AROUND THE WORLD.

ST. JUDE WAS THE FIRST INSTITUTION TO DEVELOP A CURE FOR SICKLE CELL

DISEASE WITH A BONE MARROW TRANSPLANT AND HAS ONE OF THE LARGEST

PEDIATRIC SICKLE CELL PROGRAMS IN THE COUNTRY. IN ADDITION, THE BRAIN

TUMOR SCIENCE AND TECHNOLOGY AT ST. JUDE ARE AT THE CUTTING EDGE

WORLDWIDE, AND ST. JUDE HAS THE LARGEST RESEARCH-BASED PEDIATRIC BRAIN

TUMOR RESEARCH PROGRAM IN THE COUNTRY. ST. JUDE IS THE COORDINATING

CENTER OF THE NATIONAL PEDIATRIC BRAIN TUMOR CONSORTIUM, WHICH RECEIVES

FUNDING FROM THE NATIONAL CANCER INSTITUTE.

AND ST. JUDE'S EFFORTS TO SAVE THE LIVES OF CANCER PATIENTS DON'T END

WHEN TREATMENT STOPS. THE ST. JUDE AFTER COMPLETION OF THERAPY (ACT)

PROGRAM AND LIFE STUDY IS THE LARGEST LONG-TERM, FOLLOW-UP CLINIC FOR

PEDIATRIC CANCER PATIENTS IN THE UNITED STATES. THE CLINIC'S

ACCOMPLISHMENTS ARE NOW AN INTEGRAL PART OF NATIONAL GUIDELINES FOR

SCREENING AND MANAGING THE LATE EFFECTS OF SURVIVORS OF PEDIATRIC

CANCER.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BRAZIL, CANADA, CHINA, CZECH REPUBLIC,

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED  
CHARITIES, INC.

Employer identification number  
35-1044585

EGYPT, FRANCE, GERMANY, GREECE,

HONG KONG, HUNGARY, ISRAEL, ITALY,

JAPAN, MALAYSIA, NETHERLANDS, NEW ZEALAND,

PERU, PORTUGAL, SPAIN, SWITZERLAND,

TAIWAN, UNITED KINGDOM

FORM 990, PART VI: LINE 1B:

DIRECTORS ROBERT A. BREIT, MD, FRED P. GATTAS, III AND JOSEPH G. SHAKER ARE

NOT INDEPENDENT VOTING MEMBERS OF ALSAC BECAUSE EACH WAS INVOLVED IN A

TRANSACTION WITH ST. JUDE, A TAX-EXEMPT RELATED ORGANIZATION, REPORTED ON

SCHEDULE L, TRANSACTIONS WITH INTERESTED PERSONS, INCLUDED IN ST. JUDE'S

2012 FORM 990.

FORM 990, PART VI, SECTION A, LINE 2: FAMILY RELATIONSHIP AMONG

DIRECTORS: JOSEPH S. AYOUB, JR. AND PAUL 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 J. SIMON; TERRE THOMAS AND TONY THOMAS; ROBERT

A. BREIT, MD AND JOSEPH G. SHAKER; JOSEPH C. SHAKER AND JOSEPH G. SHAKER;

PAUL J. SIMON AND MICHAEL SIMON.

BUSINESS RELATIONSHIP AMONG DIRECTORS: ROBERT A. BREIT, MD AND JOSEPH G.

SHAKER

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 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 RECEIVES A DRAFT COPY

OF THE COMPENSATION SECTIONS OF FORM 990 FOR REVIEW BEFORE IT IS FILED WITH

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED  
CHARITIES, INC.

Employer identification number  
35-1044585

THE IRS. EACH VOTING MEMBER OF THE BOARD RECEIVES A FINAL COPY OF FORM 990

WITH ALL REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS AN AD

HOC CONFLICT OF INTEREST COMMITTEE OF THE BOARD OF DIRECTORS. IN ADDITION

TO EDUCATION OF NEW BOARD MEMBERS ON THE CONFLICT OF INTEREST POLICY, THE

ADMINISTRATOR TO THE BOARD MONITORS CONFLICT MANAGEMENT PLANS (WHICH MAY

INCLUDE CHANGING VENDORS, DIVESTITURE OF FINANCIAL INTERESTS, AND THE LIKE)

TO ENSURE THEY ARE COMPLETED IN A TIMELY FASHION. UNDISCLOSED CONFLICTS ARE

DISCOVERED, WHERE POSSIBLE, THROUGH THE ORGANIZATION'S CONTRACTING PROCESS.

THIS IS TRUE FOR THE BOARD'S CONFLICT OF INTEREST POLICY AND FOR THE

SEPARATE CONFLICT OF INTEREST POLICY APPLICABLE TO ALL ADMINISTRATION OF

THE ORGANIZATION (POTENTIAL CONFLICTS OF THE ORGANIZATION ARE DISCUSSED AND

RESOLVED AT A SENIOR-LEVEL CONFLICTS OF INTEREST COMMITTEE). POTENTIAL

RESTRICTIONS RANGE FROM UNWINDING OR PROHIBITING A TRANSACTION, TO

PREVENTING SOMEONE FROM PARTICIPATING IN A DELIBERATION, TO SIMPLE

DISCLOSURE TO THE BOARD OF THE CONFLICTING INTEREST, DEPENDING ON THE FACTS

AND CIRCUMSTANCES OF THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMPENSATION

COMMITTEE OF THE BOARD COMMISSIONS REGULAR SALARY SURVEYS FOR THE CEO, CAO,

CFO, CHIEF DEVELOPMENT OFFICER, CHIEF LEGAL OFFICER, AND CHIEF INVESTMENT

OFFICER.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NH, NJ

NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV, WI, VA



Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
--	--

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSETS TRANSFERRED FROM ST. JUDE	1,469,787.
TOTAL TO FORM 990, PART XI, LINE 9	1,469,787.

SCHEDULE J, PART II

WILLIAM E. EVANS

WILLIAM E. EVANS SERVES AS A VOTING DIRECTOR OF THE BOARD OF ALSAC. DR. EVANS IS EMPLOYED AS AN OFFICER OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, AN ORGANIZATION RELATED TO ALSAC. THE COMPENSATION SHOWN IN COLUMN (E) WAS PAID BY ST. JUDE FOR HIS DUTIES AS CEO OF ST. JUDE.

FORM 990, PART V, LINE 4B

FOREIGN COUNTRIES

THE FINANCIAL ACCOUNTS IN THE FOREIGN COUNTRIES LISTED ON FORM 990, PART V, LINE 4B (AND SCHEDULE O) ARE RELATED TO INVESTMENTS. NO FINANCIAL ACCOUNTS FOR OPERATIONAL PURPOSES WERE MAINTAINED IN FOREIGN COUNTRIES.

**Related Organizations and Unrelated Partnerships**  
▶ **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.**

Name of the organization  
AMERICAN LEBANESE SYRIAN ASSOCIATED  
CHARITIES, INC.

Employer identification number  
35-1044585

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 62-0646012, 262 DANNY THOMAS BLVD, MEMPHIS, TN 38105-0000	HOSPITAL	TENNESSEE	SECTION 501(C)(3)	170(B) (1)(A)(III)			X

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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			

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

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

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

	1a	1b	1c	1d	1e	1f	1g	1h	1i	1j	1k	1l	1m	1n	1o	1p	1q	1r	1s
<p><b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.</p> <p><b>1</b> 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?</p> <p><b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity</p> <p><b>b</b> Gift, grant, or capital contribution to related organization(s)</p> <p><b>c</b> Gift, grant, or capital contribution from related organization(s)</p> <p><b>d</b> Loans or loan guarantees to or for related organization(s)</p> <p><b>e</b> Loans or loan guarantees by related organization(s)</p> <p><b>f</b> Dividends from related organization(s)</p> <p><b>g</b> Sale of assets to related organization(s)</p> <p><b>h</b> Purchase of assets from related organization(s)</p> <p><b>i</b> Exchange of assets with related organization(s)</p> <p><b>j</b> Lease of facilities, equipment, or other assets to related organization(s)</p> <p><b>k</b> Lease of facilities, equipment, or other assets from related organization(s)</p> <p><b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)</p> <p><b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)</p> <p><b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</p> <p><b>o</b> Sharing of paid employees with related organization(s)</p> <p><b>p</b> Reimbursement paid to related organization(s) for expenses</p> <p><b>q</b> Reimbursement paid by related organization(s) for expenses</p> <p><b>r</b> Other transfer of cash or property to related organization(s)</p> <p><b>s</b> Other transfer of cash or property from related organization(s)</p>																			
<p><b>2</b> 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.</p>																			

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved																	
(1) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	B	488,001,943.	CASH VALUE																	
(2) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	L	488,001,943.	CASH VALUE																	
(3) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	P	825,967.	CASH VALUE																	
(4) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Q	93,995.	CASH VALUE																	
(5) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	S	1,469,788.	NET BOOK VALUE																	
(6)																				

**Part VI** **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) <small>Are all partners sec. 511(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Disproportionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

