Form 990
Department of the Treasury

Internal Revenue Service

Τ.

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)



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

AF	or th	e 2012 calendar year, or tax year beginning JUL 1, 2012 and e	ending J	UN 30, 2013	-									
Bc	heck if	C Name of organization		D Employer identifi	cation number									
a		AMERICAN LEBANESE SYRIAN ASSOCIATED												
	Addr	CHARITIES, INC.												
	Name Chan	Doing Business As		35-104	4585									
	Initial returr		Room/suite	E Telephone numbe	r									
]Term ated			901-57	8-2000									
	Amer	City, town, or post office, state, and ZIP code		G Gross receipts \$	1,445,355,456.									
	Appli dion			H(a) Is this a group re										
	pend	F Name and address of principal officer:RICHARD C. SHADYAC, JR.		for affiliates?	Yes X No									
		501 ST JUDE PLACE, MEMPHIS, TN 38105-0000		H(b) Are all affiliates inc	luded? Yes No									
ΙT	ax-ex	empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) 0	or 📃 527	If "No," attach a	list. (see instructions)									
		te: VWW.STJUDE.ORG		H(c) Group exemptio	n number 🕨									
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🚺 Other 🕨	L Year	of formation: 1957	A State of legal domicile: IL									
Pa	nrt I	Summary												
e	1	Briefly describe the organization's mission or most significant activities: TO BUIL	D AWAREN	ESS AND RAISE										
anc		FUNDS TO SUPORT ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.												
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	heck this box 🕨 🛄 if the organization discontinued its operations or disposed of more than 25% of its net											
No.	3	Number of voting members of the governing body (Part VI, line 1a)			50									
ي م	4	Number of independent voting members of the governing body (Part VI, line 1b) $\ _{.}$		44										
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		1388										
Activities &	6	Total number of volunteers (estimate if necessary)		999999										
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			457,311.									
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>	7b	-221,753.									
				Prior Year	Current Year									
e	8	Contributions and grants (Part VIII, line 1h)		776,484,977.	851,256,497.									
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.										
Sev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		67,856,711.	98,059,063.									
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,799,003.	26,761,727.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		870,140,691.	976,077,287.									
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		441,990,544.	488,001,943.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.										
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		82,095,094.	88,674,093.									
ens		Professional fundraising fees (Part IX, column (A), line 11e)		4,353,600.	4,023,495.									
Expenses		Total fundraising expenses (Part IX, column (D), line 25)												
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	174,865,211.	185,088,006.										
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		703,304,449.	765,787,537.									
	19	Revenue less expenses. Subtract line 18 from line 12	166,836,242.	210,289,750.										
s or			Be	ginning of Current Year	End of Year									
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,506,529,810.	2,823,811,554.									
et A: nd E	21	Total liabilities (Part X, line 26)		52,074,707.	54,868,882.									
Ž	22	Net assets or fund balances. Subtract line 21 from line 20		2,454,455,103.	2,768,942,672.									
	nrt II	Signature Block												
Unde	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of m	v knowledge and belief, it is									

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date					
Here	JEFFREY T. PEARSON, CHIEF FINANCI. Type or print name and title	AL OFFICER						
Paid	Print/Type preparer's name	Preparer's signature Date	Check PTIN if self-employed P00752421					
Preparer	Firm's name 🕞 DELOITTE TAX LLP		Firm's EIN 86-1065772					
Use Only	Firm's address 100 PEABODY PLACE, STE.							
	MEMPHIS, TN 38103		Phone no. (901)322-6700					
May the II	RS discuss this return with the preparer shown abc	ve? (see instructions)						

232001 12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	AMERICAN LEBANESE SYRIAN ASSOCIATED		
Form	n 990 (2012) CHARITIES, INC.	35-1044585	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		х
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 serv	ices?	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 service	es, as measured by (expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	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		(D \$)
40	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe in Schedule O.)		`
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 556,214,370.)
4e	Total program service expenses ► 556,214,370.		Form 990 (2012)

AMERICAN LEBANESE SYRIAN ASSOCIATED

	990 (2012) CHARITIES, INC. 35-1044585		Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete</i>			v
•	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		x
10	<i>If</i> "Yes," <i>complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			<u> </u>
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	<u> </u>
15	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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	х	
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	Δ	<u> </u>
18		18	x	
19	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	- 25	<u> </u>
19	complete Schedule G, Part III	19	х	
202	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>
			000	(2012)

Form **990** (2012)

AMERICAN LEBANESE SYRIAN ASSOCIATED

	990 (2012) CHARITIES, INC. 35-1044585		Р	age 4
Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	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</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		<u> </u>
22	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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? If "Yes," complete			
	Schedule L, Part I	25b		x
26	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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	x	
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	Λ	
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		
	contributions? If "Yes," complete Schedule M	30	х	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		v
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
00	Note. All Form 990 filers are required to complete Schedule O	38	x	
				(2012)

Form **990** (2012)

	AMERICAN LEBANESE SYRIAN ASSOCIATED									
Form	990 (2012) CHARITIES, INC. 35-1044585		Р	age 5						
Pai										
	Check if Schedule O contains a response to any question in this Part V			X						
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1051	-								
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 45	5								
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?									
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 1388									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х							
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Х							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х							
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O									
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х						
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a	х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b	х							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		x						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	х							
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting									
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the organization make any taxable distributions under section 4966?	9a								
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand 13c	1								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
_			_	_						

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Form 990 (2012) CHARITIES, INC. 35-1044585 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any guestion in this Part VI Section A. Governing Body and Management Yes No 50 **1a** Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent 44 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 4 х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Х a The governing body? 8a Each committee with authority to act on behalf of the governing body? Х h 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b х Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Х 12c Х Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a а Other officers or key employees of the organization Х 15b b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MAK, AL, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS 17 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. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 20 JEFFREY T. PEARSON - (901) 578-2000

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

12-10-12

List an of the organization's five current key employees, if any: see instructions for deminion 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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(da		Pos	itior	then		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploye	t com /ee				and related organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOYCE ABOUSSIE	4.00				$ \ge$	Ξē	L.C.			
VOTING DIRECTOR	4.00	x						0.	0.	Ο.
(2) SUSAN MACK AGUILLARD, MD	4.00									
VOTING DIRECTOR	4.00	х						0.	0.	Ο.
(3) MAHIR AWDEH, MD	4.00									
VOTING DIRECTOR	4.00	х						0.	Ο.	Ο.
(4) JOSEPH S. AYOUB, JR., ESQ.	4.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(5) PAUL J. AYOUB, ESQ.	8.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(6) FREDERICK M. AZAR, MD	4.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(7) JAMES B. BARKATE	4.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(8) MARTHA PERINE BEARD	4.00									
VOTING DIRECTOR	8.00	Х						0.	0.	0.
(9) SHERYL BOURISK	4.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(10) ROBERT A. BREIT, MD	4.00									
VOTING DIRECTOR	8.00	Х						0.	0.	0.
(11) TERRY BURMAN	4.00									
VOTING DIRECTOR	8.00	Х						0.	0.	0.
(12) STEPHEN J. CAMER, MD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(13) TONY CHARAF	4.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(14) ANN M. DANNER	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0.
(15) MICHAEL FRANCIS	4.00	4								
VOTING DIRECTOR	4.00	х						0.	0.	0.
(16) FRED P. GATTAS, JR.	4.00									
VOTING DIRECTOR	4.00	х						0.	0.	0.
(17) FRED P. GATTAS, III PHARMD	4.00									
VOTING DIRECTOR	4.00	X						0.	0.	0. Form 990 (2012)

AMERICAN LEBA	ANESE SYRIA	NA	SSO	CIA	TED										
Form 990 (2012) CHARITIES, II	NC.								35-1044	1585		P	age 8		
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)						
(A)	(B)			•	C)			(D)	(E)			(F)			
Name and title	Average	(do		Pos heck		1 than	one	Reportable	Reportable		Es	timate	эd		
	hours per	box	, unle	ss pe	erson	is bot pr/trus	h an	compensation	compensatio			nount	of		
	week (list any					1/1/1/1/1	1	from	from related			other			
	hours for	or director				_		the organization	organization (W-2/1099-MIS			pensa			
	related	ee or i	stee			n sa te		(W-2/1099-MISC)	(11 2) 1000 1010	,0,) from the organizati				
	organizations	trust	ial tru		yee	ompe					an				
	below	Individual trustee	Institutional trustee	cer	ƙey employee	Highest compensated employee	Former				orga	anizati	ons		
	line)	Indi	Inst	Officer	Key	High	Бот								
(18) CHRISTOPHER GEORGE, MD	4.00														
VOTING DIRECTOR	4.00	х						0.		0.			0.		
(19) JUDY HABIB	4.00														
VOTING DIRECTOR	4.00	Х			<u> </u>		<u> </u>	0.		0.			0.		
(20) GABRIEL (GABY) HADDAD, MD	4.00	l											0		
VOTING DIRECTOR	4.00	X		<u> </u>		<u> </u>	<u> </u>	0.		0.			0.		
(21) PAUL K. HAJAR VOTING DIRECTOR	4.00	x						0.		0.			0.		
(22) CHUCK HAJJAR	4.00	^		-	-		-	0.		0.			<u> </u>		
VOTING DIRECTOR	4.00	x						0.		0.			Ο.		
(23) FOUAD HAJJAR, MD	4.00			-	-			· · ·		••					
VOTING DIRECTOR						0 (
(24) FRED R. HARRIS	4.00												0.		
VOTING DIRECTOR	4.00	x						0.		0.	0		Ο.		
(25) BRUCE B. HOPKINS	4.00							-•							
VOTING DIRECTOR	4.00	x						0.		ο.			0.		
(26) RICHARD IEYOUB, ESQ.	4.00														
VOTING DIRECTOR	4.00	x						0.		Ο.			0.		
1b Sub-total	•							0.		0.			0.		
c Total from continuation sheets to Part V								2,916,344.	941,	143.		374,	,814.		
d Total (add lines 1b and 1c)								2,916,344.	941,	143.		374,	814.		
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bove	e) wl	no r	eceived more than \$100	,000 of reportabl	le					
compensation from the organization 🕨													114		
												Yes	No		
3 Did the organization list any former officer,	,		e, ke	ey er	mplo	byee	, or	highest compensated e	mployee on						
line 1a? If "Yes," complete Schedule J for s											3		X		
4 For any individual listed on line 1a, is the su	•								U U						
and related organizations greater than \$15										1	4	X	<u> </u>		
5 Did any person listed on line 1a receive or a	-				-			-			-				
rendered to the organization? If "Yes," com	plete Schedul	e J 1	ors	uch	pers	son					5		X		
Section B. Independent Contractors		-1							<u> </u>		- 4 ! 4				
1 Complete this table for your five highest co	-									pens	ation 1	rom			
the organization. Report compensation for	the calendar y	ear	enai	ng v	VILLI	or w			year.		10	~			
(A) Name and business	address							(B) Description of s	ervices	С)) ompe	•) nsatio	n		
INFOCISION MANAGEMENT CORPORATION							\neg								
325 SPRINGSIDE DRIVE, AKRON, OH 4433	3-4501							CALL CENTER			2	.267	,229.		
TEKSYSTEMS												. 1			

TEKSYSTEMS 7437 RACE RD., HANOVER, MD 21076-0000 2,084,215. IT CONTRACT LABOR 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

232008 12-10-12

CHARITIES, INC	
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Form 990

35-1044585

(A)(B)(C)(D)(E)(F)Name and titleAverage hoursPosition (check all that apply)Reportable compensation from the organizations (W-2/1099-MISC)Reportable from relatedEstimated amount of other compensation from the organizations (W-2/1099-MISC)Reportable from relatedEstimated amount of other organization and related	Porm 990 CHARTITIES, II Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	ovee	s, a	nd H	ligh	est	Compensated Employ	ees (continued)	
Name and title Average bruss betweek (list ary organizations) betweek (list ary pression Position (mode all that apply) betweek (list ary pression Reportable compensation by pression Reportable compensation (W2/1999.MISC) Reportable compensation (W2/199.MISC) Reportable compensation (W2/199.MISC) <								1		(F)	
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	I otal to Part VII, Section A, line 1c										

CHARITIES, INC	•
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Form 990 CHARITIES, I	35-1044585									
Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	mplo	byee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)										(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(c	heck	k all '	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any	lirecto				l emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	tee			satec		(1099-10130)		and related
	organizations	truste	al trus		yee	mper				organizations
	below	idual	Institutional trustee	5	Key employee	Highest compensated employee	er			
	(list any hours for related organizations below line)	Indiv	Instit	Officer	Keye	Highe	Former			
(47) TOM WERTZ	4.00									
VOTING DIRECTOR	4.00	х						0.	0.	0.
(48) RAMZI YOUNIS, MD	4.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(49) TAMA ZAYDON	4.00									
VOTING DIRECTOR	4.00	Х						0.	0.	0.
(50) WILLIAM E. EVANS	1.00									
EX-OFFICIO DIRECTOR	55.00	X			-			0.	941,143.	36,301.
(51) RICHARD C. SHADYAC, JR. CEO & EX-OFFICIO DIRECTOR	55.00	x		x				625 147	0.	41 054
(52) DAVID MCKEE	55.00	X		X	-	<u> </u>		625,147.	0.	41,854.
CHIEF OPERATING OFFICER	0.00	-		x				494,915.	0.	34,532.
(53) JEFFREY PEARSON	55.00					-		191,910.		
CHIEF FINANCIAL OFFICER	0.00			x				303,086.	0.	43,890.
(54) EMILY CALLAHAN	55.00							, -		, -
CHIEF MARKETING OFFICER	0.00					x		320,193.	Ο.	47,854.
(55) WILLIAM REESER	55.00									
CHIEF INVESTMENT OFFICER	0.00					х		316,811.	Ο.	43,674.
(56) EMILY GREER	55.00									
CHIEF OF STAFF	0.00					Х		297,030.	0.	42,611.
(57) ROBERT MACHEN	55.00									
CHIEF INFORMATION OFFICR	0.00					Х		290,272.	0.	41,529.
(58) SARA HALL	55.00									
CHIEF LEGAL OFFICER	0.00					х		268,890.	0.	42,569.
		-								
			-		-	-				
		{								
		\vdash	-		-	-	\vdash			
Total to Part VII, Section A, line 1c								2,916,344.	941,143.	374,814.
TOTAL TO FAIL VII, SECTOR A, III P TO								2,710,311.	J=1,14J.	J/1,011.

AMERICAN	LEBANESE	SYRIAN	ASSOCIATED
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35-1044585 Form 990 (2012) CHARITIES, INC. Page 9 Part VIII **Statement of Revenue** Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under (A) (B) (C) Related or Unrelated Total revenue exempt function business sections 512, 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 9,978,044. 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 2,180,035 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 839,098,418 1f 3,731,605 g Noncash contributions included in lines 1a-1f: \$ 851,256,497 h Total. Add lines 1a-1f **Business** Code Program Service Revenue 2 a b С d е f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 26,752,910 26,752,910. other similar amounts) 4 Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 42,954. 6 a Gross rents 0. b Less: rental expenses 42,954. c Rental income or (loss) 42,954 42,954. d Net rental income or (loss) ... (i) Securities 7 a Gross amount from sales of (ii) Other 531,529,345 640,212 assets other than inventory b Less: cost or other basis and sales expenses _____ 459,573,603. 1,289,801 c Gain or (loss) _____ 71,955,742. -649,589 71,306,153. -649,589 71,955,742. d Net gain or (loss) **8** a Gross income from fundraising events (not Other Revenue including \$ 2,180,035. of contributions reported on line 1c). See Part IV, line 18 a 12,143,709 4,073,066 b Less: direct expenses b 8,070,643. 8,070,643 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a 21,922,158 3,731,339 b Less: direct expenses b 18,190,819 18,190,819 c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns 1,067,671 and allowances _____ a 610,360. b Less: cost of goods sold b 457,311 457,311 c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business** Code 11 a b С d All other revenue e Total. Add lines 11a-11d ► Total revenue. See instructions. 976,077,287. 17,541,230. 457,311. 106,822,249. 12

AMERICAN LEBANESE SYRIAN ASSOCIATED

Form 990 (2012) CHARITIES, INC.

Secti	ion 501(c)(3) and 501(c)(4) organizations must com		-	mplete column (A).	
	Check if Schedule O contains a respon	ise to any question in th (A)	is Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	488,001,943.	488,001,943.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,238,354.	177,679.	387,873.	672,80
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	69,830,603.	10,019,302.	21,872,080.	37,939,22
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4,267,792.	609,469.	1,310,804.	2,347,51
9	Other employee benefits	8,325,668.	1,081,305.	2,952,375.	4,291,98
10	Payroll taxes	5,011,676.	717,675.	1,513,146.	2,780,85
11	Fees for services (non-employees):				
а	Management				
b	Legal	1,573,109.	230,359.	339,059.	1,003,69
С	Accounting	222,506.		222,506.	
d	Lobbying	28,000.		28,000.	
е	Professional fundraising services. See Part IV, line 17	4,023,495.			4,023,49
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	9,653,133.	3,507,371.	1,759,669.	4,386,09
12	Advertising and promotion				
13	Office expenses	406,646.	46,238.	130,906.	229,50
14	Information technology	11,792,220.	1,444,999.	7,770,620.	2,576,60
15	Royalties				
16	Occupancy	5,240,631.	513,559.	1,564,795.	3,162,27
17	Travel	6,860,639.	1,133,518.	1,425,166.	4,301,95
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,234,267.	325,707.	427,566.	1,480,99
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,042,011.	990,363.	5,194,190.	1,857,45
23	Insurance	1,242,486.	140,914.	525,340.	576,23
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MAILINGS & SHIPPING	66,575,907.	19,158,220.	7,857,107.	39,560,58
b	CAMPAIGN EXPENSES	46,968,471.	23,697,103.	2,328,206.	20,943,16
c	PRINTING & PUBLICATIONS	6,535,181.	832,561.	909,086.	4,793,53
d	EQUIP RENTAL/MAINTENANC	863,181.	170,349.	223,785.	469,04
	All other expenses	16,849,618.	3,415,736.	4,711,934.	8,721,94
25	Total functional expenses. Add lines 1 through 24e	765,787,537.	556,214,370.	63,454,213.	146,118,95
25 26	Joint costs. Complete this line only if the organization	,,	,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
		90 968 953	45,283,854.	6 325 794	30 350 31
	Check here X if following SOP 98-2 (ASC 958-720)	90,968,952.		6,325,784.	39,359,31 Form 990 (201

Form 990 (2012) CHARITIES, INC.

35-1044585 Page **11**

		2012) CHARITIES, INC.				35-10	144585 Page 11
Part	Χ	Balance Sheet					
		Check if Schedule O contains a response to any	/ questi	on in this Part X			
					(A) Beginning of year		(B) End of year
	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 for					
		trustees, key employees, and highest compensation				-	
	~	Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section		, , , , , , , , , , , , , , , , , , ,			
		employers and sponsoring organizations of sect				^	
13	-	employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net			1,306,619.	7 8	1,022,212
<	8	Inventories for sale or use			5,755,669.	0 9	4,897,935
	9	Prepaid expenses and deferred charges	 I I	·····	5,755,005.	9	4,007,000
	IUa	Land, buildings, and equipment: cost or other	100	114 576 884			
	h	basis. Complete Part VI of Schedule D	10a	36,319,600.	69,191,043.	10c	78,257,284
	11	Investments - publicly traded securities				11	,0,201,201
	12	Investments - other securities. See Part IV, line 1			2,327,527,341.	12	2,681,609,590
	13	Investments - program-related. See Part IV, line				13	,,,,
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			2,506,529,810.	16	2,823,811,554
	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 I				21	
<u>e</u>	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
		Complete Part II of Schedule L		· · ·		22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 1 7-24)	. Complete Part X of			
		Schedule D			29,076,274.	25	36,228,849
:	26	Total liabilities. Add lines 17 through 25			52,074,707.	26	54,868,882
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🗵 and			
ŝ		complete lines 27 through 29, and lines 33 an					
and and	27	Unrestricted net assets			1,618,940,853.	27	1,864,955,132
2 Ral	28	Temporarily restricted net assets			52,799,597.	28	60,144,267
	29		······	782,714,653.	29	843,843,273	
2		Organizations that do not follow SFAS 117 (A					
b l		and complete lines 30 through 34.					
ser.	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
¥ ∣	32	Retained earnings, endowment, accumulated in			0 454 455 400	32	
	33	Total net assets or fund balances			2,454,455,103.	33	2,768,942,672
'	34	Total liabilities and net assets/fund balances			2,506,529,810.	34	2,823,811,554

	AMERICAN LEBANESE SYRIAN ASSOCIATED				
Form	990 (2012) CHARITIES, INC.	35-104458	5	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	976	,077	,287.
2	Total expenses (must equal Part IX, column (A), line 25)	2	765	,787	,537.
3	Revenue less expenses. Subtract line 2 from line 1	3	210	,289	,750.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,454	,455	,103.
5	Net unrealized gains (losses) on investments	5	102	,728	,032.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	,469	,787.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,768	,942	,672.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form 990 (2012)

	SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support				-	OMB No. 1	⁵⁴⁵⁻⁰⁰⁴	17)	
		Comple	e if the organization is a section $501(c)(3)$ organization	or a section					
	bartment of the Treasury 4947(a)(1) nonexempt charitable trust. prnal Revenue Service ► Attach to Form 990 or Form 990-EZ. See separate instructions.						Publi Publi	С	
Name of	ame of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED Employer ide								
		CHARITIES.				1044585			
Part I	Reason	/	ty Status (All organizations must complete this part.) S	ee instruction					
The organ			because it is: (For lines 1 through 11, check only one box.						
1		-	, or association of churches described in section 170(b)	-					
2)(b)(1)(A)(ii). (Attach Schedule E.)						
3			al service organization described in section 170(b)(1)(A)(iii).					
4	A medical re	search organization	perated in conjunction with a hospital described in section	on 170(b)(1)(A)(iii). Enter th	e hospital'	s nam	e,	
	city, and sta	te:							
5	An organizat	ion operated for the	penefit of a college or university owned or operated by a g	governmental	unit described	d in			
	section 170	0(b)(1)(A)(iv). (Comple	te Part II.)						
6	A federal, sta	ate, or local governm	nt or governmental unit described in section 170(b)(1)(A	.)(v).					
7 X	An organizat	ion that normally rec	ives a substantial part of its support from a governmenta	I unit or from t	the general pu	ublic desci	ribed ii	n	
	section 170	(b)(1)(A)(vi). (Comple	e Part II.)						
8 📃	A community	y trust described in s	ection 170(b)(1)(A)(vi). (Complete Part II.)						
9	An organizat	ion that normally rec	ives: (1) more than 33 1/3% of its support from contribut	ions, member	ship fees, and	l gross rec	eipts	from	
	activities rela	ated to its exempt fu	ctions - subject to certain exceptions, and (2) no more the	an 33 1/3% of	its support fr	om gross	invest	ment	
	income and	unrelated business t	xable income (less section 511 tax) from businesses acq	uired by the o	rganization af	ter June 3	0, 197	5.	
	See section	509(a)(2). (Complete	Part III.)						
10 🔛	An organizat	ion organized and op	erated exclusively to test for public safety. See section 5	09(a)(4).					
11 📖	An organizat	ion organized and op	erated exclusively for the benefit of, to perform the functi	ons of, or to c	arry out the p	urposes o	f one o	or	
	more publicl	y supported organiza	tions described in section 509(a)(1) or section 509(a)(2). S	See section 50)9(a)(3). Chec	k the box	that		
			organization and complete lines 11e through 11h.						
	а 📖 Туре		be II c Type III - Functionally integrated		ype III - Non-f		, 0		
e 📖		· · · ·	the organization is not controlled directly or indirectly by					n	
		-	an one or more publicly supported organizations describ		509(a)(1) or se	ection 509	(a)(2).		
f	÷		en determination from the IRS that it is a Type I, Type II,	or Type III					
		rganization, check th							
g			ganization accepted any gift or contribution from any of			1	V		
			rectly controls, either alone or together with persons desc			44.0	Yes	No	
	•	• •	pported organization?			11g(i)			
			described in (i) above?						
h			person described in (i) or (ii) above? about the supported organization(s).			11g(iii)			
		(ii) EIN	(iii) Type of organization (iv) Is the organization (v) Did you no	tifv the (v i) Is the	ii) Amount	ofmor		

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) listed in your		anization (v) Did you notify the d in your organization in col. (i) of your support?			the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 CHARITIES, INC.

Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	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.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	658,106,230.	659,370,821.	698,411,243.	776,484,977.	851,256,497.	3643629768.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3643629768.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	658,106,230.	659,370,821.	698,411,243.	776,484,977.	851,256,497.	3643629768.
	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.
9	 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.
10	Other income. Do not include gain						<u> </u>
	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.
11	Total support. Add lines 7 through 10						4103763466.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13						n 501(c)(3)	
	organization, check this box and stor				-		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				· · · · ·
14	Public support percentage for 2012 (ine 6, column (f) d	ivided by line 11, c	olumn (f))		14	88.79 %
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	88.36 %
16 a	33 1/3% support test - 2012. If the c					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2011. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	0				<i>,</i>	
	organization meets the "facts-and-circ				• •		
18	Private foundation. If the organization						
			,,	, ,, ,		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2012

35-1044585

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	incon under contion E10						
А	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
1 6	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						
L.	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b					_	
	Public support (Subtract line 7c from line 6.) ction B. Total Support						
		() 0000	(1) 0000	() 0010	(1) 0011	() 0010	(0 T L L
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	? (f) Total
	Amounts from line 6 Gross income from interest,						
108	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) oi	ganization,
	check this box and stop here						>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2012 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage)			
17	Investment income percentage for 20)12 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from						%
19 a	a 33 1/3% support tests - 2012. If the						line 17 is not
	more than 33 1/3%, check this box a	•					
k	33 1/3% support tests - 2011. If the						
	line 18 is not more than 33 1/3%, che	0			•		
20	Private foundation. If the organization						

AMERICAN LEBANESE SYRIAN ASSOCIATED Schedule A (Form 990 or 990-EZ) 2012 CHARITIES, INC. 35 - 1044585Part 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	P	olitical Campaign	and Lobbyi	ng Activities	S	OMB No. 1545-0047
(Form 990 or 990-EZ)		anizations Exempt From Incon	_	-		2012
Department of the Treasury Internal Revenue Service Se					Open to Public Inspection	
If the organization ans	wered "Yes," to	Form 990, Part IV, line 3, or Fo		ne 46 (Political Cam	paign Act	tivities), then
		nplete Parts I-A and B. Do not co			, ,	
 Section 501(c) (other 	r than section 5	01(c)(3)) organizations: Complete	Parts I-A and C belov	w. Do not complete Pa	art I-B.	
 Section 527 organiz 	ations: Complet	e Part I-A only.				
If the organization ans	wered "Yes," to	Form 990, Part IV, line 4, or Fo	orm 990-EZ, Part VI, li	ine 47 (Lobbying Act	ivities), t	hen
 Section 501(c)(3) org 	ganizations that	have filed Form 5768 (election u	nder section 501(h)): C	Complete Part II-A. Do	not com	plete Part II-B.
 Section 501(c)(3) org 	ganizations that	have NOT filed Form 5768 (elect	tion under section 501	(h)): Complete Part II-	B. Do not	complete Part II-A.
If the organization ans	wered "Yes," to	Form 990, Part IV, line 5 (Prox	y Tax), or Form 990-E	EZ, Part V, line 35c (F	Proxy Tax	(), then
 Section 501(c)(4), (5)), or (6) organiza	tions: Complete Part III.				
Name of organization	AMERICAN L	EBANESE SYRIAN ASSOCIATE	D		Employ	er identification number
	CHARITIES,					35-1044585
Part I-A Comple	ete if the org	ganization is exempt und	ler section 501(c)) or is a section <code>:</code>	527 org	anization.
1 Provide a description	on of the organiz	zation's direct and indirect politic	al campaign activities	in Part IV.		
2 Political expenditur	res		-		▶\$	
Part I-B Comple	ete if the org	ganization is exempt und	ler section 501(c))(3).		
1 Enter the amount o	of any excise tax	incurred by the organization und	der section 4955		► \$	
		incurred by organization manag				
3 If the organization i	ncurred a sectio	n 4955 tax, did it file Form 4720	for this year?			Yes No
		·				
b If "Yes," describe ir						
Part I-C Comple	ete if the org	ganization is exempt und	ler section 501(c)	, except section	501(c)	(3).
1 Enter the amount d	lirectly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	▶\$	
	,	ization's funds contributed to ot	•			
			-		▶\$	
		s. Add lines 1 and 2. Enter here a				
				,	▶\$	
		1120-POL for this year?			·· · —	Yes No
		nployer identification number (El				
		tion listed, enter the amount pai		-		
. ,	•	omptly and directly delivered to	00			•
	-	additional space is needed, prov		-		
(a) Name	2	(b) Address	(c) EIN	(d) Amount paid	from	(e) Amount of political
(a) Name	5			filing organizatio		ontributions received and
				funds. If none, en	ter -0	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
For Paperwork Reduct	ion Act Notico	see the Instructions for Form	990 or 990-E7	 Schou		orm 990 or 990-EZ) 2012

Notice, see the ł LHA

AMERICAN LEBANESE SYRIAN ASSOCIATE	RICAN L	EBANESE S	SYRIAN .	ASSOCIATE
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Schedule C (Form 990 or 990-EZ) 2012 CHARITIES, INC. 35-1044585 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 Part II-A (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. (b) Affiliated group (a) Filing Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) **d** Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter 0i Subtract line 1f from line 1c. If zero or less, enter -0i If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 Yes No reporting section 4911 tax for this year? 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 (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2012

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 CHARITIES, INC.

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 e	For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
of th	e lobbying activity.	Yes	No	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
а	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? \dots		X			
	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			28,000.	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i	Other activities?		X			
j	Total. Add lines 1c through 1i				28,000.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
b	If "Yes," enter the amount of any tax incurred under section 4912					
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No," O	R (b) Par	t III-A, lii	ne 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical				
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par	t IV Supplemental Information					
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Pa	art II-A (affili	ated group	list); Part II	-A, line 2;	
	Part II-B, line 1. Also, complete this part for any additional information.		2 1	-		
	II-B, LINE 1, LOBBYING ACTIVITIES:					

LOBBYING ACTIVITIES WERE RELATED TO PROPOSED TENNESSEE LEGISLATION

AMENDING CHARITABLE GIFT AGREEMENT LAWS.

35-1044585

SCH	EDU	ILE	D

. . **•**•• . .

90	SCHEDULE D Supplemental Financial Statements					
	(Form 990) Complete if the organization answered "Yes," to Form 990,				2012	
(FOI)	11 990)		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.			
	ment of the Treasury Revenue Service		990. See separate instructions.		Open to Public Inspection	
	Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED Employer id					
Inam	CHARITIES, INC. 35-					
Pa	rt I Organiza	,	ed Funds or Other Similar Funds o	r Accol		
		n answered "Yes" to Form 990, Part IV, lin		,		
	organizatio		(a) Donor advised funds	(b) Fun	ids and other accounts	
1	Total number at er	nd of year		()		
2		utions to (during year)				
3		from (during year)				
4		t end of year				
5		-	writing that the assets held in donor advised	funds		
Ŭ	-		exclusive legal control?		Yes No	
6			advisors in writing that grant funds can be use			
Ŭ			or donor advisor, or for any other purpose cor			
	impermissible priv			-	Yes No	
Pa			ganization answered "Yes" to Form 990, Part			
1		servation easements held by the organizat	-		·	
•		of land for public use (e.g., recreation or e		cally imp	ortant land area	
		f natural habitat	Preservation of a certified			
		n of open space				
2		• •	fied conservation contribution in the form of a	conserv	ation easement on the last	
-	day of the tax year	• • •			ation casement on the last	
	day of the tax yea				Held at the End of the Tax Year	
а	Total number of co	onservation easements		2a		
			ucture included in (a)			
			after 8/17/06, and not on a historic structure			
u				2d		
3			leased, extinguished, or terminated by the or		n during the tax	
•	year ►			94111241101		
4	-	where property subject to conservation ea	sement is located			
5		tion have a written policy regarding the pe				
•		forcement of the conservation easements			Yes No	
6	,		and enforcing conservation easements durin			
7			enforcing conservation easements during the			
8	•		ve satisfy the requirements of section 170(h)(*	
-					Yes No	
9			ion easements in its revenue and expense sta			
		-	tion's financial statements that describes the			
	conservation ease			5	3	
Pa			f Art, Historical Treasures, or Othe	er Simil	ar Assets.	
	Complete it	f the organization answered "Yes" to Form	990, Part IV, line 8.			
1 a	If the organization	elected, as permitted under SFAS 116 (As	SC 958), not to report in its revenue statemen	t and bala	ance sheet works of art,	
			hibition, education, or research in furtherance			
		tnote to its financial statements that descr			· · · · · · · · · · · · · · · · · · ·	
b			SC 958), to report in its revenue statement an	d balance	e sheet works of art, historical	
			ducation, or research in furtherance of public			
	relating to these it		,	,		
	0			►	\$	
2			asures, or other similar assets for financial ga			
_	-	unts required to be reported under SFAS 1		,		
а	-				\$	
		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		

b Assets included in Form 990, Part X

AMERICAN	LEBANESE	SYRIAN	ASSOCIATED

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	dule D (Form 990) 2012 CHARITIES,		t Ilistania al Tu				10445			age 2		
	t III Organizations Maintaining C								,			
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	t are a sig	gnificant use	of its o	collectio	n item	IS		
	(check all that apply):											
а	Public exhibition	d	Loan or exc	hange progra	ams							
b	Scholarly research	e	Other									
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explair	how they further t	he organizati	on's exerr	npt purpose i	n Part	XIII.				
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er similar	assets						
	to be sold to raise funds rather than to be ma	aintained as part of tl	ne organization's co	ollection?				Yes		No		
Pa	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered '	'Yes" to F	orm 990, Pa	rt IV, li	ne 9, or				
	reported an amount on Form 990, Pa		C									
1a	Is the organization an agent, trustee, custod		iarv for contributior	s or other as	sets not i	ncluded						
	on Form 990, Part X?							Yes		No		
h	If "Yes," explain the arrangement in Part XIII						ــــــ	100				
D		and complete the for	iowing table.					Amoun	+			
	Designing belonge					10		Amoun	ι <u></u>			
	Beginning balance											
	Additions during the year											
	Distributions during the year											
	Ending balance							1		1		
	Did the organization include an amount on F						L	Yes				
	If "Yes," explain the arrangement in Part XIII.											
Pa	t V Endowment Funds. Complete i		swered "Yes" to Fo									
		(a) Current year	(b) Prior year	(c) Two year		d) Three years		(e) Fou	,			
1a	Beginning of year balance	782,714,653.	788,633,390.	662,773	3,900.	590,820,	249.	723	,150	,356.		
b	Contributions	705,311.	3,859,109.		2,533.	4,396,	601.	10	,016	,491.		
с	Net investment earnings, gains, and losses	69,209,599.	-8,877,846.	123,150	5,706.	69,032,	459.	-142	,346	,598.		
d	Grants or scholarships	Ο.	Ο.		Ο.	0.		0. 0.				Ο.
	Other expenditures for facilities											
	and programs	8,786,290.	900,000.	1,699	9,749.	1,475,	409.			Ο.		
f	Administrative expenses						0.			0.		
g	End of year balance	843,843,273.	782,714,653.	788,633	3,390.	662,773,	900.	590	.820	,249.		
2	Provide the estimated percentage of the cur				,	, ,			, ,			
	Board designated or quasi-endowment	.00	%									
	Permanent endowment 100.00	%										
	Temporarily restricted endowment	.00 %										
C	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should											
20		-	tion that are hold a	nd administa	rad far th	o organizatio	-					
38	Are there endowment funds not in the posse	ssion of the organiza	llion that are new a	nu auministe	red for th	e organizatio	()		Vee	Na		
	by:								Yes	No		
	(i) unrelated organizations							3a(i)	Х			
	(ii) related organizations							3a(ii)		X		
b	If "Yes" to 3a(ii), are the related organizations							3b				
4	Describe in Part XIII the intended uses of the											
Pa	t VI Land, Buildings, and Equipm											
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Ace	cumulated		(d) Boo	k valu	е		
		basis (investm	ient) basis	(other)	depi	reciation						
1a	Land		31	,574,633.				31	,574	,633.		
	Buildings		26	,031,915.	1	L3,949,930		12	,081	,985.		
	Leasehold improvements			168,368.		165,964			2	,404.		
	Equipment		21	,644,925.	1	L2,020,533		9	,624	,392.		
	Other			,157,043.		, , L0,183,173	_			, ,870.		
	Add lines 1a through 1e. (Column (d) must e									,284.		
1010		4	.,						,			

Schedule D (Form 990) 2012

AMERICAN LEBANESE	SYRIAN ASSOCIATED		
Schedule D (Form 990) 2012 CHARITIES, INC.		3	5-1044585 Page
Part VII Investments - Other Securities. See	e 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	
	20,512,275.		
(G)			
(H)			
	0.000.000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	2,681,609,590.		
Part VIII Investments - Program Related. Se			
(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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
	Beeenption		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	· - ·		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. See Form 990, Part X, I			
Part X Other Liabilities. See Form 990, Part X, I	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability	ine 25.		
Part X Other Liabilities. See Form 990, Part X, I I. (a) Description of liability (1) Federal income taxes	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS	ine 25.		
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (5)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7) (7)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7) (8)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7) (7)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7) (8)	ine 25.) Book value	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (4) (5) (6) (7) (8) (9) (9)	ine 25.) Book value 36,228,849.	
Part X Other Liabilities. See Form 990, Part X, I 1. (a) Description of liability (1) Federal income taxes (2) ANNUITY OBLIGATIONS (3) (3) (4) (5) (6) (7) (8) (9) (10) (10)	ine 25. (b) Book value	

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

AMERICAN LEBANESE SYRIAN ASSOCIATED

Scho	dule D (Form 990) 2012	CHARITIES, INC.			35-10	44585 Page 4
		of Revenue per Audited Fina	ancial Statements	With Revenue p		Tugo I
1		her support per audited financial sta		I-		1,083,186,246.
2	, 0	but not on Form 990, Part VIII, line 1				
а		estments	1	102,728,	032.	
b		f facilities)		
с		nts		;		
d				1		
е					2e	102,728,032.
3						980,458,214.
4		990, Part VIII, line 12, but not on line				
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7I	o 4 a	ı		
b	Other (Describe in Part XIII.)		44	-4,380,	927.	
с					4c	-4,380,927.
5		nd 4c. (This must equal Form 990, P				976,077,287.
Pa	t XII Reconciliation of	of Expenses per Audited Fin	ancial Statements	With Expenses	per Retu	rn
1	Total expenses and losses p	per audited financial statements			1	769,518,876.
2	Amounts included on line 1 I	but not on Form 990, Part IX, line 25	: <u> </u>			
а	Donated services and use of	f facilities	2a	1		
b	Prior year adjustments		21			
с				;		
d	Other (Describe in Part XIII.)			I 3,731,	339.	
е	Add lines 2a through 2d				2e	3,731,339.
3	Subtract line 2e from line 1				3	765,787,537.
4		990, Part IX, line 25, but not on line [.]				
а	Investment expenses not inc	cluded on Form 990, Part VIII, line 7I	o 4a	1		
b	Other (Describe in Part XIII.)		4k			
с	Add lines 4a and 4b				4c	0.
5		and 4c. (This must equal Form 990,	Part I, line 18.)		5	765,787,537.
Pa	t XIII Supplemental In	oformation				

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.

Schedule D (Form 990) 2012

AMERICAN LEBANESE SYRIAN ASSOCIATED		
Schedule D (Form 990) 2012 CHARITIES, INC.	35-1044585	Page 5
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.		

Statement of Activities Outside the United States

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

OMB No. 1545-0047
2012
ZU IZ
Open to Public
Inspection

Department of the Treasury Internal Revenue Service			orm 990. See separate instruction	ıs.		Open to Public Inspection
Name of the organization					Employer ide	ntification number
AMERICAN LEBANESE SYR	IAN ASSOCIATE	D				
CHARITIES, INC.	ormation on /		tside the United States. Comple	to if the erger	35-1044585	
to Form 990, Pa			iside the Onited States. Comple	të li the organ	lization answere	eu res
		n maintain recor	ds to substantiate the amount of its gra	nts and other	assistance,	
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	grants or ass	istance?	Yes No
United States.		-	procedures for monitoring the use of its	-	ther assistance	outside the
		1	an be duplicated if additional space is n			
(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)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND THE						
PACIFIC	c	0	INVESTMENTS			6,524,605.
EUROPE	0	0	INVESTMENTS			24 804 762
EUROPE		0	INVESTMENTS			34,804,763.
SOUTH AMERICA	C	0	INVESTMENTS			529,800.
CENTRAL AMERICA &						
CARIBBEAN	c	0	INVESTMENTS			625,688,395.
NORTH AMERICA	0					E 140 CEE
NORTH AMERICA		0	INVESTMENTS			5,148,655.
MIDDLE EAST	C	0	INVESTMENTS			1,030,245.
3 a Sub-total	C	0				673,726,463.
b Total from continuation						,
sheets to Part I		0				0.
c Totals (add lines 3a						
and 3b)	C	0				673,726,463.

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

Schedule F (Form 990) 2012

Page 2		(h) Description (i) Method of of non-cash valuation (book, FMV, assistance appraisal, other)					
585	d "Yes" to Form 990, Part	(g) Amount of non-cash assistance					exempt by
35-1044585	ganization answere	(f) Manner of cash disbursement					recognized as tax-
	Complete if the or needed.	(e) Amount of cash grant					ne foreign country,
SYRIAN ASSOCIATED	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	(d) Purpose of grant					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
EBANESE INC.	anizations or Entities O 00. Part II can be duplic	(c) Region					s listed above that are re I has provided a section
	er Assistance to Org eived more than \$5,0	(b) IRS code section and EIN (if applicable)					recipient organization he grantee or counse
Schedule F (Form 990) 2012	Part II Grants and Othe recipient who rec	1 (a) Name of organization					2 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro

Page 3		(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2012
	V, line 16.	(g) Description of non-cash assistance					Schedu
35-1044585	o Form 990, Part	(f) Amount of non-cash assistance					
35-	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.	(e) Manner of cash disbursement					
TED	tes. Complete if t	(d) Amount of cash grant					
KRIAN ASSOCIA	e the United Sta d.	(c) Number of recipients					
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	e to Individuals Outsid dditional space is neede	(b) Region					
AM Schedule F (Form 990) 2012 CH	Part III Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

232073 12-10-12

	AMERICAN LEBANESE SYRIAN ASSOCIATED		
Sched	ule F (Form 990) 2012 CHARITIES, INC.	35-1044585	Page 4
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)	X Yes	No 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	X 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	X 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)	X 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)	X 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	X No

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012 CHARITIES, INC. Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE G (Form 990 or 990-EZ)	Supplemental Infor Fundraising or Ga				F	омв №. 1545-0047
Department of the Treasury or if	if the organization answered "Yes' the organization entered more tha Attach to Form 990 or Form 990-E	n \$15,0	000 or	n Form 990-EZ, line	6a. 5.	Open To Public Inspection
6	EBANESE SYRIAN ASSOCIATED					lentification number
CHARITIES,					35-104458	
Part I Fundraising Activities required to complete this part	 Complete if the organization answer t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-I	Z filers are not
 Indicate whether the organization rai a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the ten highest paid incocompensated at least \$5,000 by the 	e X Solicita f Solicita g X Special or oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	tion of tion of fundra l (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col. (i)	
INFOCISION MANAGEMENT CORP -		Yes	No			
325 SPRINGSIDE DR., AKRON, OH	FUNDRAISING SOLICITOR		X	2,427,321.	2,238,99	9. 188,322.
MDS COMMUNICATIONS CORP - 545				0 415 160	1 504 40	
W. JUANITA AVE., MESA, AZ PARADYSZ, INC 5 HANOVER	FUNDRAISING SOLICITOR		X	2,415,160.	1,784,49	630,664.
SQUARE - 6TH FLR, NEW YORK,	FUNDRAISING COUNSEL		x	0.	1,388,78	91,388,789.
MINDSET DIRECT - 1700 N.					1,000,70	1,000,105.
JEFFERSON ST., STE. 200,	FUNDRAISING COUNSEL		х	0.	415,80	-415,806.
EIDOLON COMMUNICATIONS LLC -						, , , , , , , , , , , , , , , , , , , ,
15 MAIDEN LANE, STE. 1401,	FUNDRAISING COUNSEL		X	0.	5,00	5,000.
Total 3 List all states in which the organization	on is registered or licensed to solicit	contrib	D utions	4,842,481. s or has been notified	5 , 833 , 09 d it is exempt from	
Or licensing. AK, AL, AR, CA, CO, CT, DC, FL, GA, HI, I	L.KS.KY.LA.ME.MD MA MI MN M	S_MO	NH NJ	J.NM.NY		

NC,ND,OH,OK,OR,PA,RI,SC,TN,UT,WA,WV,WI,VA

AMERICAN LEBANESE SYRIAN ASSOCIATED

Schedule G (Form 990 or 990-EZ) 2012 CHARITIES, INC.

Page 2 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
			GALA	GALA	108	(add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,348,652.	754,429.	12,220,663.	14,323,744.
	2	Less: Contributions	442,332.	55,779.	1,681,924.	2,180,035
	3	Gross income (line 1 minus line 2)	906,320.	698,650.	10,538,739.	12,143,709.
	4	Cash prizes				
S	5	Noncash prizes	32,416.	4,198.	102,793.	139,407.
Direct Expenses	6	Rent/facility costs	0.	0.	749,599.	749,599.
rect Ex	7	Food and beverages	9,029.	111,348.	1,529,576.	1,649,953
ē	8	Entertainment	13,260.	,	365,597.	,
	9	Other direct expenses	24,158.	18,653.	1,078,065.	1,120,876
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	(4,073,066
D		Net income summary. Combine line 3, column				8,070,643.
Pa	art I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			21,922,158.	21,922,158.
enses	2	Cash prizes				
éÜ						

Expens	3	Noncash prizes			3,721,627.	3,721,627.
Direct E>	4	Rent/facility costs			9,712.	9,712.
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes 15.00 %	
	7	Direct expense summary. Add lines 2 through	ז 5 in column (d)			(3,731,339)
	8	Net gaming income summary. Combine line 1	, column d, and line 7			18,190,819.
9	Ent	ter the state(s) in which the organization opera	tes gaming activities: C	A,GA,IL,IN,KY,LA,MS	5, MO, OH, TN, TX, VA	
	ls t	he organization licensed to operate gaming ac No," explain:				X Yes No

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? X No Yes **b** If "Yes," explain:

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

35-1044585

AMERICAN	LEBANESE	SYRIAN	ASSOCIATED
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Sch	edule G (Form 990 or 990-EZ) 2012 CHARITIES, INC. 35-104	4585		Page 3
11	Does the organization operate gaming activities with nonmembers?	X	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	X No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a		5.00 %
	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 EJEFFREY T. PEARSON			
	Address b 501 ST. JUDE PLACE - MEMPHIS, TN 38105-0000			
1 5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
k	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 s 120,582.			
	Description of services provided 🅨 MANAGES THE PLANNING AND EXECUTION OF RAFFLE			
	ACTIVITIES			
	Director/officer 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	X No
k	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 🕨 \$			
Pa	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	``	,,	,
SCH	EDULE 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			

Schedule G (Form 990 or 990-EZ) 2012 CHARITIES, 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)		Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations n the United Stat	- 8		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	n answered "Yes" to Fo ▶ Attach to Form 990.	to Form 990, Parl 1 990.	IV, line 21 or 22.		Open to Public Inspection
Name of the organization AMERICAN L CHARITIES,	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	SSOCIATED					Employer identification number 35-1044585
Part I General Information on	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	records to substantiate th	le amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
criteria used to award the grants or assistance?	its or assistance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ation's procedures for mon	itoring the use of grant i	funds in the United	States.			
Part II Grants and Other Assis	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	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part I	V, line 21, for any
recipient that received m	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	n be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	nization (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	H THOMAS 000 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	501(c)(3) and government o	rganizations listed in the	e line 1 table				1.
3 Enter total number of other organizations listed in the line 1 table	janizations listed in the line	1 table					0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form	ct Notice, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2012)

Schedule I (Form 990) (2012) CHARITIES, INC. 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 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	ited States. Com	nplete if the organize	ation answered "Yes"	to Form 990, Part IV, line 22.	35-1044585 Page 2
(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.	de the informatio	n required in Part I,	line 2, Part III, colum	b), and any other additional int	ormation.
SCHEDULE I, PART I, LINE 2: THE SOLE RECIPIENT OF G	GRANTS AND SUPPORT	PPORT IS ST.			
JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC IS THE	IE FUNDRAISING AND	G AND			
AWARENESS ORGANIZATION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL.	ARCH HOSPITAL	. ALSAC			
EXISTS SOLELY TO BUILD AWARENESS AND RAISE THE FUNDS	S NECESSARY TO OPERATE	TO OPERATE			
AND MAINTAIN ST. JUDE. IT COSTS \$1.9 MILLION A DAY	TO OPERATE ST.	T. JUDE, AND			
75 PERCENT OF ST. JUDE'S OPERATING BUDGET IS COVERED	ID BY PUBLIC				
CONTRIBUTIONS GENERATED BY ALSAC FUNDRAISING PROGRAMS	. MS				

AMERICAN LEBANESE SYRIAN ASSOCIATED

sc	HEDULE J	Compensation Information		OMB No.	1545-00)47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	12	
		Compensated Employees Complete if the organization answered "Yes" to Form 990,				-
	rtment of the Treasury	Part IV, line 23.		Open to Inspe	o Publ	
	al Revenue Service ne of the organizatio	Attach to Form 990. See separate instructions. AMERICAN LEBANESE SYRIAN ASSOCIATED	Employer ider			
- Num	lo of the organizatio	CHARITIES, INC.	35-10445		onna	
Pa	rt I Question	s Regarding Compensation	55 10445	0.5		
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed in Form	990.		100	110
		line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	First-class or o		onal use			
	X Travel for com					
		ation and gross-up payments				
		spending account Personal services (e.g., maid, chauffeur, d	chef)			
	,		,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b	х	
2		n require substantiation prior to reimbursing or allowing expenses incurred by all officers, di				
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2	x	
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organization	tion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	a committee X Written employment contract				
	X Independent	compensation consultant X Compensation survey or study				
	Form 990 of o	ther organizations X Approval by the board or compensation of	committee			
4	During the year, did	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		;)(3) and 501(c)(4) organizations must complete lines 5-9.				
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r					
а	The organization?			5a		X
b		ation?		5b		X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
	contingent on the r	5				
a	The organization?			6a		X
b		ation?		6b		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment				
_		es 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t		_		
_		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		d the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	J (Fori	n 990) 2012

Schedule I (Form 990) 2012 CHARITIES	1	INC.			35-1044585			Pade 2
s, Trustee	oldm	yees, and Highest (loyees. Use duplica	ensated Employees. Use duplicate copies if additional space is needed	space is needed.) }
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII.	be reg Form	ported in Schedule J 990, Part VII.	J, report compensat	ion from the organiz	ation on row (i) and fro	m related organization	s, described in the inst	tructions, on row (ii).
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the tot	ed inc	dividual must equal t	he total amount of F	orm 990, Part VII, S-	ection A, line 1a, appli	cable column (D) and (al amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	dividual.
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	•	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(C)-(I)(B)	reported as deterred in prior Form 990
(1) WILLIAM E. EVANS	9	.0	0.	0	0	.0	.0	0.
EX-OFFICIO DIRECTOR		819,066.	0.	122,077.	27,500.	8,801.	977,444.	0.
(2) RICHARD C. SHADYAC, JR.	Ξ	622,825.	0.	2,322,	25,474.	16,380.	667,001.	.0
CEO & EX-OFFICIO DIRECTOR	i	•0	.0	0	.0	.0	•0	.0
(3) DAVID MCKEE	Ē	483,290.	0.	11,625,	25,474.	9,058.	529,447.	.0
CHIEF OPERATING OFFICER	ii	•0	• 0	0	.0	.0	• 0	•0
(4) JEFFREY PEARSON	(i)	302,374.	0.	712.	25,474.	18,416.	346,976.	•0
CHIEF FINANCIAL OFFICER	(ii)	• 0	.0	0	0	.0	• 0	•0
(5) EMILY CALLAHAN	(i)	319,771.	.0	422,	25,474.	22,380.	368,047.	•0
CHIEF MARKETING OFFICER	ii	•0	• 0	0	.0	.0	• 0	•0
(6) WILLIAM REESER	(i)	314,657.	.0	2,154,	25,474.	18,200.	360,485.	•0
CHIEF INVESTMENT OFFICER	(ii)	.0	.0	0	0	0.	0.	•0
(7) EMILY GREER	(i)	295,978.	.0	1,052,	25,474.	17,137.	339,641.	•0
CHIEF OF STAFF	(ii)	.0	.0	0	0	0.	0.	•0
(8) ROBERT MACHEN	(i)	289,817.	• 0	455,	25,474.	16,055.	331,801.	•0
CHIEF INFORMATION OFFICR	<u>(</u>	.0	.0	0	.0	.0	*0	•0
(9) SARA HALL	Ξ	268,469.	.0	421.	25,474.	17,095.	311,459.	•0
CHIEF LEGAL OFFICER	<u>(</u>	•0	.0	0	.0	.0	•0	.0
	(i)							
	(ii)							
	Ξ							
	<u>.</u>							
	Ξ							
	<u>.</u>							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
	Ξ							
	(ii)							
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AMERICAN LEBANESE SYRIAN ASSOCIATED

AMERICAN LEBANESE SYRIAN ASSOCIATED Schedule J (Form 990) 2012 CHARITIES / INC.	35-1044585 Pade 3
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.	I. Also complete this part for any
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 J (Form 990) 2012

C	"Yes Atta MERICAN LEBAN HARITIES, ING	Comp on Form 990, or Form ach to Form 990 NESE SYRIAN C.	olete i Part l' n 990-) or Fo ASSOC	if the o V, line -EZ, Pa orm 99	Interested rganization answe 25a, 25b, 26, 27, 2 art V, line 38a or 40 0-EZ. ► See sepa	ered 8a, 28b, or 28c, 0b. rate instructions.		ployer 1044	Ol In ident	AB No. 1 20 pen To specti ificatio	12 o Pub ion	lic
Complete if the (a) Name of disqualified p	(b) F	wered "Yes" on Relationship bet person and o	ween	disqua	lified	ib, or Form 990-EZ, P (c) Description of trar)b.	(d) Ye	1	cted? No
3 Enter the amount of tax, Part II Loans to and	if any, on line 2, d/or From Int	above, reimburs	sed by	the or	ganization			► \$ ► \$			on	
reported an amo (a) Name of interested person	(b) Relationship with organization		(d) Lo fron organi	oan to or n the ization?	(e) Original principal amount	(f) Balance due	defa		(h) Ap by bo comm	ard or littee?	agree	/ritten ment?
			To	From			Yes			No	Yes	
	ssistance Bei	-										
(a) Name of interested		(b) Relationship interested pers the organiza	betwe son an	een	(c) Amount of assistance	(d) Type assistan) Purp assista		f

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990-EZ) 2012 CHARITIES, INC.

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) Sha organiz rever	aring of zation's nues?
				Yes	No
KHJ	ENTITY MORE THAN 35	148,446.	CONSULTING		Х
MIKE FOWLER	FAMILY MEMBER OF DA	103,654.	EMPLOYMENT		Х
				1	
				1	

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

20

Complete if the organizations answered "Yes" on Form

Open to Public Inspection

2

Department of the Treasury Internal Revenue Service

990,	Part IV,	lines 2	9 or 30.
	Attach	to Forn	n 990.

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED

Employer identification number 35-1044585

CHARITIES, INC.

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts repor Form 990, Part VI	ted on	(d) Method of de noncash contribu		•	S
1	Art - Works of art	X	17		n, mie rg				
2	Art - Historical treasures								
3									
	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	x	2						
6	Cars and other vehicles		3						
7	Boats and planes	Х	1						
8	Intellectual property								
9	Securities - Publicly traded	X	414	3,73	1,605.	COST OR SELLING 1	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									
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (PRIZE PACKAGE)	Х	93		0.				
26	Other (GIFT CARDS)	Х	76		0.				
27	Other (MISCELLANEOUS)	Х	240		0.				
28	Other ()								
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for c	ontributions					
	for which the organization completed Form 82				29			3	
				9				Yes	No
30a	During the year, did the organization receive b	v contributio	n any property re	orted in Part L line	es 1-28 th	at it must hold for			
000	at least three years from the date of the initial								
				-			30a		х
b	с.						30a		
	If "Yes," describe the arrangement in Part II.			. f	and the standard la	ution of		v	
31	Does the organization have a gift acceptance						31	X	<u> </u>
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sel	I noncash				
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which colun	nn (a) is ch	ecked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (2012)

 AMERICAN LEBANESE SYRIAN ASSOCIATED

 Schedule M (Form 990) (2012)
 CHARITIES, INC.
 35-1044585
 Page 2

 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	Supplemental Information to Form 990 or	990-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete to provide information for responses to specific question		2012
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		Open to Public Inspection
Name of the organization			r identification number
	CHARITIES, INC.	35-10	44585
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
ST. JUDE IS THE FIR	RST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED		
COMPREHENSIVE CANCE	ER CENTER DEVOTED SOLELY TO CHILDREN.		
WHEN ST. JUDE OPENH	ED ITS DOORS IN 1962, IT WAS THE FIRST CHILDREN'S		
HOSPITAL TO BRING H	RESEARCH AND PATIENT CARE TOGETHER UNDER ONE ROOF.		
SINCE THAT TIME, TH	REATMENTS INVENTED AT ST. JUDE HAVE HELPED PUSH		
OVERALL SURVIVAL RA	ATES FOR CHILDHOOD CANCERS FROM 20 PERCENT TO MORE		
THAN 80 PERCENT TO	DAY.		
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 EFFOR	RT TO SEQUENCE THE PEDIATRIC CANCER GENOME AND TO		
IDENTIFY THE GENET	IC CHANGES THAT GIVE RISE TO SOME OF THE WORLD'S		
DEADLIEST CHILDHOOI	CANCERS.		
AND ST. JUDE CONTIN	NUES TO UPHOLD ITS PROMISE OF CONDUCTING PIONEERING		
RESEARCH AND PROVII	DING EXCEPTIONAL PATIENT CARE, ALL WHILE ENSURING		
THAT NO FAMILY EVEN	R RECEIVES A BILL FROM ST. JUDE FOR TREATMENT,		
TRAVEL, HOUSING OR	FOOD - BECAUSE ALL A FAMILY SHOULD WORRY ABOUT IS		
HELPING THEIR CHILI	D LIVE. ST. JUDE ALSO MAINTAINS A SCHOOL PROGRAM TO		
PROVIDE OPPORTUNIT	IES FOR PATIENTS TO CONTINUE THEIR NORMAL EDUCATIONAL		
ACTIVITIES AND TO H	PROVIDE RE-ENTRY SERVICES TO EASE THE TRANSITION BACK		
TO THE COMMUNITY SO	CHOOL.		

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification numbe 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:	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
	55 1011505
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 JOSPEH G. SHAKER;	
PAUL J. SIMON AND MICHAEL SIMON.	
BUSINESS RELATIONSHIP AMOUNG 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	

Name of the organization	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35–1044585
		55 1044505
THE IRS. EACH VOTI	NG MEMBER OF THE BOARD RECEIVES A FINAL COPY OF FORM 990	
WITH ALL REQUIRED S	CHEDULES BEFORE IT IS FILED WITH THE IRS.	
FORM 990, PART VI,	SECTION B, LINE 12C: THE ORGANIZATION MAINTAINS AN AD	
HOC CONFLICT OF INT	EREST COMMITTEE OF THE BOARD OF DIRECTORS. IN ADDITION	
TO EDUCATION OF NEW	BOARD MEMBERS ON THE CONFLICT OF INTEREST POLICY, THE	
ADMINISTRATOR TO TH	E BOARD MONITORS CONFLICT MANAGEMENT PLANS (WHICH MAY	
INCLUDE CHANGING VE	NDORS, DIVESTITURE OF FINANCIAL INTERESTS, AND THE LIKE)	
TO ENSURE THEY ARE	COMPLETED IN A TIMELY FASHION. UNDISCLOSED CONFLICTS ARE	
DISCOVERED, WHERE P	DSSIBLE, THROUGH THE ORGANIZATION'S CONTRACTING PROCESS.	
THIS IS TRUE FOR TH	E BOARD'S CONFLICT OF INTEREST POLICY AND FOR THE	
SEPARATE CONFLICT O	F INTEREST POLICY APPLICABLE TO ALL ADMINISTRATION OF	
THE ORGANIZATION (P	OTENTIAL CONFLICTS OF THE ORGANZATION ARE DISCUSSED AND	
RESOLVED AT A SENIO	R-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 B	DARD OF THE CONFLICTING INTEREST, DEPENDING ON THE FACTS	
AND CIRCUMSTANCES O	F THE CONFLICT.	
FORM 990, PART VI,	SECTION B, LINE 15: THE EXECUTIVE COMPENSATION	
COMMITTEE OF THE BO.	ARD COMMISSIONS REGULAR SALARY SURVEYS FOR THE CEO, CAO,	
CFO, CHIEF DEVELOPM	ENT OFFICER, CHIEF LEGAL OFFICER, AND CHIEF INVESTMENT	
OFFICER.		
	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

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED	Employer identification number
CHARITIES, INC.	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	
INTEREST FOLICI, AND FINANCIAL STRIEMENTS ARE AVAILABLE TO THE FOBLIC OFON	
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	
FINANCIAL ACCOUNTS FOR OPERATIONAL PORPOSES WERE MAINTAINED IN FOREIGN	
COUNTRIES.	

SCHEDULE R (Form 990) Department of the Treasury Internal Revolue Service	 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. 	anizations and Unrelated Partnerships tion answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 to Form 990. ► See separate instructions.	rtnerships ne 33, 34, 35, 36, uctions.	or 37.		OMB No. 1545-0047 2012 Open to Public Inspection
AMERICAN LEBANESE CHARITIES, INC.	SYRIAN ASSOCIATED				Employer identification number 35-1044585	cation number
Part I Identification of Disregarded Entities (Complete if the organization		answered "Yes" to Form 990, Part IV, line 33.)	3.)			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me 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.)	zations (Complete if the organization	answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one or	more related tax-exer	npt
(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	Section 512(b)(13) controlled entity?
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)		
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ons for Form 990.				Schedule R	Schedule R (Form 990) 2012

232161 12-10-12 LHA

35-1044585 Page 2 one or more related	(i) (i) (k) Code V-UBI managing amount in box 20 of Schedule K-1 (Form 1065) Yes No	ise it had one or more related	t of Percentage 512(b)(13) year ownership controlled entity?			Schedule B (Form 990) 2012
35-1044585 (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(g) (h) Share of end-of-year Disproportion- ate allocations? assets amou Are allocations? assets Yes No K-1 (F	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	(f) (g) Share of total Share of income assets			-
nswered "Yes" to Form 990,	(f) Share of total income	nization answered "Yes" to F	(d) (e) (c) Controlling (C) Corp. S corp. entity or trust)			_
olete if the organization a	olling Predominant income (related, unrelated, excluded from tax under sections 512-514)	ust (Complete if the organ	(c) Legal domicile Direct (state or foreign country)			-
SYRIAN ASSOCIATED cable as a Partnership (Comp (the tax year.)	(c) (d) (d) (d) (d) (d) (d) (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	_	(b) Primary activity			
AMERICAN LEBANESE SYRIAN ASSOCIATED A (Form 990) 2012 CHARITIES, INC. Identification of Related Organizations Taxable as a Partnership organizations treated as a partnership during the tax year.)	Primary activity	Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	, and EIN anization			
A Schedule R (Form 990) 2012 C Part III Identification of Relation organizations treated a	(a) Name, address, and EIN of related organization	Part IV Identification of Relations treated a	(a) Name, address, and EIN of related organization			

LEBANESE SYRIAN ASSOCIATED	
LEBANESE	, INC.
AMERICAN	CHARITIES
	Schedule R (Form 990) 2012

35-1044585

Page 3

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

Part V Transactions With Related Organizations (Complete if the organization ansv	/ered "Yes" to Form	ation answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)	or 36.)			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				۶	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1 a		X
b Gift, grant, or capital contribution to related organization(s)				1b X		
c Gift, grant, or capital contribution from related organization(s)				10		X
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		X
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11 X	м	
m Performance of services or membership or fundraising solicitations by related organization(s)	iization(s)			1n		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			1n		Х
 Sharing of paid employees with related organization(s) 				10		X
p Reimbursement paid to related organization(s) for expenses				1p X	X	
q Reimbursement paid by related organization(s) for expenses				1q X	м	
r Other transfer of cash or property to related organization(s)				+	+	×
6		in the second		1s X		
z It the answer to any of the above is 'res,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	TO MUST COMPLETE T	lis line, incluaing covered	relationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Ived		
(1) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	щ	488,001,943.	CASH VALUE			
(2) ST. JUDE CHILDREN'S RESEARCH HOSFITAL, INC.	ц	488,001,943.	CASH VALUE			
(3) ST. JUDE CHILDREN'S RESEARCH HOSFITAL, INC.	д	825,967.	CASH VALUE			
(4) ST. JUDE CHILDREN'S RESEARCH HOSFITAL, INC.	Ø	93,995.	CASH VALUE			
(5) ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	ß	1,469,788.	469,788. NET BOOK VALUE			

(6) 232163 12-10-12

Schedule R (Form 990) 2012

Include model oreign (education increme (conduct function (conduct	CHARITIES, CHARITIES, cations Taxable ion for each ent	INC. e as a P. ity taxed	nplete if the organi ip through which t sion for certain inv	ization answered "Yes the organization cond	s" to Form ucted more	990, Part IV, line (e than five percen	37.) t of its activities (m	leasured b	35-1044585 y total assets or ç	35 regross re	Page 4 evenue)
Image: state of the state of	(b) Primary activity	vity		(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners sec. 501(c)(3) orgs.?		(g) Share of end-of-year assets	(h) Dispropor- tionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	(k) Percenta ownersh

AMERICAN LEBANESE SYRIAN ASSOCIATED

Schedule R	(Form 990) 2012	CHARITIES,	INC.	35-1044585	Page 5
Part VII	(Form 990) 2012	rmation			
	Complete this part to pro	ovide additional i	nformation for responses to questions on Schedule R (see instr	ructions)	
				uctions).	