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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009 D Employer identification number **B** Check if applicable Please ST JUDE CHILDREN'S RESEARCH HOSPITAL INC use IRS label or Address change 62-0646012 Doing Business As E Telephone number print or type. See Name change (901) 595-2261 Specific Instruc-☐ Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 262 DANNY THOMAS PLACE **G Gross receipts** \$ 553,364,674 Termination tions. City or town, state or country, and ZIP + 4 MEMPHIS, TN 381053678 Amended return Application pending Name and address of Principal Officer H(a) Is this a group return for

		WILLIAM E EVANS 262 DANNY THOMAS PLACE		affiliat	es?	⊤Yes ▼ No
		MEMPHIS,TN 381053678		H(b) Are all	affiliates include	d?
<u> </u>	x-exen	npt status	527	7	•	See instructions)
J W	eb sit	e: ► WWW STJUDE ORG		H(c) Group	Exemption Nur	mber 🟲
К Тур	e of or	ganization Corporation trust association other		L Year of For	mation 1959 M	State of legal domicile TN
Pa	rt I	Summary				
	1	,				SEASES TURSUS
3		ADVANCE CURES & MEANS OF PREVENTION FOR RESEARCH AND TREATMENT	R PEDIATRIC CANCER	SOTHER CAT	ASTROPHIC DI	SEASES THROUGH
뎚						
Governance						
Ġ	2	Check this box T if the organization discontinued its			5% of its assets	
26	3	Number of voting members of the governing body (Pa	·		3 _	45
ĭes	4	Number of independent voting members of the govern		b)		41
Activities	5	Total number of employees (Part V, line 2a)			5 _	3,936 753
a व	6	Total number of volunteers (estimate if necessary)			6 _ 70	
		Total gross unrelated business revenue from Part VI Net unrelated business taxable income from Form 99		• •	7a _ 7b	-2,650
	-	Net directived business taxable meonic from Form 5	70 1, me 54 1 1	Prio	r Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			123,076,511	463,064,230
	9	Program service revenue (Part VIII, line 2g)			68,853,009	81,712,224
	10	Investment income (Part VIII, column (A), lines 3,			-25,186	-1,668,890
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8			7,718,318	8,308,034
	12	Total revenue—add lines 8 through 11 (must equal		ne		· · · · · · · · · · · · · · · · · · ·
		12)			199,622,652	551,415,598
	13	Grants and similar amounts paid (Part IX, column (0	0
	14	Benefits paid to or for members (Part IX, column (A		_	0	0
\$3	15	Salaries, other compensation, employee benefits (P 10)	art IX, column (A), lines	5-	258,085,659	293,991,208
83.58 83.58	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		0	0
ă	ь	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11	.d, 11f–24f)	2	242,073,730	268,759,987
	18	Total expenses—add lines 13-17 (must equal Part	IX, line 25, column (A))	į	500,159,389	562,751,195
	19	Revenue less expenses Subtract line 18 from line	12		-536,737	-11,335,597
উত				Beginni	ng of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		2,!	543,788,540	2,229,775,418
A B	21	Total liabilities (Part X, line 26)			328,057,784	322,762,005
25 25 25 25 25 25 25 25 25 25 25 25 25 2	22	Net assets or fund balances Subtract line 21 from	line 20	2,2	215,730,756	1,907,013,413
Pai	rt II	Signature Block			<u> </u>	
		Under penalties of perjury, I declare that I have examined this				
Plea		and belief, it is true, correct, and complete Declaration of prep	arer (other than officer) is bas	1		er nas any knowledge
Sign		Signature of officer		2010- Date	04-27	
Here		MICHAEL C CANARIOS SVP/CFO				
		Type or print name and title				
		Preparer's L	Date	Check If	Preparer's PTIN (See Gen Inst)
Paid		signature		self- empolyed •	1	
	arer's	Firm's name (or yours DELOTITE TAX LLP		ı / ·	1	
Use (if self-employed), address, and ZIP + 4 100 PEABODY PLACE STE 800			EIN Þ	
					Phone no 🕨 (90	01) 322-6700
		MEMPHIS, TN 38103				

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission ST JUDE CHILDREN'S RESEARCH HOSPITAL IS A RESEARCH, TREATMENT AND EDUCATION CENTER WHOSE MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE FOUNDER, DANNY THOMAS, NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION, OR A FAMILY'S ABILITY TO PAY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting or make significant changes in how it conducts any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 282,467,530 including grants of \$) (Revenue \$) RESEARCH THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSSES THE HOSPITAL AWARDS NO GRANTS TO OUTSIDE AGENCIES ALL RESEARCH ACTIVITIES ARE CONDUCTED BY HOSPTIAL PERSONNEL
4b	(Code) (Expenses \$ 15,180,586 including grants of \$) (Revenue \$) EDUCATION AND TRAINING AS PART OF ITS EDUCATIONAL MISSION, THE HOSPITAL PROVIDES APPROXIMATELY 350 POSTDOCTORAL FELLOWSHIPS TO INDIVIDUALS WHO ALREADY HAVE EARNED AN MD, PHD, PHARMD, OR DVM THE HOSPITAL IS ALSO AFFILIATED WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER AT MEMPHIS, SERVING AS A TRAINING SITE FOR GRADUATE STUDENTS, MEDICAL STUDENTS, AND MEDICAL RESIDENTS THIS TRAINING IS PROVIDED IN A VARETY OF SUBSPECIALITIES AND RESEARCH DISCIPLINES IN THE CLINICAL AND BASIC SCIENCES UNDER THE DIRECTION OF SENIOR RESEARCH AND CLINICAL FACULTY A PEDIATRIC ONCOLOGY EDUCATION PROGRAM, OFFERING SUMMER TRAINING IN RESEARCH AND CLINICAL DISCIPLINES TO COLLEGE STUDENTS, IS AN INTEGRAL PART OF ST JUDES COMMUNITY EDUCATION ACTIVITIES ST JUDE ALSO CONDUCTS A GRADUATE PROGRAM WITH THE UNIVERSITY OF MEMPHIS AND AN UNDERGRADUATE PROGRAM WITH RHODES ENTITLED THE RHODES COLLEGE SUMMER PLUS PROGRAM
4c	(Code) (Expenses \$ 239,472,104 including grants of \$) (Revenue \$ 81,712,224) PATIENT CARE THE HOSPITAL PROVIDED 15,010 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 3,582 OR 24% OF THOSE INPATIENT DAYS PATIENTS MADE 61,162 CLINIC VISITS DURING THE YEAR
4d	Other program services (Describe in Schedule O)
+ a	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \$ 537,120,220 Must equal Part IX, Line 25, column (B).

Part IV	Chec	klist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		Νο
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	Yes	
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, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes	
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	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		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			169	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 1,37	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	. <u>1c</u>	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return	6		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and 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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gift: were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05		
	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
_	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	1		
	Did the organization make any taxable distributions under section 4966?	9a		
	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
	Gross income from members or shareholders			
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			

Section A. Governing Body and Management

10

11

Yes

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
а	Enter the number of voting members of the governing body 1a 45			
ь	Enter the number of voting members that are independent 1b 41			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	. 3		No
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
	Does the organization have members or stockholders?	6		Νo
а	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
а	Does the organization have local chapters, branches, or affiliates?	9a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Yes	

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed TN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

MICHAEL C CANARIOS 262 DANNY THOMAS PLACE MEMPHIS,TN 381053678 (901) 595-2261

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

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

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

The check this box in the organization and i		Posit	(C) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							-			

Part VII Continued

			(tion that a			II			(F)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director		Отпо	Key employee	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			ļ		_					
			-		-					
				\vdash	+					
1b Total			<u>.</u>	<u></u>			>	6,709,113	30,800	423,365

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶303

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5	163	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BARNES & BROWER INC 3787 OLD GETWELL ROAD MEMPHIS, TN 381186031	CONTRACTOR	9,506,820
OMEGA GENERAL CONTRACTORS INC 1778 SEPTEMBER AVENUE MEMPHIS, TN 381163630	CONTRACTOR	4,649,767
UT MEDICAL GROUP INC 777 WASHINGTON AVENUE SUITE P110 MEMPHIS, TN 381054550	MEDICAL SERVICES	3,858,139
MORRISON MANAGEMENT SPECIALISTS INC 5801 PEACHTREE DUNWOODY ROAD ATLANTA, GA 303421503	FOOD SERVICES	3,762,287
UNIVERSITY OF TENNESSEE 719 ANDY HOLT TOWER KNOXVILLE, TN 379960170	MEDICAL SERVICES	3,630,780
Total number of independent contractors (including those in 1) who rec from the organization	, , , , , , , , , , , , , , , , , , ,	. 137

Statement of Revenue

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated can	npaigns 1a			Kevende		
Contributions, gifts, grants and other similar amounts	ь	Membership d	ues					
ora Ou		F d	1 b					
S,€	С	Fundraising ev	/ents 1c					
<u>#</u>	d	Related organ	ızatıons1d	380,735,099				
E,S	e	Government gran	its (contributions) 1e	74,723,419				
i P	f	All other contribut	tions, gifts, grants, and	7,605,712				İ
<u>5</u> ₹		similar amounts r	not included above					
불	g		rıbutıons ıncluded ın					
လူ မ	L		 es 1a-1f)....		463,064,230			
	h	Total (Add line	es 1a-11)	<u> </u>				
0				Business Code				
E	2a	PATIENT CARE		621,110	81,712,224	81,712,224		
æ	ь							
- 2	С							
ja Ja	d							
S.	e							
E E	f	All other progr	ram service revenue					
Program Serwoe Revenue	g	Total. Add line ► \$ 81,712,22	es 2a-2f 4					
	3		come (including divi	dends, interest				
			imounts)	·				
	4	Income from inve	estment of tax-exempt b	ond proceeds				
			·					
	5	Royalties .						
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
		expenses Rental income						
	С	or (loss)						
	d	Net rental inco	ome or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other	264,972	15,214				
	ь	than inventory Less cost or	292,559	1,656,517				
		other basis and sales expenses						
	С	Gain or (loss)	-27,587	-1,641,303				
	d	Net gain or (lo	ss) 	. ▶	-1,668,890	-1,668,890		
	8a	Gross income events (not inc	from fundraising					
Other Revenue		1c) See Part 1						
Rej		\$15,000	e G ıf total exceeds					
<u>-</u>	ь		xpensesb					
ŧ	с		(loss) from fundrais	ing events				
•	9a		part IV , line 19					
		Complete Sched exceeds \$15,00						
	ь	Less directer	xpensesb					
	С		(loss) from gaming a					
	10a	Gross sales of returns and all	f inventory, less lowances					
	ь	Less cost of	a goods sold b					
	c		(loss) from sales of					
		Mıscellaneou		Business Code				
	11a	CAFETERIA/\		900,099	2,516,093	2,516,093		
	ь		CENSING INCO	900,099	2,423,722	2,423,722		
	С	CHGME/CHC		900,099	1,603,393	1,603,393		
		All other rever			1,764,826	1,764,826		
	d e		es 11a-11d					
				\$ 8,308,034				
	12	Total Revenue	. Add lines 1h, 2g, 3	, 4, 5, 6d, 7d,	551,415,598	88,351,368	0	0
			le	. ▶				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
Do r	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees	2,608,082	1,617,326	990,756				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,738,789	1,246,799	491,990				
7	Other salaries and wages	223,629,401	215,833,717	491,990				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	14,420,242	13,833,351	586,891				
9	Other employee benefits	36,067,546	34,599,629	1,467,917				
10	Payroll taxes	15,527,148	14,895,207	631,941				
11	Fees for services (non-employees)							
а	Management	5,421,193	5,176,901	244,292				
b	Legal	2,507,059	2,394,085	112,974				
c	Accounting	258,150	72,444	185,706				
d	Lobbying	71,600		71,600				
е	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other	57,214,811	56,940,406	274,405				
12	Advertising and promotion							
13	Office expenses							
14	Information technology	7,764,446	7,069,226	695,220				
15	Royalties							
16	Occupancy	17,895,291	15,957,404	1,937,887				
17	Travel	10,584,222	10,373,267	210,955				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings							
20	Interest	11,457,429	11,129,512	327,917				
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	58,276,248	53,883,544	4,392,704				
23 24	Insurance	1,803,531		1,803,531				
	total expenses shown on line 25 below)							
а	SUPPLIES	83,868,293	81,672,308	2,195,985	0			
b	HOUSEKEEPING	1,267,904	1,128,120	139,784	0			
С	TELEPHONE	1,046,229	981,138	65,091	0			
d		0	0	0	0			
e		0	0	0	0			
f	All other expenses	9,323,581	8,315,836	1,007,745				
25	Total functional expenses. Add lines 1 through 24f	562,751,195	537,120,220	25,630,975	0			
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Shoot
	Balance	Sneer

			(A) Beginning of year		(B)
	1	Cash—non-interest-bearing	15.300	1	End of year 15,100
	2	Savings and temporary cash investments	15,438,569		12,996,195
	3	Pledges and grants receivable, net	5,394,082		6,062,280
	4	Accounts receivable, net			14,303,156
	5	Receivables from current and former officers, directors, trustees, key employees or	17,004,001	-	14,000,100
		other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	3,318,842	8	3,378,972
22	9	Prepaid expenses and deferred charges	5,765,944	9	6,797,185
Se	10a				
Assets		Land, buildings, and equipment cost basis 10a 856,453,159			
	b	Less accumulated depreciation Complete Part VI of	100 070 001		400 000 000
		Schedule D	· · · · · ·		466,062,093
	11	Investments—publicly traded securities	1,405,415	11	2,803,043
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13	Investments—program-related See Part IV , line 11 <i>Complete Part VIII</i> of Schedule D .		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule	2,032,038,686	15	1,717,357,394
	16	D Total assets. Add lines 1 through 15 (must equal line 34)	2,543,788,540		2,229,775,418
	17	Accounts payable and accrued expenses .	72,317,301		72,267,954
	18	Grants payable	72,017,001	18	72,207,004
	19	Deferred revenue	5,059,166		4,043,318
	20	Tax-exempt bond liabilities	248,971,317		244,358,733
<u>ن</u> ش	21	Escrow account liability Complete Part IV of Schedule D	210,071,017	21	211,000,100
≝	22	Payable to current and former officers, directors, trustees, key		21	
Liabilities	22	employees, highest compensated employees, and disqualified		ı	
		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	1,710,000	25	2,092,000
	26	Total liabilities. Add lines 17 through 25	328,057,784	26	322,762,005
ş Ç		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	1,459,807,477	27	1,283,550,029
80	28	Temporarily restricted net assets	32,772,923	28	32,643,135
Ξ	29	Permanently restricted net assets	723,150,356	29	590,820,249
Fund		Organizations that do not follow SFAS 117, check here ► ☐ and complete lines 30 through 34.			
ō	30	Capital stock or trust principal, or current funds		30	
eţs	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,215,730,756		1,907,013,413
Net	34	Total liabilities and net assets/fund balances	2,543,788,540		2,229,775,418
	J -	Total habilities and het assets/halla balances	_,_ 10,1 00,040	- 7	_,,,,,,,,,,
Pa	rt XI	Financial Statements and Reporting			

Dowl VI	Financial	Ctatamanta	and Reporting
7.11.5	l Financiai	Statements	and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

As Filed Data -

DLN: 93493117002080

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizat i IDREN'S RESEA	ion RCH HOSPITAL INC					Em	ployer ide	ent if icat io	n number
	0							62	-064601	2	
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıc	ns) (See	Instruct	ions)	
he.	organız	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)			
1		A church, o	onvention of ch	nurches, or association of ch	nurches de	escribed ir	Section :	170(b)(1)	(A)(i).		
2		A school d	escribed in Sec	t ion 170(b)(1)(A)(ii). (Atta	ch Schedı	ule E)					
3	<u> </u>	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in Sec	tion 170(b)(1)(A)(i	i ii). (Attac	h Schedu	le H)
4	Γ	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state									
5	\vdash	An organiz	ation operated 1	or the benefit of a college or	universit	y owned o	r operated	d by a gov	ernmental	unit desc	rıbed ın
		Section 17	D(b)(1)(A)(iv).	(Complete Part II)							
6	\vdash	A federal, s	tate, or local g	overnment or governmental	unıt desc	rıbed ın Se	ction 170	(b)(1)(A)	(v).		
7		Anorganiz	ation that norm	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	init or fror	n the gene	eral public
				o)(1)(A)(vi) (Complete Par			_			_	
8	\vdash	A commun	ity trust describ	oed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)				
9	\vdash	An organiz	ation that norm	ally receives (1) more than	3 3 1/3%	of its supp	ort from c	ontribution	ns, membe	ership fees	s, and gross
		receipts fro	m activities re	lated to its exempt functions	s—subject	t to certair	n exceptio	ns, and (2) no more	than 331,	/3% of
		ıts support	from gross inve	estment income and unrelate	ed busine:	ss taxable	income (less section	on 511 ta:	x) from bu	sinesses
		acquired by	the organizati	on after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)		
10	Γ	An organiz	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ection 509	(a)(4). (S	ee instruc	tions)
11	Γ	one or mor the box tha	e publicly suppo	and operated exclusively foorted organizations describe type of supporting organiza	d in secti tion and c	on 509(a)	(1) or sec ines 11e t	tion 509(a hrough 11	a)(2) See	Section 5	•
e	Γ	•	foundation man	rtify that the organization is agers and other than one or			•			•	•
f		If the orgai	nization receive box	d a written determination fro as the organization accepte					• •	supporti	ng organization,
g		following pe		as the organization accepted	u any gni	or continu	ution nom	i ally of the	;		
				r indirectly controls, either a	alone or to	ogether wi	th persons	s describe	d ın (ıı)		Yes No
		and (III) be	low, the governi	ng body of the the supported	d organiza	ition?				11g	(i)
		(ii) a famıly	/ member of a p	erson described in (i) above	,?					11g((ii)
		(iii) a 35%	controlled enti	ty of a person described in ((ı) or (ıı) a	bove?				11g((iii)
h		Provide the	following infor	mation about the organizatio	ns the or	ganızatıon	supports				
	Supp	ame of oorted nization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	Is the zation in listed in overning ment?	the orga in col (i	you notify anization i) of your port?	col (i) c	Is the vation in organized US?	(vii) A mount of support?
					Yes	No	Yes	No	Yes	No	
								T T		I	1

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	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 the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
		(C) Position (check all that apply)							(-)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
JOYCE ABOUSSIE , VOTING DIRECTOR	6 50	Х						0	0	0
THOMAS G ABRAHAM , VOTING DIRECTOR	6 50	Х						0	0	0
SUSAN MACK AGUILLARD MD , VOTING DIRECTOR	6 50	Χ						0	0	0
MAHIR AWDEH MD , VOTING DIRECTOR	6 50	Х						0	0	0
JOSEPH S AYOUB JR ES , VOTING DIRECTOR	6 50	Х						0	0	0
PAUL JAYOUB ESQ , VOTING DIRECTOR	6 50	Х						0	0	0
JAMES B BARKATE , VOTING DIRECTOR	6 50	Х						0	0	0
MARTHA PERINE BEARD , VOTING DIRECTOR	6 50	Х						0	0	
JACK BELZ , VOTING DIRECTOR	6 50	X						0	0	0
KATHIE BERLIN , VOTING DIRECTOR	6 50	X						0	10,000	0
ROBERT A BREIT MD , VOTING DIRECTOR	6 50	X						o	0	0
TERRY BURMAN , VOTING DIRECTOR	6 50	X						0	0	0
STEPHEN J CAMER MD , VOTING DIRECTOR	6 50	Х						0	0	0
JOE CORY , VOTING DIRECTOR	6 50	Х						0	0	0
MICHAEL DRIEBE , VOTING DIRECTOR	6 50	Х						0	0	0
EDWARD M EISSEY PHD , VOTING DIRECTOR	6 50	Х						0	0	0
GEORGE ELIAS JR ESQ , VOTING DIRECTOR	6 50	Х						0	0	0
FRED P GATTAS JR , VOTING DIRECTOR	6 50	Х						0	0	0
CHRISTOPHER GEORGE MD , VOTING DIRECTOR	6 50	Х						0	0	0
JUDY HABIB , VOTING DIRECTOR	6 50	Х						0	0	0
PAUL K HAJAR , VOTING DIRECTOR	6 50	Х						0	0	0
CHUCK HAJJAR , VOTING DIRECTOR	6 50	Х						0	0	0
FRED R HARRIS , VOTING DIRECTOR	6 50	Х						0	0	0
BRUCE B HOPKINS , VOTING DIRECTOR	6 50	Х						0	0	0
RICHARD KARAM ESQ , VOTING DIRECTOR	6 50	Х						0	0	0
SALLI LEVAN , VOTING DIRECTOR	6 50	X						0	0	0
PAUL MARCUS, VOTING DIRECTOR	6 50	Χ						0	0	
JIM NAIFEH JR , VOTING DIRECTOR	6 50	Х						0	0	0
TALAT M OTHMAN , VOTING DIRECTOR	6 50	Х						0	0	0
THOMAS PENN III , VOTING DIRECTOR	6 50	Х						0	0	0

Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa										
			ion ((C) on (check all at apply)						(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
MANAL SAAB , VOTING DIRECTOR	6 50	Х						0	0	0
CAMILLE F SARROUF JR , VOTING DIRECTOR	6 50	Х						0	0	0
CAMILLE F SARROUF SR , VOTING DIRECTOR	6 50	Х						0	0	0
RICHARD SHADYAC JR ES , VOTING DIRECTOR	6 50	Х						0	0	0
RICHARD SHADYAC SR ES , VOTING DIRECTOR	6 50	Х						0	0	0
JOSEPH G SHAKER , VOTING DIRECTOR	6 50	Х						0	0	0
GEORGE A SIMON II , VOTING DIRECTOR	6 50	Х						0	0	0
PAUL J SIMON , VOTING DIRECTOR	6 50	Х						0	0	0
EDWARD D SOMA MD , VOTING DIRECTOR	6 50	Х						0	0	0
TERRE THOMAS, VOTING DIRECTOR	6 50	Х						0		
TONY THOMAS , VOTING DIRECTOR PAT KERR TIGRETT , VOTING	6 50	X						0	0	0
DIRECTOR	6 50	Х						0	0	0
RICHARD M UNES , VOTING DIRECTOR	6 50	Х						0	0	0
PAUL H WEIN ESQ , VOTING DIRECTOR	6 50	Х						0	0	0
TOM WERTZ, VOTING DIRECTOR	6 50	Х						0	0	0
RAMZI YOUNIS MD , VOTING DIRECTOR	6 50	Х						0	0	0
TAMA ZAYDON , VOTING DIRECTOR	6 50	Х						0	0	0
RAYMOND J ZOGHBY , VOTING DIRECTOR	6 50	Х						0	0	0
WILLIAM E EVANS , DIRECTOR AND CEO	40 00			х				706,035	0	36,683
JAMES R DOWNING , EVP/CHIEF OPERATION OFFI	40 00			x				588,886	0	22,381
MICHAEL CANARIOS , SVP/CHIEF FINANCIAL OFFI	40 00			x				327,235	0	48,240
MICHAEL B KASTAN , EVP/DIRECTOR CANCER CENT	40 00			x				664,037	0	41,711
JOSEPH H LAVER , EVP/CLINICAL DIRECTOR	40 00			x				403,868	0	35,564
LARRY KUN , CHAIR/FACULTY MEMBER	40 00					Х		678,673	0	39,889
STEPHEN SHOCHAT , CHAIR/FACULTY MEMBER	40 00					Х		547,531	0	24,881
JAMES BOYETT , CHAIR/FACULTY MEMBER	40 00					Х		686,636	20,800	40,375
LESLIE ROBISON , CHAIR/FACULTY MEMBER	40 00					Х		448,040	0	,
JESSE JENKINS , FACULTY MEMBER	40 00					Х		436,225	0	
MARK BARNES , EVP/CAO JOSEPH MIRRO , EVP/PHYSICIAN							Х	430,112	0	
RELATIONS							Х	414,801	0	32,081

Form 990, Part VII - Section Aaa

orm bbo, rait till beetien maa	•									
			((ition (that a			I			(5)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Errector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
ARTHUR NIENHUIS , FORMER DIR/CURRENT FACUL							х	377,034	0	21,482
JOHN NASH , EVP/CHIEF OPERATION OFFI							х	78,064	0	(

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

. S∈	ection 501(c)(4), (5), or (6) organi	zations complete Part III			
	me of the organization JUDE CHILDREN'S RESEARCH HOSPITAL	_ INC			itification number
Par		y all organizations exempted the instructions for Schedule		62-0646012 1 501(c) and section	527
1	•	ganızatıon's dırect and ındırect polı	•	ivities in Part IV	
2	Political expenditures	'	, 3		\$
3	V olunteer hours				
Pai	To be completed b for Schedule C for de	oy all organizations exemptetalls.)	t under section	1 501(c)(3). (See the	instructions
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955		\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under section	n 4955	\$
3	If the organization incurred in a	a section 4955 tax, did it file Form	4720 for this year	?	☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
ь	If "Yes," describe in Part IV				
Pai		y all organizations exempt for Schedule C for details.)	t under section	1 501(c), except sect	tion 501(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	section 527 exemp	ot function activities	\$
2	Enter the amount of the filing o 527 exempt funtion activities	rganızatıon's ınternal funds contrıb	uted to other orga	nizations for section	\$
3	Total of direct and indirect exe 1120-POL, line 17b	mpt function expenditures Add line	es 1 and 2 and ent	er here and on Form	\$
4	Did the filing organization file F	Form 1120-POL for this year?			☐ Yes ☐ No
5	State the names, addresses ar were made Enter the amount p political contributions received segregated fund or a political a	i organization's own interna ditical organization, such a	l funds or were s a separate		
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's internal funds If none, enter - 0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
		see the instructions for Form 990			

(election under sec	tion 501(h)). (See the instructions for Schedule C for de		768
<u> </u>			
Limits on Lo	bbying Expenditures—	(a) Filing Organization's Totals	(b) A ffiliated Group Totals
Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)		
Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		
Total lobbying expenditures (add line	es 1a and 1b)		
Other exempt purpose expenditures			
Total exempt purpose expenditures	(add lines 1c and 1d)		
columns—			
or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 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		
Grassroots nontaxable amount (ente	r 25% of line 1f)		
Subtract line 1g from line 1a Enter -	0- if line g is more than line a		
Subtract line 1f from line 1c Enter -	O- if line f is more than line c		
If there is an amount other than zero section 4911 tax for this year?	orting	┌ Yes ┌ No	
	Check If the filing organization Check If the filing organization Limits on Low (The term "expenditures to influe Total lobbying expenditures to influe Total lobbying expenditures (add line Other exempt purpose expenditures Total exempt purpose expenditures to Lobbying nontaxable amount Enter to columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 Grassroots nontaxable amount (enter Subtract line 1g from line 1a Enter Subtract line 1f from line 1c Enter - Output Interes Inter	(election under section 501(h)). (See the instructions for Schedule C for detect of the filing organization belongs to an affiliated group (heck of the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) 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 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 \$225,000 plus 10% of the excess over \$1,500,000 Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1ffrom line 1c Enter -0 - if line f is more than line 2 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reported the subtract line 1 form 1 in the file form 1 in the file form 1 in the file form 2 in the file form 3 in the file form 4 7 2 0 reported the file file file file file file file fil	Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.) Total lobbying expenditures to influence public opinion (grass roots lobbying) Total lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns— If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$1,000,000 Over \$1,000,000 Over \$1,000,000 Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a Enter -0 - if line g is more than line a Subtract line 1 ffrom line 1c Enter -0 - if line g is more than line a Subtract line 1 ffrom line 1c Enter -0 - if line f is more than line c If there is an amount other than zero on either line 1 in or line 1, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount						
b	Lobbying ceiling amount (150% of line 2a, column(e))						
с	Total lobbying expenditures						
d	Grassroots non-taxable amount						
e	Grassroots ceiling amount (150% of line d, column (e))						
f	Grassroots lobbying expenditures						

art II-B	To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form	
	5768 (election under section 501(h)). (See the instructions for Schedule C for details.)	

		(a	1)	(b)
		Yes	No	A mount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		17,250
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		Νo	
i	Other activities If "Yes," describe in Part IV	Yes		54,350
j	Total lines 1c through			71,600
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
Ь	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Par	t III-A To be completed by all organizations exempt under section 501(c)(4),	section	501 (c)(5), or

section 501(c)(6). (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, **question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

2	expenses for which the section 527(f) tax was paid).		
а	Current Year	2a \$	
b	Carryover from last year	2b \$	
c	Total	2c \$	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4 \$	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$	·

Part IV Supplemental Information

Dues, assessments and similar amounts from members

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

Ident if ier	Return Reference	Explanation
· · · · · · · · · · · · · · · · · · ·	Activities	ST JUDE RETAINED SIDLEY AUSTIN FOR FEDERAL POLICY CONSULTING AND SMITH, HARRIS & CARR AND BAKER DONELSON FOR STATE POLICY CONSULTING AMOUNT LISTED IS RETAINER FEES PRORATED FOR DIRECT FEDERAL AND STATE LEGISLATIVE CONTACTS

1 \$

Part IV Supplemental I	nformation	
Ident if ier	Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 62-0646012

Pa	organizations Maintaining Donor A organization answered "Yes" to Form 99		unds or Account	s. Complete if the			
		(a) Donor advised funds	(b) Funds and	other accounts			
1	Total number at end of year						
2	Aggregate Contributions to (during year)						
3	Aggregate Grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		oradvised	┌ Yes ┌ No			
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?						
Pa	rt II Conservation Easements. Complete	ıf the organization answered "Yes" t	o Form 990, Part I	V, line 7.			
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space	historically importai	·				
2	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form	of a conservation ea	sement			
			Held a	t the End of the Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easemen	ts	2b				
c	Number of conservation easements on a certified h	ustoric structure included in (a)	2c				
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d				
3	Number of conservation easements modified, transf	d by the organization	n during				
	*h - * •						

- the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section ┌ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, His	tori	<u>cal Treas</u>	ures, or Othe	<u>er Similar As</u>	sets (continued)
3	Using the organization's accession and other items (check all that apply)	records, check any of th	ie fol	lowing that a	ire a significant ι	ıse of its collec	tıon	
а	Public exhibition	d	Γ	Loan or ex	change programs	•		
b	Scholarly research	e	Γ	O ther				
c	Preservation for future generations							
4	Provide a description of the organization's co Part XIV	llections and explain hov	v the	y further the	organization's e	xempt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than to					nılar	Г Yes	┌ No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an am				anızatıon answ	ered "Yes" to	Form	990,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ıntermedıary	for c	ontributions	or other assets	not	☐ Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following table				T		
						Ar	nount	
с	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?					│ Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Complete i						4 NF	
4_	Barrana af wasa balana	(a)Current Year (b	Prior	rear (c)	wo Years Back (d)	Three Years Back	(e)Four	Years Back
1a	Beginning of year balance							
b	Contributions							
с	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	r end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment							
С	Term endowment ▶							
3a	Are there endowment funds not in the posses	sion of the organization	thata	are held and	administered for	the		
	organization by						Yes	No
	(i) unrelated organizations		•			3a		
_	(ii) related organizations					3a(
	If "Yes" to 3a(II), are the related organization	•				3	ь	
4	Describe in Part XIV the intended uses of the tVI Investments—Land, Buildings				Dawk V. June 10			
Раг	t VI Investments—Land, Buildings	s, and Equipment. S						
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) B	ook value
1a l	and							
	Buildings				614,775,045	245,135,53	5 3	69,639,510
c l	easehold improvements							
d E	Equipment				240,132,180	144,078,01	0	96,054,170
	Other				1,545,934	1,177,52	1	368,413
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, column (B)	, line	10(c).) .			4	66,062,093
						Schedule I) (Form	990) 200

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 1	2.	
(a) Description of security or cateory	(b) Book value		d of valuation
(including name of security) Financial derivatives and other financial products		Cost or end-or	-year market value
Closely-held equity interests			
Other			
o their			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	-		
Day VIII Investments Dressen Polated	Can Form 000 Part V June	12	
Part VIII Investments—Program Related.			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	F		
Part IX Other Assets. See Form 990, Part X			T
	cription		(b) Book value
INTEREST IN NET ASSETS OF AMERICAN LEBANES	E SYRIAN ASSOCIATED CHA	RITIES, INC	1,715,855,818
UNAMORTIZED BOND ISSUANCE COSTS			1,501,576
Total. (Column (b) should equal Form 990, Part X, col.(B) II			1,717,357,394
Part X Other Liabilities. See Form 990, Pa		<u> </u>	1
(a) Description of Liability	(b) A mount		
Federal Income Taxes			
SELF INSURANCE LIABILITY	1,279,000		
WORKMEN'S COMPENSATION	813,000		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,092,000		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	551,415,59
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	562,751,19
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-11,335,59
4	Net unrealized gains (losses) on investments	4	-240,03
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-297,141,71
9	Total adjustments (net) Add lines 4 - 8	9	-297,381,74
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-308,717,34
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	172,081,77
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	-240,03
3	Subtract line 2e from line 1	3	172,321,80
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	379,093,79
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	551,415,59
	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements		
1 2	Total expenses and losses per audited financial statements	1	562,751,19
a	Donated services and use of facilities		
a b	Prior year adjustments	•	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	562,751,19
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	562,751,19

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

Part XIV Supplemental Information

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

Part X	Description of Uncertain Tax Positions Under FIN 48	IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 ("FIN 48") FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN A COMPANY'S FINANCIAL STATEMENTS AND PRESCRIBES A
		RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES GUIDANCE ON DESCRIPTION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION FIN 48 WAS ORIGINALLY EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2006 IN DECEMBER 2008, THE FASB ISSUED FASB STAFF POSITION (FSP) FIN 48-3, EFFECTIVE DATE OF FASB INTERPRETATION NO 48 FOR CERTAIN NONPUBLIC ENTERPRISES FSP FIN 48-3 PERMITS AN ENTITY WITHIN ITS SCOPE TO DEFER THE EFFECTIVE DATE OF FASB INTERPRETATION 48 (INTERPRETATION 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, TO ITS ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008 THE HOSPITAL HAS ELECTED TO DEFER THE APPLICATION OF INTERPRETATION 48 FOR THE YEAR ENDING JUNE 30, 2009 THE HOSPITAL EVALUATES ITS UNCERTAIN TAX POSITIONS USING THE PROVISIONS OF FASB STATEMENT
Part XI, Line 8 - O ther Adjustments	5	CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF ALSAC -182156878 CHANGE IN INTEREST IN NET ASSETS OF ALSAC -132459895 NET ASSETS TRANSFERRED FROM ALSAC 17475057
Part XII, Line 4b - Other Adjustments		NET SUPPORT RECEIVED FROM ALSAC 380735099 LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT - 1641302

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493117002080

2008

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public **Inspection**

Name of the organization					Employer ide	entification number	
ST JUDE CHILDREN'S RESEA	ARCH HOSPITAI	LINC			62-064601	2	
Part I General Infor	mation on A	ctivities Outsi	de the United States	s. Complete			
"Yes" to Form 9			ac the children clare.	or complete	on the organ	nzadon anowerea	
1 For grantmakers. Do	es the organiza	ation maintain r	ecords to substantiate	the amount	of the grant	s or	
assistance, the grante	es' eligibility fo	or the grants or	assistance, and the se	lection crite	rıa used to a	ward	
the grants or assistan	ce					┌ Yes ┌ No	
2 For grant makers. Descri United States	be in Part IV the	organization's pi	ocedures for monitoring th	he use of grai	nt funds outsic	le the	
3 Activites per Region (U	se Schedule F-1	(Form 990) If ad	ditional space is needed)				
(a) Region	(a) Region (b) Number of offices in the region region (c) Number of employees or agents in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) (e) If activity in the sequence of the region is a program describe spector of the region.						
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATIO TRAINING		624,196	
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATIO TRAINING	NAND	523,027	
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	PROGRAM SERVICES	EDUCATIO TRAINING	NAND	17,887	
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	EDUCATIO TRAINING	NAND	1,303,446	
RUSSIA AND NEWLY INDEPENDENT STATES	0		PROGRAM SERVICES	EDUCATIO TRAINING		15,340	
SOUTH AMERICA	0		PROGRAM SERVICES	EDUCATIO TRAINING		617,505	
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATIO TRAINING	N A N D	161,109	

Totals.

3,262,510

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other
	_							
	_							
	_							
	_							-
	_							_
	_							
	_							
	_							
	_							
	_							
	_							
	_							
	_							

	F-1 (Form 990) if a			tea States. Complete	if the organization a	inswered "Yes" to Form	990, Part IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non- cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		+					
		1					
		+					
			•				

Schedule F (Form 990) 2008

Complete this part t	o provide the information required	ın Part I, line 2, and any other additional information.
Identifier	ReturnReference	Explanation

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of non- cash assistance	(h) Description of non-cash assistance	(ı) Method of valuatıon (book, FMV, appraisal, other)
--------------------------	---	------------	-------------------------	------------------------------	------------------------------------	---	--	--

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493117002080

OMB No 1545-0047

Open to Public **Inspection**

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

Hospitals

Name of the organization

Employer identification number

ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 62-0646012 Part I Charity Care and Certain Other Community Benefits at Cost (Optional for 2008) Yes No 1a Does the organization have a charity care policy? If "No," skip to question 6a 1a 1b If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals Applied uniformly to most hospitals Applied uniformly to all hospitals Generally tailored to individual hospitals Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care 3a T 200% Other **b** Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care Зh
 □ 250%
 □ 300%
 □ 350%
 □ 400%
 □ 0ther
 %
 c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 5a Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . 5a **b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? 5b If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care? 5c **6a** Does the organization prepare an annual community benefit report? 6b If "Yes," does the organization make it available to the public? 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Charity Care and Certain Other Community Benefits at Cost (a) Number of (b) Persons **Charity Care and** (d) Direct offsetting (e) Net community benefit activities or (c) Total community (f) Percent of served benefit expense total expense **Means-Tested Programs** programs revenue expense (optional) (optional) Charity care at cost (from worksheets 1 and 2) Unreimbursed Medicaid (from worksheet 3, column a) Unreimbursed costs-other means-tested government programs (from worksheet 3, column b) d Total Charity Care and Means-Tested Programs Other Benefits Community health improvement services and community benefit operations (from (worksheet 4) . . . Health professions education (from worksheet 5) . .

Subsidized health services (from worksheet 6) . . Research (from worksheet 7) Cash and in-kind contributions to community groups (from worksheet 8) j Total Other Benefits . . . k Total (line 7d and 7j) . . .

	rt II Community Building activities) (Optional		(b) Persons served (optional)	(c) Total communit	-			(e) Net commur building expens	nity	(f) Percer total expe	nt of
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	· · · · · · · · · · · · · · · · · · ·										
5	Leadership development and training for community members										
- 6	Coalition building Community health improvement										
	advocacy										
8	Workforce development										
9	Other Total							+			
	rt IIII Bad Debt, Medicar	e. & Colle	ction Prac	l tices (Ontional :	or 2008)						
		<u> </u>		() p	<u>,</u>						
Sect	ion A. Bad Debt Expense									Yes	No
1	Does the organization report by Statement No. 15?			dance with Heathca	re Financia	ıl Manaç	emer	nt Association	1		
2	Enter the amount of the organ			e (at cost)		2	•				
3	Enter the estimated amount o	_			•	3					
_	attributable to patients eligible								1		
4	Provide in Part VI the text of t In addition, describe the costi for including other bad debt ar	ng methodolo	ogy used in d	etermining the amo				•			
Sect	ion B. Medicare					1					
5	Enter total revenue received f					. 5			1		
6	Enter Medicare allowable cost					. 6			-		
7 8	Enter line 5 less line 6—surp Describe in Part VI the extent the costing methodology or so following methods was used	to which any	shortfall rep	orted on line 7 sho	uld be trea				-		
	Cost accounting system	Γc	ost to charge	e ratio	C O ther						
Sect	ion C. Collection Practices										
9a	Does the organization have a	written debt o	collection pol	ıcy?					9a		
9b Pa	If "Yes," does the organization patients who are known to quart IV Management Com	lify for charit	y care or fina	ncial assistance? I	Describe in	Part V I			9b		_
	(a) Name of entity	(b) Description activity of		profit ^c	anizatio % or sto ership %	ck	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	profit	Physiciar :% orsto iership %	oc k
1											
2							\top				
							+				
4											
5							+				
							_				
6											
7											
8											
9											
10											
11							\dashv				
12		+					+				
13							+				
14							+				
		İ									

Part V Facility Information (Required for 2008)									
Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Ortical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS,TN 381053678			х			х			SEE SCHEDULE O

P	art VI S	Supplemental Information (Optional for 2008)
Со	mplete this	part to provide the following information
1	Provide th	e description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b
_		
_		
_		
_		
_		
_		
2	Needs Ass	essment. Describe how the organization assesses the health care needs of the communities it serves
_		
_		
3		lucation of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be atient care about their eligibility for assistance under federal, state, or local government programs or under the organization's re policy
_		
4		y Information. Describe the community the organization serves, taking into account the geographic area and demographic its it serves
_		
5		y Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health munities the organization serves
6		y other information important to describing how the organization's hospitals or other health care facilities further its exempt y promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
_		
_		
7		nization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in the health of the communites served
_		
8	Ifapplicab	le, identify all states with which the organization, or a related organization, files a community benefit report

DLN: 93493117002080

OMB No 1545-0047

2008

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization

ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Employer identification number

Pa	rt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the approprate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III					
	First class or charter travel		Housing allowance or residence for personal use			
	▼ Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	<u> </u>	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N	•		1b	Yes	
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	У			
	Compensation committee	<u> - - - - - - - - - -</u>				
	Independent compensation consultant	□	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control p	payment	t?	4a	Yes	
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
Ь	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in in Part III					No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
WILLIAM E EVANS	(1) (11)			134,949		36,683	742,718	
JAMES R DOWNING	(1) (11)			87,036		22,381	611,267	
MICHAEL CANARIOS	(1) (11)			13,041	23,359	24,881	375,475	
MICHAEL B KASTAN	(ı) (ıı)			202,375	19,330	22,381	705,748	
JOSEPH H LAVER	(ı) (ıı)		71,800	29,859	3,465	32,099	439,432	
LARRY KUN	(ı) (ıı)		8,515	105,701		39,889	718,562	
STEPHEN SHOCHAT	(1) (11)			31,273		24,881	572,412	
JAMES BOYETT	(ı) (ıı)		7,500	332,076 20,800		40,375	727,011 20,800	159,92
LESLIE ROBISON	(I) (II)		7,500	2,895	21,546	1,881	471,467	
JESSE JENKINS	(1) (11)		7,500	160,749		1,552	437,777	
MARK BARNES	(1) (11)		101,365	84,231	23,750	31,349	485,211	
JOSEPH MIRRO	(1) (11)			57,790		32,081	1 446,882	
ARTHUR NIENHUIS	(1) (11))	7,500	8,232		21,482	398,516	
	(ii)		'	<u> </u>				1
	(i)		 	+				1
	(ii)		<u></u> '	<u> </u>			<u></u>	<u> </u>

Part III Supplemental Information

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

	•	a the information, explanation, or descriptions required for the start of the start
Ident if ier	Ret urn Ref erence	Explanation
		FIRST CLASS OR CHARTER TRAVEL - ONE OFFICER FLEW ON ONE CHARTER FLIGHT FOR BUSINESS PURPOSES THE CHARTER FLIGHT WAS LESS EXPENSIVE THAN COMMERCIAL COACH TRAVEL FOR THE GROUP OF EMPLOYEES ATTENDING THIS BUSINESS MEETING THIS EXPENSE WAS NOT TREATED AS COMPENSATION TO THE OFFICER/EMPLOYEES TRAVEL FOR COMPANIONS - FAMILY MEMBER OF WILLIAM E EVANS, DIRECTOR AND CEO, AND EMPLOYEE OF THE HOSPITAL, TRAVELS ON HOSPITAL BUSINESS AS REQUIRED BY THE POSITION TRAVEL EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN AND NOT RECORDED AS COMPENSATION TAX INDEMNIFICATIONS AND GROSS-UP PAYMENTS - THREE OFFICERS WERE REIMBURSED GROSS UP DEPENDENT TUITION WHICH IS INCLUDED AS COMPENSATION TO THE OFFICERS HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - WILLIAM E EVANS, DIRECTOR AND CEO, IS REIMBURSED \$9,600 ANNUALLY FOR COUNTRY CLUB DUES THESE DUES ARE TREATED AS COMPENSATION TO THE OFFICER
		MARK BARNES, EVP/CAO, CEASED EMPLOYMENT WITH ST JUDE ON JULY 1, 2008 MR BARNES RECEIVED CERTAIN AMOUNTS FOR COMPENSATION AND OTHER REIMBURSEMENTS DURING CALENDAR YEAR 2008 TO MEET THE REQUIREMENTS CONTAINED IN AGREEMENTS WITH THE EMPLOYEE THESE REQUIREMENTS INCLUDED PURCHASE OF HIS RESIDENCE ASSOCIATED WITH HIS TRANSITION FROM ST JUDE THE AMOUNTS PAID TO MR BARNES DURING THE YEAR TOTALED \$161,134 AND ARE REPORTED ON SCHEDULE J, PART II, COL (B)(II) BONUS & INCENTIVE COMPENSATION AND ON SCHEDULE J, PART II, COL (B)(III) OTHER COMPENSATION PART II, LINE 45 ALL EMPLOYEES LISTED IN PART VII AND SCHEDULE J PARTICIPATE IN ST JUDE'S 457 NONQUALIFIED RETIREMENT PLAN EXCEPT FOR THE FOLLOWING 1 STEPHEN SHOCHAT, NO LONGER ELIGIBLE TO PARTICIPATE, 2 ARTHUR NIENHUIS, (FORMER OFFICER) NO LONGER ELIGIBLE TO PARTICIPATE, 3 JAMES BOYETT, PLAN BENEFIT FULLY PAID OUT, 4 JESSE JENKINS, PLAN BENEFIT FULLY PAID OUT, 5 MARK BARNES (FORMER EMPLOYEE), NO LONGER ELIGIBLE TO PARTICIPATE IN PLAN
	-	
	+	
	+	
	†	
	-	
	-	
	+ +	
	+ 1	
	+	
	+	

(F) Compensation

Software ID: Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Deferred (D) Nontaxable (E) Total of columns

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(D) Bicakaomi o	I W Z ana/or 1000 Mis	30 compensation	(C) Deletted	(D) Nontaxable	(E) Total of columns	reported in prior Form
		(i) Base (ii) Bonus & (iii) Other compensation		compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ	
WILLIAM E EVANS	(ı) (ıı)	571,086		134,949		36,683	742,718	
JAMES R DOWNING	(ı) (ıı)	501,850		87,036		22,381	611,267	
MICHAEL CANARIOS	(ı) (ıı)	314,194		13,041	23,359	24,881	375,475	
MICHAEL B KASTAN	(ı) (ıı)	461,662		202,375	19,330	22,381	705,748	
JOSEPH H LAVER	(ı) (ıı)	302,209	71,800	29,859	3,465	32,099	439,432	
LARRY KUN	(ı) (ıı)	564,457	8,515	105,701		39,889	718,562	
STEPHEN SHOCHAT	(ı) (ıı)	516,258		31,273		24,881	572,412	
JAMES BOYETT	(ı) (ıı)	347,060	7,500	332,076 20,800		40,375	727,011 20,800	159,926
LESLIE ROBISON	(ı) (ıı)	437,645	7,500	2,895	21,546	1,881	471,467	
JESSE JENKINS	(ı) (ıı)	267,976	7,500	160,749		1,552	437,777	
MARK BARNES	(ı) (ıı)	244,516	101,365	84,231	23,750	31,349	485,211	
JOSEPH MIRRO	(ı) (ıı)	357,011		57,790		32,081	446,882	
ARTHUR NIENHUIS	(ı) (ıı)	361,302	7,500	8,232		21,482	398,516	

DLN: 93493117002080

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

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

Employer identification number

										102 0040	012			
Р	art I Bond Issues (Required	for 2008)								•	_			
	(a) Issuer Name (b) Issuer EIN (c		(c) CUSIP #	(d) Date Issued		(e) Issue Price		(f) Description of Purpose			(g) De	(g) Defeased		On alf of suer
											Yes	No	Yes	No
A	THE COUNTY OF SHELBY IN			12-21-	2006	250,	725,271	\$130 7 MIL INTEGRATI AND (SEE S	D PATIE		:	х		х
Pa	art II Proceeds (Optional for	2008)	•	•				•			•	•		
1	Total Proceeds of Issue			•	Α		В	(<u>C</u>	D		E		
2	Gross Proceeds in Reserve Funds													
3	Proceeds in Refunding or Defeasa	nce Escrows												
4	4 Other Unspent Proceeds													
5	5 Issuance Costs from Proceeds													
6	Working Capital Expenditures fron	n Proceeds												
7	Capital Expenditures from Procee	ds												
8	Year of Substantial Completion									<u>.</u>				
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part of a	a current refunding is:	sue?											
10	Were the bonds issued as part of a	an advance refunding	ıssue?											
11	Has the final allocation of proceed	is been made?												
Does the organization maintain adequate books and records to support the final allocation of proceeds?														
Pa	rt IIII Private Business Use	(Optional for 2008	2)	,						1		_		
					<u> </u>	B		+	С				E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner in a which owned property financed by		ember of an LLC,											
A re there any lease arrangements with respect to the financed property which may result in private business use?														
For	Paperwork Reduction Act Notice, see th			Cat No 501	193E			Sc	hedule K	(Form 99	0) 2008	3		

Schedule K			
Part III	Private Bu	siness Use	(Continued)

		A		В		С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local governmen											
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	Α	E	3	С		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a Were gross proceeds invested in a GIC?											
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5											
	Were any gross proceeds invested beyond an available temporary period?										

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DLN: 93493117002080

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Transactions with Interested Persons

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

Employer identification number

1 (a) Name of disqualifie	person (h) Description			ion of transaction					Cor	ected	
(-,			(b) Des	СПРС		ic tion			<u> </u>	Yes	No
2 Enter the amount of tax imposed on	the organization mana	agers or		sons	during the y	earur	nder	_			
section 4958				•		•		\$ ——			
3 Enter the amount of tax, if any, on li			e organization .	•		•		\$			
Part II Loans to and/or From To be completed by organization			Form 990 Part	T\/ lı	ne 26 or Fa	rm Q	20-E	7 Dart	V line	382	
To be completed by organiza		Tes on	TOTHI 990, Part	1 0 , 11	116 20, 01 10	11111 9	90-L	(f		304	
(a) Name of interested person and	(b) Loan to or from the	(6)0.	riginal principal			(e)		Appr	oved	1	/rıtten
purpose	organization?	(6)01	amount	(d)B	alance due	default?		by board or		agree	ment?
	To From	1				Yes No		Yes No		Yes	No
	10 110111					163	140	163	140	165	110
otal			. ▶ \$								
art IIII Grants or Assistance B											
To be completed by orga					art IV, lin	e 27					
(a) Name of interested person		-	en interested pe anization	rson	(c)A m	ount d	fgra	nt or ty	pe of a	ssista	nce
	and	i the org	amzation		+						
Part IV Business Transactions											
To be completed by orga	nizations that answ	ered "Y	es" on Form 9	90, I	Part IV, lın	e 28	a, 28	b, or	28c.		
	(b) Relationsh			_						e) Sha	_
(a) Name of interested person	between interes person and th		(=,		(d) Descr	escription of transaction		on \mid °	rganız reven		
	organization								 	Yes	No
HE PEABODY HOTEL	ENTITY MORE TH	IAN	237,	699	HOTEL ANI) FAC	ILIT	IES			Νo
	35% OWNED BY				JSAGE						
	BELZ, DIRECTOR										
HAKER RECRUITMENT ADVERTISING OMMUNICATIONS	35% OWNED BY	IAN	/03,	924	ADVERTIS	INGS	ERV	ICES			Νo
	JOSEPH SHAKER	,									
	DIRECTOR										
IARY RELLING	FAMILY MEMBER		311,	909	EMPLOYME	NT					Νo
	WILLIAM E EVAN DIRECTOR AND (
WYN SHEA	FAMILY MEMBER		108.	865	EMPLOYME	NT					Νο
	MICHAEL CANAR		,								
ARK BARNES	SVP/CFO FORMER EVP/CA	${}$	1 710	581	RENTAL OF		IDO M	ITNITIIN	. 		Νο
IAIN DANNES	I ORMER EVP/CA	~	1,/18,		AND PURC			111110	'		1
				ŀ	CONDOMI	NUIN	AS P				
					TRANSACT ON SCHED				'		

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 2008

Inspection

SCHEDULE 0

Department of the Treasury

Internal Revenue Service

(Form 990)

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

Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		FAMILY RELATIONSHIPS AMONG DIRECTORS JOSEPH AYOUB, JR AND PAUL AYOUB, CAMILLE SARROUF, SR AND CAMILLE SARROUF, JR, RICHARD SHADYAC, SR AND RICHARD SHADYAC, JR, GEORGE SIMON II AND PAUL SIMON, TONY THOMAS AND TERRE THOMAS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE BY LAWS WERE AMENDED TO ALLOW THE CREDENTIALS COMMITTEE OF THE BOARD AUTHORITY TO CREDENTIAL PHYSICIANS CONDITIONED ON THE FULL BOARD'S ABILITY TO OVERRIDE THE COMMITTEE'S DECISIONS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		IN NOVEMBER OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES THE AUDIT COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS ADDITIONALLY, THE COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE COMPENSATION SECTIONS OF THE FORM 990 FOR REVIEW BEFORE IT IS FILED WITH THE IRS EACH VOTING MEMBER OF THE BOARD IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES BEFORE IT IS FILED WITH THE IRS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ST JUDE MAINTAINS AN AD HOC CONFLICT OF INTEREST COMMITTEE OF THE BOARD OF GOVERNORS IN ADDITION TO EXTENSIVE EDUCATION OF NEW BOARD MEMBERS ON ST JUDE'S CONFLICT OF INTEREST POLICY, THE EXECUTIVE ADMINISTRATOR TO THE BOARD ACTIVELY MONITORS CONFLICT MANAGEMENT PLANS (WHICH MAY INCLUDE CHANGING VENDORS, DIVESTITURE OF FINANCIAL INTERESTS, AND THE LIKE) TO ENSURE THEY ARE COMPLETED IN A TIMELY FASHION UNDISCLOSED CONFLICTS ARE DISCOVERED, WHERE POSSIBLE, THROUGH THE INSTITUTION'S CONTRACTING PROCESS THIS IS TRUE FOR THE BOARD'S CONFLICT OF INTEREST POLICY AND FOR THE SEPARATE CONFLICT OF INTEREST POLICY APPLICABLE TO ALL FACULTY AND ADMINISTRATION AT THE INSTITUTION (POTENTIAL CONFLICTS AT THE INSTITUTION ARE DISCUSSED AND RESOLVED AT A SENIOR-LEVEL CONFLICTS OF INTEREST COMMITTEE) POTENTIAL RESTRICTIONS RANGE FROM UNWINDING OR PROHIBITING A TRANSACTION, TO PREVENTING SOMEONE FROM PARTICIPATING IN A DELIBERATION, TO SIMPLE DISCLOSURE TO THE BOARD OF THE CONFLICTING INTEREST, DEPENDING ON THE FACTS AND CIRCUMSTANCES OF THE CONFLICT

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD COMMISSIONS BIANNUAL THIRD PARTY SALARY SURVEYS

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE FOR PUBLIC INSPECTION FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST

Identifier Reference		Explanation					
Schedule H, Part V, Facılıty Information	"Other" Column	PHARMACY, ANATOMIC PATHOLOGY LAB, CLINICAL PHARMACOKINETICS LAB, CLINICAL PATHOLOGY LAB					

ldentifier	Return Reference	Explanation
ISCHEDILEK PARTI	· ·	COUNTY OF SHELBY TN (f) Description of Purpose RESEARCH FACILITY, \$118 3 MILLION TO ADVANCE REFUND A PORTION OF THE SERIES 1999 BONDS

DLN: 93493117002080

2008

OMB No 1545-0047

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SCHEDULE R (Form 990)

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

Department of the Treasury ► See separate instructions. Internal Revenue Service

Name of the organization Employer identification number ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 62-0646012

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 62-0646012	BIOLOGICS MANUFACTURER	TN	-1,652,759	286,864	N/A
MEMPHIS, TN 381053678 62-0646012	ROYALTY INCOME FROM BOOK SALES	TN		10,658	N/A
262 DANNY THOMAS PLACE	ROYALTY INCOME FROM BOOK SALES	NY	1,185		N/A
(A) Name, address, and EIN of disregarded entity (B) Primary activity Legal domicile (state or foreign country) CHILDREN'S GMP LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 62-0646012 THANKS & GRIVING LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 381053678 C2-0646012 THE RICHT WORDS LIC 262 DANNY THOMAS PLACE MEMPHIS, TRI 3810					
(A) Name, address, and EIN of related organization					Direct controlling

rate 1 dentification of Related 14x Exempt organization					
(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
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC 501 ST JUDE PLACE MEMPHIS, TN381050000 35-1044585	SOLICIT SUPPORT FOR THE OPERATIONS OF ST JUDE	IL	501(c)(3)	170(b)(1)(A)(iv)	NA

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V	Transactions with Related Organizations
	Transactions with Related organizations

Transactions with Related Organizations			
te. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
g the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
t, grant, or capital contribution to other organization(s)	1b		No
t, grant, or capital contribution from other organization(s)	1c	Yes	
ans or loan guarantees to or for other organization(s)	1d		No
ans or loan guarantees by other organization(s)	1e		No
le of assets to other organization(s)	1f		No
			No
	1h		No
ise of facilities, equipment, or other assets to other organization(s)	1i		No
ase of facilities, equipment, or other assets from other organization(s)	1i	Yes	+
	1k		No
	11	Yes	+
aring of facilities, equipment, mailing lists, or other assets	1m		No
arıng of paid employees	1 n		No
imbursement paid to other organization for expenses	10	Yes	+
imbursement paid by other organization for expenses	1р	Yes	
her transfer of cash or property to other organization(s)	10		No
ner transfer of cash or property from other organization(s)	1r	Yes	
	Le. Complete line 1 if any entity is listed in Parts II, III or IV go the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? ceipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity t, grant, or capital contribution to other organization(s) t, grant, or capital contribution from other organization(s) ans or loan guarantees to or for other organization(s) ans or loan guarantees by other organization(s) e of assets to other organization(s) rechase of assets from other organization(s) change of assets se of facilities, equipment, or other assets to other organization(s) fromance of services or membership or fundraising solicitations by other organization(s) formance of services or membership or fundraising solicitations by other organization(s) aring of facilities, equipment, mailing lists, or other assets aring of paid employees	e. Complete line 1 if any entity is listed in Parts II, III or IV p the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Cept of (i) Interest (ii) annuties (iii) royalites (iv) rent from a controlled entity Late La	e. Complete line 1 if any entity is listed in Parts II, III or IV proposed that a year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Italian is, grant, or capital contribution to other organization(s) proposed iii) interest (iii) annuities (iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) royalties (iv) rent from a controlled entity proposed iiii) proposed iii) proposed iii) proposed iii) proposed

 If the answer to any of the above is	res,	see the instructions for information on who r	nust complete this line,	including covered relationsh	ps and transaction thresholds
		,		(=)	1

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	С	380,735,099
(2)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	J	1,529,494
(3)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	L	380,735,099
(4)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	0	340,116
(5)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	Р	1,504,875
(6)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	R	17,475,057

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Software ID: Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	С	380,735,099
(2)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	J	1,529,494
(3)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	L	380,735,099
(4)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	0	340,116
(5)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	P	1,504,875
(6)	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	R	17,475,057