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Form 990   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2009</b>
		<b>Open to Public Inspection</b>

<b>A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC		<b>D</b> Employer identification number  62-0646012
		Doing Business As		<b>E</b> Telephone number  (901) 595-2261
		Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 590,166,135
		262 Danny Thomas Place		
		City or town, state or country, and ZIP + 4 Memphis, TN 381053678		
<b>F</b> Name and address of principal officer William E Evans 262 Danny Thomas Place Memphis, TN 381053678		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
		<b>H(c)</b> Group exemption number ▶		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J Website:</b> ▶ www.stjude.org				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation 1959	
			<b>M</b> State of legal domicile TN	

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities St Jude Children's Research Hospital is a research, treatment and education center whose mission is to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment Consistent with the founder, Danny Thomas, no child is denied treatment based on race, religion or a family's ability to pay		
	<b>2</b>	Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	46
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	41
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	4,025
<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	604	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-2,650
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	463,064,230	497,346,239
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	81,712,224	83,759,361
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,668,890	-71,966
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	8,308,034	8,851,455
			551,415,598	589,885,089
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .		0
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	293,991,208	313,143,592
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	268,759,987	281,780,339
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	562,751,195	594,923,931
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	-11,335,597	-5,038,842
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	<b>20</b>	Total assets (Part X, line 16) . . . . .	2,229,775,418	2,440,966,547
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	322,762,005	317,696,642
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,907,013,413	2,123,269,905

<b>Part II</b>	<b>Signature Block</b>
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<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	Signature of officer		2011-05-03 Date	
	MICHAEL C CANARIOS SVP & CFO Type or print name and title			

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	DELOITTE TAX LLP 100 PEABODY PLACE STE 800 MEMPHIS, TN 38103		EIN ▶
				Phone no ▶ (901) 322-6700

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

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization's mission

St Jude Children's Research Hospital is a research, treatment and education center whose mission is to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment Consistent with the founder, Danny Thomas, no child is denied treatment based on race, religion or a family's ability to pay

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 286,874,360 including grants of \$ ) (Revenue \$ )

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

4b

(Code ) (Expenses \$ 6,588,045 including grants of \$ ) (Revenue \$ )

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

4c

(Code ) (Expenses \$ 274,815,111 including grants of \$ ) (Revenue \$ 83,759,361 )

Patient Care THE HOSPITAL PROVIDED 15,412 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 3,705 OR 24% OF THOSE INPATIENT DAYS PATIENTS MADE 63,527 CLINIC VISITS DURING THE YEAR

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses

\$ 568,277,516

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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 similar funds or 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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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 U S ? If "Yes," complete Schedule F, Part II	15	No
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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	Yes

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a724	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c			Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a4,025	2b	Yes
	b			
3a			Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	
b			If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	
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)? . . . . .	
b			If "Yes," enter the name of the foreign country: <input type="text"/> 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? . . . . .	
b			Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	
c			If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	
6a			Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	
b			If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	
7 Organizations that may receive deductible contributions under section 170(c).				
a			Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	
b			If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	
c			Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	
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? . . . . .	
f			Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	
g			For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	
h			For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	
8			Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	
9			Sponsoring organizations maintaining donor advised funds.	
a			Did the organization make any taxable distributions under section 4966? . . . . .	
b			Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	
10 Section 501(c)(7) organizations. Enter				
a			Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	
b			Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter				
a			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?	
b			If "Yes," enter the amount of tax-exempt interest received or accrued during the year	

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . . . .	1a	46	
b	Enter the number of voting members that are independent . . . . .	1b	41	
2	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	
3	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
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a	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? . . . . .	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	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?			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	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
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
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

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

• 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

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

Form **990** (2009)



<b>1b</b>	<b>Total</b> . . . . .	6,662,090	229,454	258,989
-----------	------------------------	-----------	---------	---------

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶384

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b> Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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
CERNER CORP PO BOX 412702 KANSAS CITY, MO 641412702	Consulting	5,688,926
METHODIST HLTHCARE MPHS HOS PO BOX 75947 CHARLOTTE, NC 282755957	Medical	5,626,705
UT MEDICAL GROUP INC 70 N PAULINE MEMPHIS, TN 38105	Medical	4,176,207
university of tennessee 62 S DUNLAP RM 300 MEMPHIS, TN 38163	Medical	3,769,628
OSFST FRANCIS MED CENTER 530 NE GLEN OAK AVE PEORIA, IL 61637	Medical	3,679,316

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶137

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c					
	d	Related organizations . . . .	1d	408,161,189				
	e	Government grants (contributions)	1e	77,404,635				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,780,415				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		497,346,239				
Program Service Revenue			Business Code					
	2a	Patient Care	621,110	83,759,361	83,759,361			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		83,759,361				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .						
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties . . . . .						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			143,828	65,252				
			114,371	166,675				
			29,457	-101,423				
	d	Net gain or (loss) . . . . .		-71,966	-71,966			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
			b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a					
b			Less direct expenses . . . . .	b				
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .	a						
		b	Less cost of goods sold . . . . .	b				
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Patents/Licensing Inco	900,099	2,733,986	2,733,986				
b	Cafeteria/Vending	722,212	2,689,966	2,689,966				
c	CHGME/CHCA	900,099	1,578,938	1,578,938				
d	All other revenue . . . . .		1,848,565	1,848,565				
e	Total. Add lines 11a-11d . . . . .		8,851,455					
12	Total revenue. See Instructions . . . . .		589,885,089	92,538,850	0	0		

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 . . . . .	3,136,539	1,894,910	1,241,629	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	236,507,709	226,428,053	10,079,656	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	15,233,898	14,568,409	665,489	
9	Other employee benefits . . . . .	42,044,706	40,172,406	1,872,300	
10	Payroll taxes . . . . .	16,220,740	15,463,626	757,114	
11	Fees for services (non-employees)				
a	Management . . . . .	4,135,715	3,565,165	570,550	
b	Legal . . . . .	1,537,773	906,007	631,766	
c	Accounting . . . . .	226,092	58,852	167,240	
d	Lobbying . . . . .	29,000	29,000		
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	69,339,877	67,402,934	1,936,943	
12	Advertising and promotion . . . . .	633,561	495,659	137,902	
13	Office expenses . . . . .	2,005,847	1,858,109	147,738	
14	Information technology . . . . .	10,276,516	9,288,173	988,343	
15	Royalties . . . . .				
16	Occupancy . . . . .	15,927,146	13,697,346	2,229,800	
17	Travel . . . . .	9,201,600	8,991,889	209,711	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,180,563	1,111,734	68,829	
20	Interest . . . . .	10,925,174	10,906,654	18,520	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	61,030,420	58,976,505	2,053,915	
23	Insurance . . . . .	1,310,116		1,310,116	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Supplies	79,000,659	78,103,818	896,841	
b	Telephone	1,187,658	1,061,779	125,879	
c					
d					
e					
f	All other expenses	13,832,622	13,296,488	536,134	
25	Total functional expenses. Add lines 1 through 24f	594,923,931	568,277,516	26,646,415	0
26	Joint costs. Check here <input type="checkbox"/> 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 Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			15,100	1	6,602,155
	2	Savings and temporary cash investments . . . . .			12,996,195	2	10,752,450
	3	Pledges and grants receivable, net . . . . .			6,062,280	3	8,044,487
	4	Accounts receivable, net . . . . .			14,303,156	4	14,294,962
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 . . . . .			3,378,972	8	4,107,758
	9	Prepaid expenses and deferred charges . . . . .			6,797,185	9	13,870,573
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	887,308,089			
	b	Less accumulated depreciation . . . . .	10b	445,531,526	466,062,093	10c	441,776,563
	11	Investments—publicly traded securities . . . . .			1,134,652	11	1,264,640
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			1,719,025,785	15	1,940,252,959
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,229,775,418	16	2,440,966,547
Liabilities	17	Accounts payable and accrued expenses . . . . .			72,267,954	17	71,047,212
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			4,043,318	19	5,330,877
	20	Tax-exempt bond liabilities . . . . .			244,358,733	20	239,523,268
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			2,092,000	25	1,795,285
	26	Total liabilities. Add lines 17 through 25 . . . . .			322,762,005	26	317,696,642
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			1,283,550,029	27	1,423,253,486
	28	Temporarily restricted net assets . . . . .			32,643,135	28	37,242,519
	29	Permanently restricted net assets . . . . .			590,820,249	29	662,773,900
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			1,907,013,413	33	2,123,269,905
	34	Total liabilities and net assets/fund balances . . . . .			2,229,775,418	34	2,440,966,547

**Part XI**   **Financial Statements and Reporting**

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts 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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

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

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b**33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joyce Aboussie Director	6 50	X						0	0	0
Thomas G Abraham Director	6 50	X						0	0	0
Susan Mack Aguiard MD Director	6 50	X						0	0	0
Mahir Awdeh MD Director	6 50	X						0	0	0
Joseph S Ayoub Jr Esq Director	6 50	X						0	0	0
Paul J Ayoub Esq Director	6 50	X						0	0	0
James K Barkate Director	6 50	X						0	0	0
Martha Perine Beard Director	6 50	X						0	0	0
Kathie Berlin Director	6 50	X						0	30,000	0
Sheryl Bourisk Director	6 50	X						0	0	0
Robert A Breit MD Director	6 50	X						0	0	0
Terry Burman Director	6 50	X						0	0	0
Stephen J Camer MD Director	6 50	X						0	0	0
Tony Charaf Director	6 50	X						0	0	0
Michael Driebe Director	6 50	X						0	0	0
Ed Eissey PhD Director	6 50	X						0	0	0
Fred P Gattas Jr Director	6 50	X						0	0	0
Fred P Gattas III Director	6 50	X						0	0	0
Christopher George MD Director	6 50	X						0	0	0
Judy Habib Director	6 50	X						0	0	0
Paul K Hajar Director	6 50	X						0	0	0
Chuck Hajjar Director	6 50	X						0	0	0
Fred R Harris Director	6 50	X						0	0	0
Bruce B Hopkins Director	6 50	X						0	0	0
Richard Ieyoub Director	6 50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Richard Karam Esq Director	6 50	X						0	0	0
Salli LeVan Director	6 50	X						0	0	0
Paul Marcus Director	6 50	X						0	0	0
Jim Naifeh Jr Director	6 50	X						0	0	0
Talat M O thman Director	6 50	X						0	0	0
Thomas Penn III Director	6 50	X						0	0	0
Manal Saab Director	6 50	X						0	0	0
Camille F Sarrouf Sr Esq Director	6 50	X						0	0	0
Camille F Sarrouf Jr Esq Director	6 50	X						0	0	0
Joseph G Shaker Director	6 50	X						0	0	0
George A Simon II Director	6 50	X						0	0	0
Paul J Simon Director	6 50	X						0	0	0
Edward Soma Director	6 50	X						0	0	0
Terre Thomas Director	6 50	X						0	0	0
Tony Thomas Director	6 50	X						0	0	0
Pat Kerr Tigrett Director	6 50	X						0	0	0
Richard M Unes Director	6 50	X						0	0	0
Paul H Wein Esq Director	6 50	X						0	0	0
Tom Wertz Director	6 50	X						0	0	0
Ramzi Younis MD Director	6 50	X						0	0	0
Tama Zaydon Director	6 50	X						0	0	0
Raymond J Zoghby Director	6 50	X						0	0	0
Richard C Shadyac Jr Ex-officio Director	1 00	X						0	199,454	506
William E Evans Director/CEO and Ex-officio Dir	55 00	X		X				783,379	0	12,159
James R Downing EVP/Scientific Director	55 00			X				639,747	0	13,223

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael C Canarios SVP/CFO	55 00			X				407,138	0	39,918
Michael B Kastan EVP/Dir. Cancer Center	55 00			X				538,469	0	52,065
Joseph H Laver EVP/Clinical Director	55 00			X				566,034	0	39,905
Larry E Kun Chair/Faculty	55 00					X		742,771	0	15,402
George B Bikhazi Faculty	55 00					X		647,466	0	13,070
James N Ihle Chair/Faculty	55 00					X		557,187	0	1,394
Stephen J Shochat Faculty	55 00					X		575,414	0	15,671
Leslie L Robison Chair/Faculty	55 00					X		467,386	0	35,575
Joseph Mirro FORMER EVP/Physician Relations	0 00						X	312,072	0	7,041
Arthur Nienhuis FORMER DIRECTOR	55 00						X	425,027	0	13,060

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

Employer identification number

62-0646012

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 

☐ Yes ☐ No
- 4a

Was a correction made? 

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? 

☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
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			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		15,500
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV	Yes		13,500
j Total lines 1c through 1i				29,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	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?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
		2a	
		2b	
		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 (see instructions)	5	

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B, Line 1	Explanation of Other Lobbying Activities	St. Jude retained Sonnenschein, Nath and Rosenthal for federal policy consulting and Smith, Harris and Carr for state policy consulting. Amount listed is retainer fees prorated for direct federal and state legislative contacts.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Part I

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

	(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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
4	Number of states where property subject to conservation easement is located ▶ _____
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
	(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
	(ii) Assets included in Form 990, Part X ▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a	Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
b	Assets included in Form 990, Part X ▶ \$ _____



Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		620,156,731	277,886,401	342,270,330
c Leasehold improvements . . . . .				
d Equipment . . . . .		261,530,883	165,926,817	95,604,066
e Other . . . . .		5,620,475	1,718,308	3,902,167
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				441,776,563



Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1589,885,089
2	Total expenses (Form 990, Part IX, column (A), line 25)	2594,923,931
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-5,038,842
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8221,295,334
9	Total adjustments (net) Add lines 4 - 8	9221,295,334
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10216,256,492

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	1181,825,323
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	3181,825,323
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b408,059,766	
c	Add lines 4a and 4b . . . . .	4c408,059,766
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5589,885,089

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	1594,923,931
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities . . . . .2a	
b	Prior year adjustments . . . . .2b	
c	Other losses . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d	
e	Add lines 2a through 2d . . . . .	2e0
3	Subtract line 2e from line 1 . . . . .	3594,923,931
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .4a	
b	Other (Describe in Part XIV) . . . . .4b	
c	Add lines 4a and 4b . . . . .	4c0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5594,923,931

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		change in interest in unrestricted net assets ALSAC 221295334
Part XII, Line 4b - Other Adjustments		Net Support received from ALSAC 408161189 Loss from disposal of property and equipment -101423
		PART X, Line 2 - THE HOSPITAL ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES (FORMERLY FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO. 109) ON JULY 1, 2009. APPLICATION OF ASC TOPIC 740 TO A TAX-EXEMPT ORGANIZATION IS PRIMARILY DIRECTED AT THE CHARACTERIZATION OF INCOME AS TAX EXEMPT (RELATED OR EXCLUDED EXEMPT FUNCTION INCOME) AND/OR TAXABLE AS UNREALTED BUSINESS INCOME AS DEFINED IN THE CODE. THE HOSPITAL EVALUATED THE EFFECT OF ASC TOPIC 740 AND DETERMINED THAT NO ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL STATEMENTS WERE REQUIRED UPON THE ADOPTION OF ASC TOPIC 740 ON JULY 1, 2009. AS OF JUNE 30, 2010, THE HOSPITAL HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740 REQUIRING ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL STATEMENTS. IN THE EVENT THE HOSPITAL WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS INTEREST EXPENSE FOR INTEREST AND MISCELLANEOUS FOR PENALTIES. GENERALLY, TAX YEARS 2006 THROUGH 2009 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

**SCHEDULE F**  
**(Form 990)**

## Statement of Activities Outside the United States

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

# 2009

### Open to Public Inspection

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

Employer identification number

62-0646012

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

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

**2 For grant makers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America & the Caribbean			Program services	Education and Training	696,491
East Asia and the Pacific			Program services	Education and Training	347,152
Europe (including Iceland & Greenland)			Program services	Education and Training	830
Middle East and North Africa			Program services	Education and Training	715,699
North America			Program services	Education and Training	175,200
Russia & the Newly Independent States			Program services	Education and Training	5,275
South America			Program services	Education and Training	623,578
<b>Totals . . . . . ▶</b>	0	0			2,564,225

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

[illegible]

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

[illegible]

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

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

**Employer identification number**  
62-0646012

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____</div>	3a		No
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____</div>	3b		No
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	Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Does the organization prepare an annual community benefit report? . . . . .	6a		No
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				

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .			34,725,290		34,725,290	5 840 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			96,483,238	28,000,000	68,483,238	11 510 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Charity Care and Means-Tested Government Programs . . . . .			131,208,528	28,000,000	103,208,528	17 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			699,060		699,060	0 120 %
f Health professions education (from Worksheet 5) . . . .			5,573,217	308,603	5,264,614	0 880 %
g Subsidized health services (from Worksheet 6) . . . .			4,598,603		4,598,603	0 770 %
h Research (from Worksheet 7)			258,803,166	2,733,986	256,069,180	43 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			22,379,524		22,379,524	3 760 %
j Total Other Benefits . . . .			292,053,570	3,042,589	289,010,981	48 570 %
k Total. Add lines 7d and 7j . . . .			423,262,098	31,042,589	392,219,509	65 920 %



Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development		105,000		105,000	0.020 %
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total		105,000		105,000	0.020 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,709,800
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	931,449
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,219,524
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-288,075
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

See additional data

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

See additional data

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )

See additional data

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**Additional Data**

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

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 3c All children are treated at St Jude Children's Research Hospital regardless of race, religion, or ability to pay A billing system is maintained for each patient, but bills are not sent to any patient If the patient has insurance, the hospital bills the patient's health insurance plan By collecting insurance payments that would be due had the patient received treatment at nearly any other hospital in the country, and with the assistance of St Jude donors, St Jude has been able to use our financial resources to conduct cutting-edge research and cover treatments, copays, deductibles, and coinsurance that are not covered by insurance Thus, any legal obligation of payment for a patient's costs that are not covered by insurance is covered by the generous assistance of St Jude donors with the result that St Jude does not ask a patient to pay The method of applying for financial assistance at St Jude is universal and conforms to the principles stated All St Jude patients receive the same financial assistance St Jude does not pursue collection efforts against any patient family

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 7 Cost-to-charge ratio derived from Worksheet 2, Ratio of Patient Care Cost to Charges

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 4 Net Patient Service Revenues and Receivables--Net patient service revenue is reported at the estimated net realizable amounts from third-party payors for services rendered, including estimated retroactive revenue adjustments (if necessary) due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Patient accounts receivable has been reduced by an allowance for uncollectible accounts totaling approximately \$3,400,000 and \$2,500,000 in 2010 and 2009, respectively. The same costing methodology was used for charity care, means-tested government programs, bad debt, and Medicare--the ratio of patient care costs to total patient charges.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 St Jude does not consider the Medicare shortfall a community benefit

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part III, Line 9b Collection policies are the same for all patients Any legal obligation of payment for a patient's costs that are not covered by insurance is covered by the generous assistance of St Jude donors with the result that St Jude does not ask a patient to pay



Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part V	'OTHER' COLUMN	PHARMACY, ANATOMIC PATHOLOGY LAB, CLINICAL PHARMACOKINETICS LAB	CLINICAL PATHOLOGY LAB
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**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part 1, Line 7a--For FY10, charity care is reported at charges in the audited financial statements and at cost on Schedule H

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part 1, Line 7b--For FY10, Unreimbursed Medicaid is reported at charges in the audited financial statements and at cost on Schedule H  
Medicaid patient revenue includes settlement of prior-year cost reports

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part I, Line 7c--CHIPS is included in Unreimbursed Medicaid because in many states the CHIPS programs are managed by the same third party administrators and it is difficult to distinguish between CHIPS vs Medicaid coverage

**Form 990 Schedule H, Part VI - Supplemental Information, Line 1**

Part 1, Line 7g--Subsidized Health Services include expenses incurred when a hospital department assists St Jude patients in securing diagnosis-related medical care and services not offered at St Jude (\$4,176,999) They include expenses for take-home supplies provided to St Jude patients at no cost to them or their insurance company (\$232,854) They also include expenses for 755 pathology consults provided to patients at no cost to them or their insurance company (\$188,750)

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**  
**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

Part VI, Line 2 In 1962, St Jude Children's Research Hospital opened with a mission to advance cures, and means of prevention, for pediatric catastrophic diseases through research and treatment. It was at that time that Danny Thomas, the founder of St Jude, realized there was a need to treat children with catastrophic diseases and that no child shall die in the dawn of life. Cancer. Over the next 5 years, approximately 66,000 children in the United States will be diagnosed with cancer. Despite treatment advances made over the past three decades, cancer remains the number one cause of death by disease among children in the United States ages 1-19. While cure rates have improved materially, the number of cases has grown nearly 5% over the past 20 years and those who survive face challenges after treatment. Incidence and Mortality Rates are available via Surveillance Epidemiology and End Results (SEER) database and World Health Organization Mortality Database. St Jude monitors the incidence of childhood cancer in the 172 counties in the local catchment area and 334 counties surrounding the Domestic Affiliates. A cluster analysis was performed to better understand the proximity of children coming to St Jude for treatment and then compared with Children's Oncology Group (COG) Care Coverage (300 mile radius surrounding each COG center) to look at what areas within the United States where children do not have access to receive treatment for childhood cancer. St Jude's International Outreach Program assesses cancer incidence and mortality rates outside of the United States. Cancer is emerging as a major cause of childhood death in developing regions of Asia, South and Central America, Northwest Africa and the Middle East. While improved therapy has dramatically increased survival rates for children with cancer over the past three decades, still more than 70% of the world's children with cancer do not have access to modern treatment. Hematology. More than 70,000 people in the United States have sickle cell disease (SCD), and it is estimated more than 1 million people worldwide suffer from the disease. It is the largest genetic blood disorder in the world. St Jude provides comprehensive treatment for children with SCD. St Jude has one of the largest SCD programs in the country, with more than 750 patients. St Jude has several labs that perform research on SCD. Locally. In the United States, SCD affects mostly African Americans, Latinos, and people of Mediterranean descent. Approximately 550,000 African-Americans reside in the Memphis metropolitan area. The local catchment area encompasses 21 counties in Western Tennessee including Memphis where St Jude is located. St Jude provides comprehensive treatment and education to more than 750 children in the local area with SCD. Also, St Jude provides community outreach, education and screening to the local community. Nationally and Internationally. St Jude has a history of developing collaborative research partnerships with the National Institutes of Health and other institutions throughout the world. Some of these partnerships have led to major improvements in the treatment of children with SCD which have benefited children and adults with SCD worldwide. For example, the Prophylactic Penicillin Studies I and II led to screening for newborns with SCD after showing that giving penicillin to infants helped reduce the risk of death from infection by 85%. Before this study less than 14 states screened for SCD. Today all 50 states screen for SCD. St Jude was the first to cure SCD through bone marrow transplantation (BMT) which remains the only cure for the disease. As a result, hundreds of children around the world have received BMT to cure SCD. Because this is not a viable cure for everyone with SCD, research must continue. While great strides have been made in the increasing the lifespan of children with SCD, more research is needed to find a viable cure and/or treatments that improve the quality of life for children with SCD. In addition to providing medical care, research and education for SCD, St Jude also provides clinical services for approximately one thousand children per year with other non-malignant hematological disorders. Children with illnesses such as hemophilia, aplastic anemia, thrombosis, thalassemia, spherocytosis, and immune thrombocytopenic purpura receive state-of-the-art care from St Jude physicians and medical staff. HIV. The Adolescent Medicine Trials Network (ATN)-sponsored national project, Connect to Protect (C2P), has been a major contribution to the strong community ties that the St Jude Adolescent Trials Unit has established and strengthened over the past 5 years. The Connect to Protect Memphis coalition develops sustainable policies, programs and practices for the sole purpose of reducing the number of infected individuals in vulnerable populations. The Connect to Protect Memphis coalition includes 25 agencies representing a rich and diverse

**Form 990 Schedule H, Part VI - Supplemental Information, Line 2**

erse mix of representatives from various sectors in the Memphis community, including faith -based, school, business, civic/community, hospital, young adult and healthcare organizati ons. These strategic partnerships have allowed for shared responsibility in the transforma tion of our communities. This is especially important to ensure our efforts are developed in a manner that guarantees sustainability. The C2P team used federal, state and local reso urces to identify at-risk youth and create a profile of available community resources. Rep resenting seven different sectors, this team compared disease and risk rates with service availability, neighborhood strengths, and neighborhood needs to zero in on prevention stra tegies most needed to protect the health of our city's youth. The C2P Memphis work group m eets quarterly and has had 14 committee meetings and 76 subcommittee meetings. The group h as identified high-risk ZIP Codes within the community and areas of high prevalence in sur rounding rural areas. The identified root causes, gathered through mixed methods tools-qua ntitative and qualitative-help ed to shape a strategic plan and identify opportunities for implementation of structural and systematic changes. The community coalition has successfu lly completed 5 structural change objectives and more than 25 actions steps toward our str ategic plan of action.

**Form 990 Schedule H, Part VI - Supplemental Information, Line 3**

Part VI, Line 3 All children are treated at St Jude Children's Research Hospital regardless of race, religion, or ability to pay A billing system is maintained for each patient, but bills are not sent to any patient The hospital's financial assistance policy is communicated in both English and Spanish All patients that do not have health insurance or are expected to lose their health insurance are referred to an on-site Firstsource Solutions UAS, LLC consultant The consultant contacts the patient/family to set up an interview and completes a questionnaire to help determine eligibility for various assistance programs including but not limited to TennCare/Medicaid, Cover TN, Cover Kids, CHIPS, and Social Security



**Form 990 Schedule H, Part VI - Supplemental Information, Line 4**

Part VI, Line 4 St Jude Children's Research Hospital has been described as "a hospital without walls" because the hospital's outreach includes the local market, national affiliates and the international community The local market encompasses a 160 mile-radius of Memphis, Tennessee with approximately 25% of new oncology patients residing within this area The Domestic Affiliate Program extends the protocol-structured treatment and research at St Jude to children beyond our physical walls through clinical, research and academic partnerships with pediatric programs within the US The Domestic Affiliate Program is a network of pediatric hematology-oncology clinics, hospitals and universities united to extend the mission of St Jude The physicians and staff at these sites work in collaboration with the staff of St Jude to deliver protocol related care to pediatric hematology-oncology patients Affiliates are currently located in Baton Rouge, LA, Huntsville, AL, Johnson City, TN, Peoria, IL, Shreveport, LA, and Springfield, MO In addition, St Jude draws approximately 38% of its new oncology patients from national non-affiliate markets The mission of St Jude's International Outreach Program (IOP) is to improve the survival rate of children with cancer and other catastrophic diseases worldwide, through the sharing of knowledge, technology and organizational skills There are an estimated 160,000 newly diagnosed cases of childhood cancer worldwide each year, and cancer is emerging as a major cause of childhood death in the developing regions of Asia, South and Central America, northwest Africa and the Middle East While over the past 30 years improved therapy has dramatically increased survival rates for children with cancer, still more than 70% of the world's children with cancer do not have access to modern treatment St Jude strives to address the needs of those children in countries that lack sufficient resources and help them manage their own burden of cases effectively While sick children from around the world have traveled to our hospital in Memphis, receiving treatment in their own countries is more efficient and less disruptive for them and their families Because of St Jude's international efforts, we are able to reach far more children than would ever be able to come to Memphis A basic healthcare infrastructure is needed to support pediatric oncology programs, which in turn further improves the development of basic healthcare At the local level, the IOP develops partnerships with medical institutions and fund-raising organizations and facilitates the involvement of other agencies and organizations to support key programs and the education of local personnel At the regional level, the IOP develops programs through the use of technology The primary goal is to develop local and regional self-sufficiency This model results in significant overall improvement in healthcare facilities, the level of practice, the self-confidence of healthcare providers, and local community involvement We emphasize the building of regional expertise and diagnostic capabilities, which provide a critical mass of professionals who continually learn from and assist each other Cost efficiency is also realized because of shared resources St Jude has partner sites all around the world, there are currently 20 official partner sites in 15 different countries around the world-Brazil, Chile, China, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Ireland, Jordan, Lebanon, Mexico, Morocco, Philippines, Venezuela St Jude helps partner medical institutions develop tailored evidenced-based protocols for treating children with cancer and other catastrophic diseases St Jude physicians serve as mentors to physicians at our partner sites and consult on difficult cases We train nurses in best practices in clinical care and work with pathologists on techniques for accurate diagnosis We also partner with local fundraising foundations that support the medical programs This model has proven to be highly effective in providing poor children in developing countries access to modern treatment and care By sharing knowledge and technology with the local governments, healthcare providers, and the private sector in these countries, St Jude is improving diagnoses and treatments to increase the survival rates of children all across the globe 1) Delivering broad based education and training onsite at St Jude, in each specific country site, and through the St Jude Cure4Kidstm Web site 2) Building capacity within particular countries for treatment, care and research 3) Supporting targeted research that seeks to understand the factors underlying the efficacy of treatments within a country's specific cultural, economic and medical infrastructure context

**Form 990 Schedule H, Part VI - Supplemental Information, Line 5**

Part VI, Line 5 The St Jude Children's Research Hospital CEO is a member of Memphis Tomorrow Memphis Tomorrow is an association of chief executive officers of Memphis' largest enterprises The purpose is to bring top business leaders together with government and civic leaders to foster economic prosperity for all who live in our community Additionally, St Jude is silver sponsor for the Mid-South Minority Business Council (MMBC) Economic Development Fair The MMBC serves as the Mid-South's foremost minority business development organization The MMBC helps to develop a strong minority and women business community in an effort to impact economically the entire Mid-South region

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**  
**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

Part VI, Line 6 St Jude Children's Research Hospital was opened in 1962 by entertainer D anny Thomas, with the express purpose of "improving child health through research in biolo gy and pediatrics " Our mission is to advance cures, and means of prevention, for pediatri c catastrophic diseases through research and treatment Consistent with the vision of our founder Danny Thomas, no child is denied treatment based on race, religion or a family's ability to pay Our vision is to be the world leader in advancing the treatment and prevent ion of catastrophic diseases in children This vision is pursued by providing outstanding patient care, by conducting basic, translational and clinical research designed to elucidate biological mechanisms, understand disease pathogenesis, improve diagnosis, enhance trea tment outcome, prevent diseases and minimize adverse consequences of treatment, and by edu cating healthcare and scientific research professionals Through these efforts we seek to cure and enhance the quality of life for an increasing proportion of children who come to us for treatment, and by expanding and sharing knowledge, to advance treatment of children with catastrophic diseases world-wide, while developing strategies to prevent catastrophi c diseases in children St Jude is a research and clinical institution in which laboratory and clinical research is organized so as to advance the care of children with cancer and other catastrophic diseases Its focus on providing outstanding patient care ensures that there is an ongoing effort to translate research findings into improved patient outcome S t Jude has an academic faculty engaged in a broad spectrum of research that includes ther apeutic trials, investigation of disease pathogenesis and discovery-oriented basic researc h Hospital operations are overseen by a Board of Governors , the majority of these voluntee rs are neither employees nor contractors of the organization, nor family members thereof The research activities of the Hospital are reviewed annually by a Scientific Advisory Boa rd composed of internationally prominent physicians and scientists St Jude provided assis tance to the pediatric community hospital for Memphis and surrounding vicinity in making a vailable a state-of-the art neurosurgical facility for treating pediatric patients includi ng St Jude brain tumor patients The neurosurgical facility is equipped with intra-operat ive imaging equipment (IMRI) When this equipment was selected, only two neurosurgical fac ilities in the United States provided patients this level of imaging technology which allo ws imaging to take place during surgical procedures With the iMRI equipment surgeons can make informed decisions during the surgical process Live Web casting capabilities allow o thers to view procedures St Jude's assistance with this facility helps assure that child ren in the area have access to the best neurosurgical treatment available St Jude in coll aboration with the Genome Sequencing Center at Washington University in St Louis has emba rked on an unprecedented project to search the genetic landscape of the human genome and d iscover mutations that drive the malignancies of childhood cancer The team has joined for ces to decode the genomes of more than 600 childhood cancer patients who have contributed tumor samples Discoveries resulting from this project will contribute to finding treatmen ts that will be used by physicians worldwide to develop new diagnostic tests and a new gen eration of more effective drugs to save the lives of children with cancer The three-year, \$65 million project will help scientists identify the genetic missteps that turn a white blood cell into a cancer cell and benefit future cancer diagnostics and therapeutics The C yclotron (Particle Accelerator) located at St Jude is technology that enables researchers to track the growth of cancer cells, pinpoint the production of new DNA by tumor cells an d study the hearts of adult patients returning to St Jude for lifetime follow-up The cyc lotron helps researchers better understand childhood cancer by enabling them to produce ne w, very short-acting tracers St Jude leases, manages and operates a Good Manufacturing Pr actice (GMP) facility which engages in the production of biologics and drugs used in resea rch The GMP offers researchers the resources needed to study rare diseases overlooked by pharmaceutical companies because there is little profit for these companies in studying an d manufacturing drugs for the lesser known diseases The facility, operating according to approved FDA standards, gives doctors the capabilities needed to tailor treatments specifi cally for an individual child The Cell and Tissue Imaging Center includes electron microsc opy and light microscopy The facility provides investigators access to transmission elect ron microscopy, confocal laser scanning microscopy, multiphoton microscopy, image analysis , cell microinjection and live cell imaging The F

**Form 990 Schedule H, Part VI - Supplemental Information, Line 6**

EI Tecnai 20 200KV FEG electron microscope, which can magnify an object 700,000 times, is at the heart of this program. The electron microscope instrument is one of only 200 of its type in the world. This technology allows researchers to get a closer look at cancer to better understand how it grows and spreads and responds to therapy. Using the electron microscope, researchers learn how the cancer cells breakaway from the tumor and begin to spread throughout the body. Along with outstanding patient care and research, St. Jude focuses on educating and training the next generation of doctors, nurses, researchers and academic leaders. From programs for high school students to the post-doctoral level, the hospital plays a major role in preparing future leaders of science and medicine. In addition to on-site education, St. Jude's International Outreach Program provides an education and collaboration Web site, Cure4KidsTM ([www.Cure4Kids.org](http://www.Cure4Kids.org)). Use of the Web site continues to grow and now has more than 22,000 users in 172 countries. The online content has been accessed more than 3.4 million times since its inception in 2002. African Americans and Hispanics combined make up over 65% of the Memphis population. Because of the large number of residents who are of African or Hispanic descent and a representative number of people of Middle Eastern descent, the number of families affected by sickle cell disease (SCD) is high in the Memphis community. As the only pediatric Sickle Cell Center in this region, St. Jude treats most children with SCD in this area. In conjunction with Memphis City Schools, St. Jude holds KYSS (Know Your Sickle Status) training sessions to teach students and sports managers to recognize the onset of SCD symptoms and how to respond or help students with SCD manage their symptoms. St. Jude's Sickle Cell Center's community focus is the enhancement of public awareness about SCD and other hemoglobinopathies, as well as, the availability of counseling and treatment services. St. Jude does this through a number of advocacy programs that coordinate with local school systems and community healthcare agencies. Via the Connect2 Protect program, St. Jude collaborates with community organizations which include churches, other healthcare organizations and civic groups to raise awareness about the need to prevent the spread of HIV/AIDS. The primary target for this program is the African American community. St. Jude's Cancer Education program for school students teaches healthy eating and exercise habits as well as discourages smoking. St. Jude's toll-free Quitline is available to anyone who has been treated for pediatric cancer in order to encourage survivors to kick the smoking habit. Callers can access counselors to receive support and tools to sustain their efforts. The fundraising source for St. Jude is ALSAC which raises funds solely for the hospital. Because of the hospital's mission of finding treatments for pediatric cancers, people nationwide contribute via thousands of fundraising efforts. ALSAC raised \$685 million in fiscal year 2010 to meet St. Jude's operating cost. Volunteers enhance the quality of patient care by partnering with clinical staff to provide that additional personal touch. Volunteers also help ensure a safe environment. They provide care and concern and a listening ear for families at a time when they need it most. They are vital ambassadors between the hospital and community. Volunteer Mid-South selected St. Jude as Volunteer Program of the Year during the 2010 Spirit of Giving Award.

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

Employer identification number

62-0646012

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**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 W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Richard C Shadyac Jr	(i)	0	0	0	0	0	0	0
	(ii)	199,263	0	191	0	506	199,960	0
William E Evans	(i)	648,320	0	135,059	0	12,159	795,538	0
	(ii)	0	0	0	0	0	0	0
James R Downing	(i)	562,492	0	77,255	0	13,223	652,970	0
	(ii)	0	0	0	0	0	0	0
Michael C Canarios	(i)	353,254	0	53,884	24,086	15,832	447,056	0
	(ii)	0	0	0	0	0	0	0
Michael B Kastan	(i)	516,498	0	21,971	38,660	13,405	590,534	0
	(ii)	0	0	0	0	0	0	0
Joseph H Laver	(i)	548,420	0	17,614	26,500	13,405	605,939	0
	(ii)	0	0	0	0	0	0	0
Larry E Kun	(i)	636,902	0	105,869	0	15,402	758,173	0
	(ii)	0	0	0	0	0	0	0
George B Bikhazi	(i)	470,178	10,000	167,288	0	13,070	660,536	0
	(ii)	0	0	0	0	0	0	0
James N Ihle	(i)	305,619	0	251,568	0	1,394	558,581	0
	(ii)	0	0	0	0	0	0	0
Stephen J Shochat	(i)	549,372	0	26,042	0	15,671	591,085	0
	(ii)	0	0	0	0	0	0	0
Leslie L Robison	(i)	464,357	0	3,029	22,408	13,167	502,961	0
	(ii)	0	0	0	0	0	0	0
Joseph Mirro	(i)	154,027	0	158,045	0	7,041	319,113	0
	(ii)	0	0	0	0	0	0	0
Arthur Nienhuis	(i)	406,238	10,000	8,789	0	13,060	438,087	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	First class or charter travel. One charter flight was scheduled for multiple employees, including one officer, to attend a working session at a collaborating partner site. One first class airfare was provided due to scheduling requirements and available flight options. The expense was not treated as compensation to the officer. Travel for companions. Family member of one officer and an employee of the hospital, travels on hospital business as required by the position. Travel expenses are reimbursed under an accountable plan and not recorded as compensation. Tax Indemnifications and gross-up payments. Three officers were reimbursed gross up dependent tuition which is included as compensation to the officers. Health or social club dues or initiation fees. One officer is reimbursed \$9,600 annually for country club dues. These dues are treated as compensation to the officer.
	Part I, Line 4a	Joseph Mirro, \$156,864; Part I, Line 4b: William E. Evans, \$117,693; James C. Downing, \$74,340; Michael C. Canarios, \$24,086; Michael B. Kastan, \$38,660; Joseph H. Laver, \$26,500; Larry E. Kun, \$101,345; George B. Bikhazi, \$158,657; James N. Ihle, \$248,266; Joseph Mirro, \$223,076.

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	Employer identification number 62-0646012

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A The Health Educational & Housing Facility Board of the County of Shelby T	52-1283414	821697XJ3	12-21-2006	250,725,271	\$130 7 Million for construction of Integrated Patient Care and Research Faci		X		X

Part II

Proceeds

	A		B		C		D		E	
	1	Total proceeds of issue	250,725,271							
2	Gross proceeds in reserve funds	762,450								
3	Proceeds in refunding or defeasance escrows									
4	Other unspent proceeds									
5	Issuance costs from proceeds	1,658,621								
6	Working capital expenditures from proceeds	1,485,837								
7	Capital expenditures from proceeds	145,436,980								
8	Year of substantial completion	2008								
9	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	
			X							
10	Were the bonds issued as part of an advance refunding issue?	X								
11	Has the final allocation of proceeds been made?	X								
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X								

Part III

Private Business Use

	A		B		C		D		E	
	1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	2	Are there any lease arrangements with respect to the financed property which may result in private business use?						
		X								
		X								



Part III

Private Business Use (Continued)

		A		B		C		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?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 210 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5	0 210 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?		X								
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	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?		X								
6	Did the bond issue qualify for an exception to rebate?		X								

Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Transactions with Interested Persons

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

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2009

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

Employer identification number  
62-0646012

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Shaker Recruitment Advertising	Entity more than 35% owned by Anthony G Shaker and George Breit, voting dir	439,299	Advertising		No
Mary Relling	Family member of William E Evans, Director and CEO	425,812	Employment		No
Rachel Laver	Family member of Joseph H Laver, Evp/clinical director	17,418	Employment		No
SUSANNA DOWNING	FAMILY MEMBER OF JAMES R DOWNING, EVP/SCIENTIFIC DIRECTOR	28,616	EMPLOYMENT		No
					No

Additional Data

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 9349312301191
SCHEDULE O (Form 990)	Supplemental Information to Form 990  Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.		OMB No 1545-0047
			2009
			Open to Public Inspection
Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC			Employer identification number 62-0646012

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Family relationship among directors Joseph S Ayoub, Jr and Paul Ayoub, Fred P Gattas, III and Fred P Gattas, Jr , Camille F Sarrouf and Camille F Sarrouf, Jr , George Simon and Paul Simon, Terre Thomas and Tony Thomas, Robert Breit and Joseph G Shaker Business relationship among directors Robert Breit and Joseph G Shaker

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The Board approved to change the requirement of a 3/4 majority Board vote to approve purchase of real estate to a 2/3 majority The Board approved adding the following subsection with regard to Emeritus members (i) the member shall be of good moral character to be eligible to be elected to and maintain Emeritus status and (ii) members elevated to Emeritus status continue to be subject to the removal provisions of Article IV, Section 8 The Board approved the position of the Epsilon Sigma Alpha member would be as an honorary non-voting position The Board approved the Director and CEO of the Hospital and the CEO of ALSAC as ex-officio members, to have voting rights The Board approved members of the Nominating Committee shall be the Chairs of the ALSAC and St Jude Boards and three other full voting board members, having been an active member of the Board for a minimum of five consecutive years The Chairs of ALSAC and St Jude Board current at the time shall serve as voting ex-officio members of the committee, but may not participate in any discussions or vote concerning his/her relating as Chair The Board approved the increase in term limits of officers of ALSAC (St Jude) shall serve more than two (2) successive years in the same office With a favorable recommendation of the Nominating Committee, the Board may elect by secret ballot such officer for a third and fourth one (1) year consecutive term by a 3/4 majority vote of the full Board in attendance The Board approved the appointment of the new list of Standing Committees The name of the Quality Improvement Committee is now Quality Assurance and Patient Care Committee The Board approved to delete Article IV Section 7 in its entirety and replace it with the following "No member shall remain on the Board of Directors unless such member attends annually at least three (3) meetings of the Board of Directors, except where good cause or special circumstance is shown for the member's absence "Good cause" or "special circumstance" shall be determined at the discretion of the Membership Screening Committee in consultation with the Board Chair Any member who wishes to participate in an in-person meeting telephonically must submit their request 1 day prior to the meeting to the Committee Chair All members participating by telephone or electronic device shall be deemed present Voting by members attending telephonically or electronically must vote publically or abstain Voting by Secrets ballots may be done by submitting their vote via email to the person presiding over the meeting The Second Vice Chairman shall assume the duties of the First Vice Chairman if that office becomes vacant in the middle of a term In the event of the ascension to the position of First Vice Chair, death, resignation, removal or other disability of the Second Vice Chairman, the Nominating Committee will meet to develop a recommendation for a successor The proposed recommendation will be presented at the next meeting of the Board of Governors

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		In February of each year, the audit committee and officers of the board are provided with a draft copy of the form 990 and all required schedules The audit committee meets with its tax preparer to review the draft form 990 before it is filed with the IRS Additionally the compensation committee of the board is provided with a draft copy of the compensation sections of the form 990 for review before it is filed with the IRS Each voting member of the board is provided with a final copy of the form 990 and all required schedules before it is filed with the IRS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		St Jude maintains an ad hoc conflict of interest committee of the board of governors In addition to 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The Executive Compensation Committee of the Board commissions biannual third party salary surveys to determine compensation for the following officers Chief Executive Officer, Chief Financial Officer, Scientific Director, Cancer Center Director, Clinical Director All changes to salary for the officers are approved by the board The last review was completed in 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents and the conflict of interest policy are not available for public inspection Financial statements are available upon request

Identifier	Return Reference	Explanation
Schedule J-2, Part I		Richard C Shadyac, Jr serves as a voting director of the Board of St Jude Mr Shadyac is employed as an officer of ALSAC, a related organization to St Jude The compensation shown in column (E) was paid to Mr Shadyac by ALSAC for his duties as CEO of ALSAC

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

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

**Employer identification number**  
62-0646012

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 62-0646012	VACCINE MANUFACTURER	TN	-2,199,139	263,224	N/A
THANKS & GIVING LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 62-0646012	ROYALTY INCOME FROM BOOK SALES	TN	-922	9,736	N/A
THE RIGHT WORDS LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 62-0646012	ROYALTY INCOME FROM BOOK SALES	NY			N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC  501 STJUDE PLACE  MEMPHIS, TN 381050000 35-1044585	SOLICIT SUPPORT FOR THE OPERATIONS OF ST JUDE	IL	501(C)(3)	SECTION 170 (B)(1)(A)	N/A

Part III

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

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

Part IV

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

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

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	C	408,161,189
(2) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	L	408,161,189
(3) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	O	51,102
(4) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	P	934,777
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]