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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

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

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 309,831,750 including grants of \$ ) (Revenue \$ )

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

4b

(Code ) (Expenses \$ 7,527,349 including grants of \$ ) (Revenue \$ )

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

4c

(Code ) (Expenses \$ 289,489,762 including grants of \$ ) (Revenue \$ 95,536,676 )

PATIENT CARE THE HOSPITAL PROVIDED 16,090 INPATIENT DAYS OF CARE DURING THE YEAR OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 5,016 OR 31% OF THOSE INPATIENT DAYS PATIENTS MADE 65,964 CLINIC VISITS DURING THE YEAR

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses

\$ 606,848,861

Form 990 (2011)

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	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.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	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 and IV.		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 and IV.		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.		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.		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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.	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	Yes	
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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
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	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		<b>Yes</b>	<b>No</b>			
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	<b>1a</b>	733			
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0			
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes			
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	4,134			
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	Yes			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>				No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>				
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	<b>4a</b>				No
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>				No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>				No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>				
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>				No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>				
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>				
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>				
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>				
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	0			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>				
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>				
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>				
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>				
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>				
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>				
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>				
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>				
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>				
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>				
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>				
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>				
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>				
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	<b>13a</b>				
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>				
<b>c</b>	Enter the aggregate amount of reserves on hand.	<b>13c</b>				
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>				No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>				

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	47		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	42
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 governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	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	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did 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 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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 made these available. Check all that apply. <input checked="" 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 made 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 <input checked="" type="checkbox"/> MICHAEL C CANARIOS 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 (901) 595-2261

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

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

Form **990** (2011)



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	6,373,868	593,162	686,068

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 427

		Yes	No
3	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> . . . . .	3	No
4	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> . . . . .	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF TENNESSEE 62 S DUNLAP ROOM 300 MEMPHIS, TN 38163	MEDICAL	7,544,857
FLINTCO LLC 2179 HILLSHIRE CIRCLE MEMPHIS, TN 38133	GENERAL CONTRACTING	7,217,359
THE CRUMP FIRM INC 81 MONROE BUILDING MEMPHIS, TN 38103	GENERAL CONTRACTING	4,453,475
CERNER CORP 2800 ROCKCREEK PARKWAY KANSAS CITY, MO 64117	CONSULTING	3,870,433
DYNAMIX GROUP INC PO BOX 116609 ATLANTA, GA 303686609	MAINTENANCE SERVICE	2,469,470
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>158</b>		

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	441,990,544			
	e	Government grants (contributions)	1e	76,346,395			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,843,319			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f . . . . .		537,180,258			
Program Service Revenue	2a	PATIENT CARE	Business Code 621110	95,536,676	95,536,676		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		95,536,676			
	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 268,941 38,089				
b		Less cost or other basis and sales expenses	240,454 1,913,597				
c		Gain or (loss)	28,487 -1,875,508				
d		Net gain or (loss) . . . . .		-1,847,021	-1,847,021		
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		CAFETERIA/VENDING	722212	2,873,022	2,873,022		
b	PATENTS/LICENSING INCO	900099	2,551,868	2,551,868			
c	CHGME/CHCA	900099	1,267,080	1,267,080			
d	All other revenue . . . . .		825,174	825,174			
e	Total. Add lines 11a-11d . . . . .		7,517,144				
12	Total revenue. See Instructions . . . . .		638,387,057	101,206,799	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)  
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,525,909	2,525,909		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,794,976	2,371,749	1,423,227	
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	260,640,463	244,431,719	16,208,744	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16,640,894	15,606,028	1,034,866	
9	Other employee benefits	39,815,353	37,339,311	2,476,042	
10	Payroll taxes	17,742,094	16,638,746	1,103,348	
11	Fees for services (non-employees)				
a	Management	23,146,610	22,024,078	1,122,532	
b	Legal	1,648,180	1,568,249	79,931	
c	Accounting	174,819	166,341	8,478	
d	Lobbying	31,587	31,587		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	55,474,858	50,317,396	5,157,462	
12	Advertising and promotion	657,269	625,394	31,875	
13	Office expenses	2,242,247	2,207,185	35,062	
14	Information technology	9,860,090	9,381,909	478,181	
15	Royalties				
16	Occupancy	21,858,290	19,724,921	2,133,369	
17	Travel	10,414,587	9,912,232	502,355	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,460,784	1,151,316	309,468	
20	Interest	10,034,890	10,016,249	18,641	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	62,566,580	60,102,740	2,463,840	
23	Insurance	2,662,524	1,822,485	840,039	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	LABORATORY SUPPLIES	31,733,422	31,237,205	496,217	0
b	PHAMACEUTICAL SUPPLIES	28,521,912	28,075,913	445,999	0
c	TELEPHONE	1,261,843	1,130,444	131,399	0
d	ALLOCATION ADJUSTMENTS	0	11,008,242	-11,008,242	0
e					
f	All other expenses	30,110,920	27,431,513	2,679,407	
25	Total functional expenses. Add lines 1 through 24f	635,021,101	606,848,861	28,172,240	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,426,793	1	630,443
	2	Savings and temporary cash investments . . . . .			10,099,500	2	10,208,625
	3	Pledges and grants receivable, net . . . . .			11,133,917	3	8,142,964
	4	Accounts receivable, net . . . . .			11,816,086	4	13,199,254
	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 . . . . .			3,732,709	8	5,642,230
	9	Prepaid expenses and deferred charges . . . . .			11,203,641	9	9,430,833
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	972,426,144			
	b	Less: accumulated depreciation . . . . .	10b	546,492,432	423,272,461	10c	425,933,712
	11	Investments—publicly traded securities . . . . .			1,494,392	11	1,479,342
	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 . . . . .			2,384,728,994	15	2,455,750,443
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,859,908,493	16	2,930,417,846	
Liabilities	17	Accounts payable and accrued expenses . . . . .			75,926,446	17	74,492,116
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			6,415,432	19	5,893,609
	20	Tax-exempt bond liabilities . . . . .			234,467,223	20	229,186,492
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			1,460,038	25	3,089,364
	26	Total liabilities. Add lines 17 through 25 . . . . .			318,269,139	26	312,661,581
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 . . . . .			1,704,992,562	27	1,782,242,015
	28	Temporarily restricted net assets . . . . .			46,913,705	28	52,799,597
	29	Permanently restricted net assets . . . . .			789,733,087	29	782,714,653
	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 . . . . .			2,541,639,354	33	2,617,756,265
	34	Total liabilities and net assets/fund balances . . . . .			2,859,908,493	34	2,930,417,846

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	638,387,057
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	635,021,101
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,365,956
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,541,639,354
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	72,750,955
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	2,617,756,265

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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

2011

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. 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 <b>stop here</b> . 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (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 on behalf of or in opposition to candidates for public office 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
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) 2008	(b) 2009	(c) 2010	(d) 2011	(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
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	<b>a</b> Volunteers?		No	
	<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1 c through 1 i)?	Yes		
	<b>c</b> Media advertisements?		No	
	<b>d</b> Mailings to members, legislators, or the public?		No	
	<b>e</b> Publications, or published or broadcast statements?		No	
	<b>f</b> Grants to other organizations for lobbying purposes?		No	
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		13,750
	<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	<b>i</b> Other activities? If "Yes," describe in Part IV	Yes		17,837
<b>j</b>	Total lines 1 c through 1 i			31,587
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

			Yes	No
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).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (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
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	ST JUDE RETAINED ALSTON & BIRD FOR FEDERAL POLICY CONSULTING AND SMITH HARRIS & CARR FOR STATE POLICY CONSULTING. AMOUNT LISTED IS RETAINER FEES PRORATED FOR DIRECT FEDERAL AND STATE LEGISLATIVE CONTACTS.

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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)  
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ 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

	Held at the End of the 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? ☐ Yes ☐ 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)? ☐ Yes ☐ 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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		664,764,341	340,263,866	324,500,475
c Leasehold improvements . . . . .				
d Equipment . . . . .		301,489,069	203,465,321	98,023,748
e Other . . . . .		6,172,734	2,763,245	3,409,489
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				425,933,712



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	638,387,057
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	635,021,101
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,365,956
4	Net unrealized gains (losses) on investments	4	-58,183
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	72,809,138
9	Total adjustments (net) Add lines 4 - 8	9	72,750,955
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	76,116,911

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	198,213,838
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-58,183
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 . . . . .	2e	-58,183
3	Subtract line 2e from line 1 . . . . .	3	198,272,021
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) . . . . .	4b	440,115,036
c	Add lines 4a and 4b . . . . .	4c	440,115,036
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	638,387,057

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	635,021,101
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 . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	635,021,101
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 . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	635,021,101

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	AS OF JUNE 30, 2012, THE HOSPITAL HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENT 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 ENDING IN 2009 THROUGH 2012 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS ALSAC 72,841,983. CHANGE IN INTEREST IN NET ASSETS OF ALSAC -32,845. TOTAL TO SCHEDULE D, PART XI, LINE 8 72,809,138.
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET SUPPORT RECEIVED FROM ALSAC 441,990,544. LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT - 1,875,508.



OMB No 1545-0047

**Open to Public Inspection**

62-0646012

**3** Activities per Region (Use Part V if additional space is needed )

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2011

**1**

(i) Method of valuation (book, FMV, appraisal, other)

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 Part V if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☐

Yes

☒

No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

Yes

☒

No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☐

Yes

☒

No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐

Yes

☒

No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐

Yes

☒

No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

**Additional Data**

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

**Part V**

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

SCHEDULE H  
(Form 990)

Hospitals

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

OMB No 1545-0047

2011

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

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did 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 had 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 <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization did 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 Did the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	3a		No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	3b		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	4	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? . . . . .	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	5b	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .	5c		No
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a		No
		6b		

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 Worksheet 1) . . . . .			39,467,880	245,582	39,222,298	6 180 %
b Medicaid (from Worksheet 3, column a) . . . . .			102,281,140	24,254,418	78,026,722	12 290 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			141,749,020	24,500,000	117,249,020	18 470 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			12,508,353	379	12,507,974	1 970 %
f Health professions education (from Worksheet 5) . . . . .			6,951,650	237,842	6,713,808	1 060 %
g Subsidized health services (from Worksheet 6) . . . . .			15,223,592		15,223,592	2 400 %
h Research (from Worksheet 7) . . . . .			280,343,426	2,551,868	277,791,558	43 740 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .			2,917,568		2,917,568	0 460 %
j <b>Total</b> Other Benefits . . . . .			317,944,589	2,790,089	315,154,500	49 630 %
k <b>Total.</b> Add lines 7d and 7j . . . . .			459,693,609	27,290,089	432,403,520	68 100 %

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
1Physical improvements and housing						
2Economic development			128,651		128,651	0.020 %
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			13,820		13,820	0 %
7Community health improvement advocacy						
8Workforce development			54,288		54,288	0.010 %
9Other						
10Total			196,759		196,759	0.030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense	2	558,000	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	734,088	
6Enter Medicare allowable costs of care relating to payments on line 5	6	2,064,669	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-1,330,581	
8Describe 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

9aDid the organization have a written debt collection policy during the tax year?	9a	Yes	
9bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures (see instructions)

(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				
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## Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

## Name and address

[illegible]



Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ST JUDE CHILDREN'S RESEARCH HOSPITAL

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A):1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care ____% If "No," explain in Part VI the criteria the hospital facility used	9	No

Part V

Facility Information (continued)

		Yes	No
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used	10	No
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	No
12	Explained the method for applying for financial assistance? . . . . .	12	Yes
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

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

(list in order of size from largest to smallest)

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

Name and address		Type of Facility (Describe)
1		
2		
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Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C NO FAMILY EVER PAYS ST JUDE FOR ANYTHING A BILLING SYSTEM IS MAINTAINED FOR EACH PATIENT SO THAT THE HOSPITAL CAN RECOVER INSURANCE IF IT IS AVAILABLE, BUT ST JUDE COVERS ALL COSTS NOT REIMBURSED BY INSURANCE, INCLUDING CO-PAYS AND DEDUCTIBLES WE COVER TOTAL COSTS FOR THOSE WITHOUT INSURANCE IN ADDITION, ST JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES INCLUDING LODGING, TRANSPORTATION AND MEALS THANKS LARGELY TO DONATIONS FROM THE PUBLIC, WE ARE ABLE TO PROVIDE THESE SERVICES TO ALL PATIENTS, REGARDLESS OF INCOME, SO WE DO NOT NEED TO DETERMINE ELIGIBILITY FOR THIS ASSISTANCE BY DEFAULT, ALL PATIENTS ARE ELIGIBLE TO ENSURE FAMILIES ARE TAPPING ALL RESOURCES FOR WHICH THEY ARE ELIGIBLE, WE DO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVER TN, COVER KIDS, CHIPS AND SOCIAL SECURITY DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS

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

Identifier	ReturnReference	Explanation
		PART I, LINE 7G ST JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR SIX AFFILIATE CLINICS TOTALING APPROXIMATELY \$5 MILLION

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



Identifier	ReturnReference	Explanation
	PART II	<p>THE ST JUDE CHILDREN'S RESEARCH HOSPITAL CEO IS A MEMBER OF MEMPHIS TOMORROW MEMPHIS TOMORROW IS AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS OF MEMPHIS' LARGEST ENTERPRISES THE PURPOSE IS TO BRING TOP BUSINESS LEADERS TOGETHER WITH GOVERNMENT AND CIVIC LEADERS TO FOSTER ECONOMIC PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY ST JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD WHOSE STRATEGIES ARE BASED ON THE COMMON SENSE PREMISE THAT ECONOMIC GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS GOOD JOBS, QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT THE ST JUDE CHIEF INFORMATION OFFICER SERVES ON THE BOARD OF THE MEMPHIS COALITION FOR ADVANCED NETWORKING (MCAN) THROUGH THE MEMPHIS RESEARCH CONSORTIUM MCAN SERVES EDUCATION, RESEARCH, PUBLIC SERVICE, AND ECONOMIC DEVELOPMENT INITIATIVES MCAN ESTABLISHES VERY HIGH SPEED OPTICAL BROADBAND COMMUNICATION CONNECTIONS WITH OTHER REGIONAL INITIATIVES IN TENNESSEE TO FORM A STATEWIDE HIGH SPEED RESEARCH BACKBONE FURTHER, MCAN CONNECTS THE MEMPHIS REGION WITH NATIONAL AND INTERNATIONAL RESEARCH AND SCIENTIFIC NETWORKS, ENABLING MEMPHIS AND TENNESSEE A SIGNIFICANT COMPETITIVE ADVANTAGE IN RESEARCH-DRIVEN ECONOMIC DEVELOPMENT THE ST JUDE COMPREHENSIVE CANCER CENTER DIRECTOR SERVES ON THE BOARD OF THE MEMPHIS BIOWORKS FOUNDATION THE MEMPHIS BIOWORKS FOUNDATION IS EXECUTING A STRATEGIC BUSINESS PLAN THAT LEVERAGES THE COMPETITIVE STRENGTHS WITHIN THE REGION WHILE EXPANDING THE INFRASTRUCTURE, EDUCATIONAL OPPORTUNITIES, AND ENTREPRENEUR SUPPORT NEEDED TO EXPAND BIOSCIENCE INDUSTRIES ST JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX) ASSOCIATION OF MEMPHIS APEX IS AN ASSOCIATION OF PURCHASING AND PROCUREMENT PROFESSIONALS FROM MEMPHIS ORGANIZATIONS WHOSE PURPOSE IS TO PROMOTE BEST PRACTICES IN SUPPLIER DIVERSITY ADDITIONALLY, ST JUDE IS SILVER SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS COUNCIL (MMBC) ECONOMIC DEVELOPMENT FAIR THE MMBC SERVES AS THE MID-SOUTH'S FOREMOST MINORITY BUSINESS DEVELOPMENT ORGANIZATION THE MMBC HELPS TO DEVELOP A STRONG MINORITY AND WOMEN BUSINESS COMMUNITY IN AN EFFORT TO IMPACT ECONOMICALLY THE ENTIRE MID-SOUTH REGION THE ST JUDE OFFICE OF GOVERNMENT AFFAIRS DIRECTOR CO-CHAIRLED THE TENNESSEE CANCER COALITION (TCC) WHICH EXISTS TO IDENTIFY AREAS OF GREATEST CANCER BURDEN ON THE CITIZENS OF TENNESSEE HE CURRENTLY CHAIRS THE ADVOCACY COMMITTEE THE ST JUDE COMPREHENSIVE CANCER CENTER DIRECTOR HAS MET WITH STATE LEADERS TO DISCUSS PUBLIC POLICY INITIATIVES DESIGNED TO PROMOTE CANCER CONTROL AND PREVENTION IN TENNESSEE OTHER ST JUDE EMPLOYEES ARE ALSO INVOLVED IN THE TCC ST JUDE EMPLOYEES PARTICIPATE IN HEALTHY MEMPHIS COMMON TABLE WHICH FOCUSES ITS ENERGIES ON BUILDING COMMUNITY-WIDE COLLABORATION FOR POPULATION HEALTH, HEALTH EQUITY, AND IMPROVING THE HEALTH CARE DELIVERY SYSTEMS OF CARE THE ST JUDE CHIEF NURSE OFFICER SERVES ON THE BOARD OF THE NURSING INSTITUTE OF THE MID-SOUTH, A NOT-FOR-PROFIT COLLABORATIVE COMPRISED OF LOCAL HOSPITALS AND SCHOOLS OF NURSING CHALLENGED WITH PROVIDING COMPREHENSIVE HEALTH EDUCATION AND SERVICES TO A WIDELY DIVERSE, POVERTY-RIDDEN COMMUNITY AND WITH ADDRESSING THE HEALTH DISPARITIES FOUND AMONG THESE RESIDENTS TENNESSEE HAS A SIGNIFICANT PROJECTED NURSING WORKFORCE SHORTAGE, RANKING FIFTH WORST IN 2010 THE PEDIATRIC ONCOLOGY PROGRAM BRINGS FIFTY TO SIXTY STUDENTS EACH SUMMER FOR INTERNSHIPS IN BASIC SCIENCE OR CLINICAL RESEARCH ADDITIONALLY, EXPERIENTIAL LEARNING INTERNSHIPS ARE STRUCTURED IN MANY AREAS FROM SCIENCE TO ACCOUNTING THESE PROGRAMS SUPPORT INCREASING THE AWARENESS OF CAREERS IN RESEARCH SCIENCE OR HEALTHCARE AND CONTRIBUTE TO PREPARING STUDENTS TO ENTER THESE CAREERS CLINICAL EDUCATION AND TRAINING HOSTS THIRTY TO FORTY STUDENTS AS PATIENT CARE OBSERVERS, THESE STUDENTS ARE AT DIFFERENT STAGES OF TRAINING FROM HIGH SCHOOL TO COLLEGE OR MEDICAL SCHOOL AS WELL AS RESIDENTS, THE OBSERVERS ARE DECIDING ON CAREER OPTIONS THE VOLUNTEER SERVICES DEPARTMENT PROVIDES SUMMER PROGRAMS FOR HIGH SCHOOL AND COLLEGE STUDENTS THAT DRIVE ENTRY INTO HEALTH CAREERS ST JUDE EMPLOYEES ARE INVOLVED WITH THE INSTITUTE OF ELECTRICAL AND ELECTRONICS ENGINEERS AND THE MID-SOUTH STEM (SCIENCE, TECHNOLOGY, ENGINEERING, MATHEMATICS) ALLIANCE WHICH HAVE GOALS TO INCREASE THE NUMBER OF STUDENTS WHO CHOOSE SCIENCE AND HEALTH CAREERS AND INCREASE THE QUALITY OF STEM EDUCATION</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 4 BAD DEBT EXPENSE EXPLANATION IN FINANCIAL STATEMENTS FOOTNOTES IS AS FOLLOWS "NET PATIENT SERVICE REVENUES AND RECEIVABLES - NO FAMILY EVER PAYS THE HOSPITAL FOR THE CARE THEIR CHILD RECEIVES ACCORDINGLY, NET PATIENT SERVICE REVENUE CONSISTS ONLY OF ESTIMATED NET REALIZABLE AMOUNTS FROM THIRD-PARTY PAYORS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE REVENUE ADJUSTMENTS (IF NECESSARY) DUE TO FUTURE AUDITS, REVIEWS, AND INVESTIGATIONS RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, AND INVESTIGATIONS PATIENT SERVICE REVENUE HAS BEEN REDUCED BY ADJUSTMENTS FOR UNCOLLECTIBLE ACCOUNTS TOTALING APPROXIMATELY \$558,000 AND \$532,000 IN 2012 AND 2011 RESPECTIVELY " BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER BAD DEBT EXPENSE A COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
		PART III, LINE 8 ST JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER THE MEDICARE SHORTFALL A COMMUNITY BENEFIT THE SAME COST METHODOLOGY WAS USED FOR FINANCIAL ASSISTANCE, MEANS-TESTED GOVERNMENT PROGRAMS, AND MEDICARE-THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2

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

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

Identifier	ReturnReference	Explanation
	PART V, SECTION B, LINE 9	SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
	PART V, SECTION B, LINE 10	SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
	PART V, SECTION B, LINE 15E	SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY



Identifier	ReturnReference	Explanation
	PART V, SECTION B, LINE 19D	SEE NARRATIVE FOR PART 1, LINE 3C REGARDING THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
	PART VI, LINE 2	<p>IN 1962, INSPIRED TO OPEN A HOSPITAL TO TREAT CHILDREN WITH CATASTROPHIC DISEASES, DANNY T THOMAS FOUNDED ST JUDE CHILDREN'S RESEARCH HOSPITAL. THE HOSPITAL'S MISSION AT THAT TIME WAS TO STUDY AND TREAT DISEASES THAT THREATEN CHILDREN'S LIVES. DANNY THOMAS OPENED ST JUDE ON THE PREMISE THAT NO CHILD SHOULD DIE IN THE DAWN OF LIFE. CANCER/CHILDHOOD CANCERS ARE RARE, ONLY 12,060 NEW CASES ARE EXPECTED TO OCCUR AMONG CHILDREN 14 YEARS OF AGE AND YOUNGER IN 2012, HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN U.S. CHILDREN (AMERICAN CANCER SOCIETY, "CANCER FACTS &amp; FIGURES 2012," ATLANTA: AMERICAN CANCER SOCIETY, 2012). THE PRINCIPLE FOCUS OF ST JUDE CHILDREN'S RESEARCH HOSPITAL IS CANCER. SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST JUDE ARE INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS, AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. SEVENTY PERCENT OF OUR CANCER PATIENTS ARE FROM A 10-STATE REGION. THIS INCLUDES THE IMMEDIATE VICINITY STATES OF TN, MS, AR, MO, AL, KY, GA AND STATES WITH ST JUDE AFFILIATE CLINICS (LA, IL, MO, AL, EASTERN TN). THE DISTRIBUTION OF ST JUDE CANCER CASES IN RELATION TO RACE, ETHNICITY, AND GENDER IS CONSISTENTLY ALIGNED WITH THE GENERAL DEMOGRAPHICS OF THAT 10-STATE REGION (BASED ON 2010 DATA FROM THE U.S. CENSUS BUREAU) AND WITH THE CANCER-SPECIFIC DEMOGRAPHICS (BASED ON SURVEILLANCE EPIDEMIOLOGY AND END RESULTS (SEER) 2009 DATA). FOR EXAMPLE, ESTIMATES FROM THE 2009 SEER DATA SUGGEST THAT WHITES COMPRISE 63%, BLACKS 18.8% AND HISPANICS 15.9% OF THE PEDIATRIC CANCER CASES IN THE 10-STATE REGION. REMARKABLY, 67%, 21%, AND 11%, RESPECTIVELY, OF WHITES, BLACKS AND HISPANICS CONSTITUTE OUR CANCER PATIENT POPULATION (FOR THE PERIOD FROM OCTOBER 1, 2011 TO SEPTEMBER 30, 2012). DEMOGRAPHICS FROM THE ST JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH THE DEMOGRAPHICS OF THE 10-STATE REGION ANNUALLY TO MONITOR DEMOGRAPHIC REPRESENTATION OF OUR CANCER PATIENTS IN RELATION TO THE 10-STATE REGION. ALSO MONITORED ANNUALLY IS THE DISTRIBUTION OF SPECIFIC CANCERS IN THE 10-STATE REGION AND COMPARED WITH THE ST JUDE CANCER POPULATION. OUR RESEARCH AND CLINICAL TRIALS ARE INFORMED BY THE CHILDREN TREATED AT ST JUDE AND OUR AFFILIATE CLINICS. ST JUDE OFFERS THERAPEUTIC TRIALS FOR A VARIETY OF CANCERS INCLUDING CENTRAL NERVOUS SYSTEM (CNS) TUMORS, NON-CNS SOLID TUMORS, AND LEUKEMIA/LYMPHOMA. MANY OF THESE TRIALS ARE INSTITUTIONALLY SPONSORED, HOWEVER, ST JUDE ALSO PARTICIPATES IN A NUMBER OF CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A VARIETY OF THERAPEUTIC STUDIES. PEDIATRIC CANCER PATIENTS MAY EXPERIENCE TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFTER DIAGNOSIS. THE CHILDHOOD CANCER SURVIVOR STUDY AND ST JUDE LIFE ARE TWO STUDIES, ACTIVE AT ST JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER SURVIVORS. INFORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTIONS. THE RARITY OF PEDIATRIC CANCERS AND OUR UNIQUE POSITION AS A NATIONAL RESOURCE FOR THE RESEARCH AND TREATMENT OF CANCER MEANS THAT OUR REACH IS EXTENSIVE, INCLUDING LOCAL, REGIONAL, NATIONAL, AND INTERNATIONAL LEVELS. MANY OF OUR INITIATIVES ARE DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A GLOBAL SCALE. THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN), A NOT-FOR-PROFIT ALLIANCE OF 21 OF THE WORLD'S LEADING CANCER CENTERS, IS DEDICATED TO IMPROVING THE QUALITY AND EFFECTIVENESS OF CARE PROVIDED TO PATIENTS WITH CANCER (WWW.NCCN.ORG). ST JUDE, A NCCN MEMBER IN COLLABORATION WITH THE UNIVERSITY OF TENNESSEE CANCER INSTITUTE, PARTICIPATES IN A NUMBER OF THE VARIOUS COMMITTEES AND GUIDELINES PANELS THAT WORK TOWARD THE GOAL OF IMPROVING THE QUALITY AND EFFECTIVENESS OF CARE PROVIDED TO PATIENTS WITH CANCER. THE NCCN GUIDELINES HAVE BECOME THE MOST WIDELY USED GUIDELINES IN ONCOLOGY PRACTICE AND HAVE BEEN REQUESTED BY CANCER CARE PROFESSIONALS IN OVER 115 COUNTRIES. HEMATOLOGY: THE GEOGRAPHIC TREATMENT AREA FOR ST JUDE ENCOMPASSES 21 COUNTIES IN WESTERN TENNESSEE INCLUDING MEMPHIS, AND AREAS IN EAST ARKANSAS AND NORTH MISSISSIPPI. MORE THAN 70,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE (SCD), AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE SUFFER FROM THE DISEASE. IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN THE WORLD. ST JUDE HAS ONE OF THE LARGEST PEDIATRIC SCD PROGRAMS IN THE COUNTRY AND PROVIDES COMPREHENSIVE TREATMENT AND EDUCATION TO MORE THAN 800 CHILDREN WITH SCD IN THE GEOGRAPHIC TREATMENT AREA. THE NUMBER OF NEW PATIENTS WITH SCD ACCEPTED TO THE SCD PROGRAM AT ST JUDE HAS REMAINED STABLE OVER MANY YEARS. SCD IS DIAGNOSED BY STATE-WIDE NEWBORN SCREENING. OUR SCD INFANT/TODDLER PROGRAM CONTACTS AND ACCEPTS ALL CHILDREN DIAGNOSED WITH THE DISEASE OR TRAIT TO ITS COMPREHENSIVE CARE SERVICE OR TRAIT COUNSELING SERVICE. ST JUDE PROVIDES CONFIRMATORY TESTING, EDUCATION AND COMPREHEN</p>

Identifier	ReturnReference	Explanation
	PART VI, LINE 2	<p>SIVE CARE AND FOLLOW-UP THROUGHOUT CHILDHOOD THIS INCLUDES COMMUNITY OUTREACH AND EDUCATI ON OF THE LOCAL COMMUNITY ST JUDE HAS ESTABLISHED A FORMAL TRANSITION PROGRAM TO ADULT C ARE FOR PATIENTS WITH SCD AND PROVIDES SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE TRA NSITION PROCESS THE TRANSITION PROGRAM STAFF AT ST JUDE CLOSELY COLLABORATES WITH THE NE WLY OPENED LOCAL, ADULT SCD CENTER AND ALL OTHER COMMUNITY PHYSICIANS ST JUDE HAS CONDUCT ED CLINICAL AND EXPERIMENTAL LABORATORY RESEARCH ON SCD SINCE IT WAS FOUNDED 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 HEL PED REDUCE THE RISK OF DEATH FROM INFECTION BY 85% BEFORE THIS STUDY WAS CONDUCTED, LESS THAN 14 STATES SCREENED NEWBORNS FOR SCD TODAY ALL 50 STATES SCREEN NEWBORNS FOR SCD ST JUDE WAS THE FIRST INSTITUTION TO CURE SCD THROUGH BONE MARROW TRANSPLANTATION (BMT) WHIC H REMAINS THE ONLY CURE FOR THE DISEASE AS A RESULT, HUNDREDS OF CHILDREN AROUND THE WORL D HAVE RECEIVED BMT TO CURE SCD, HOWEVER, IT IS NOT A VIABLE CURE FOR EVERYONE WITH SCD WHILE GREAT STRIDES HAVE BEEN MADE IN INCREASING THE LIFESPAN OF CHILDREN WITH SCD, MORE RE SEARCH IS NEEDED TO FIND A VIABLE CURE AND/OR TREATMENTS THAT PREVENT COMPLICATIONS OF THE DISEASE AND IMPROVE THE QUALITY OF LIFE FOR CHILDREN WITH SCD ST JUDE ALSO PROVIDES CLI NICAL SERVICES FOR APPROXIMATELY 800 CHILDREN PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGI CAL DISORDERS THROUGH A STRONG RELATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS ALL CHILDREN FROM THE GEOGRAPHIC TREATMENT AREA OF ST JUDE WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA ARE R EFERRED TO AND RECEIVE STATE-OF-THE-ART CARE FROM ST JUDE PHYSICIANS AND MEDICAL STAFF S PECIFICALLY FOR THE LOCAL POPULATION OF ABOUT 250 CHILDREN SEEN FOR EVALUATION AND CARE OF BLEEDING AND THROMBOSIS DISORDERS, ST JUDE HAS RECENTLY ESTABLISHED A FEDERALLY ACKNOWLE DGED PEDIATRIC HEMOPHILIA TREATMENT CENTER WHICH NOW PROVIDES STATE-OF-THE-ART COMPREHENSIV E CARE AND ALSO PARTICIPATES IN REGIONAL AND NATIONAL CLINICAL RESEARCH HIVTHE 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 SIX YEARS THE C2P MEMPHIS COALITION D EVELOPS SUSTAINABLE POLICIES, PROGRAMS AND PRACTICES FOR THE SOLE PURPOSE OF REDUCING THE NUMBER OF HIV INFECTED INDIVIDUALS IN VULNERABLE POPULATIONS THE COALITION INCLUDES 26 AG ENCIES REPRESENTING A RICH AND DIVERSE MIX OF INDIVIDUALS FROM VARIOUS SECTORS IN THE MEMP HIS COMMUNITY, INCLUDING FAITH-BASED, SCHOOL, BUSINESS, CIVIC/COMMUNITY, HOSPITAL, YOUNG A DULTS AND HEALTHCARE ORGANIZATIONS THESE STRATEGIC PARTNERSHIPS HAVE ALLOWED FOR SHARED R ESPONSIBILITY IN THE TRANSFORMATION OF OUR COMMUNITIES THIS IS ESPECIALLY IMPORTANT TO EN SURE OUR EFFORTS ARE DEVELOPED IN A MANNER THAT GUARANTEES SUSTAINABILITY</p>

Identifier	ReturnReference	Explanation
		THE C2P TEAM USED FEDERAL, STATE AND LOCAL RESOURCES TO IDENTIFY AT-RISK YOUTH AND CREATE A PROFILE OF AVAILABLE COMMUNITY RESOURCES REPRESENTING SEVEN DIFFERENT SECTORS, THIS TEAM COMPARED DISEASE AND RISK RATES WITH SERVICE AVAILABILITY, NEIGHBORHOOD STRENGTHS, AND NEIGHBORHOOD NEEDS TO ZERO IN ON PREVENTION STRATEGIES MOST NEEDED TO PROTECT THE HEALTH OF OUR CITY'S YOUTH THE C2P MEMPHIS COALITION HAS IDENTIFIED HIGH-RISK ZIP CODES WITHIN THE COMMUNITY AND AREAS OF HIGH PREVALENCE IN SURROUNDING RURAL AREAS THE IDENTIFIED ROOT CAUSES GATHERED THROUGH MIXED METHODS TOOLS- QUANTITATIVE AND QUALITATIVE-HELPED TO SHAPE A STRATEGIC PLAN AND IDENTIFY OPPORTUNITIES FOR IMPLEMENTATION OF STRUCTURAL AND SYSTEMATIC CHANGES THROUGH THIS YEAR, THE COALITION HAS SUCCESSFULLY COMPLETED SIX STRUCTURAL CHANGE OBJECTIVES AND MORE THAN 75 COMMUNITY ACTION STEPS TOWARD OUR STRATEGIC PLAN OTHER COMMUNITY INITIATIVES INCLUDE THE STRATEGIC MULTISITE INITIATIVE FOR THE IDENTIFICATION, LINKAGE AND ENGAGEMENT IN CARE OF YOUTH WITH & UNDIAGNOSED HIV INFECTION (SMILE) AND HISPANIC OUTREACH OUR SMILE OUTREACH STAFF OFFERS INDIVIDUAL SUPPORT SERVICES TO ENSURE LINKAGE AND FULL ENGAGEMENT IN MEDICAL CARE FOR HIV POSITIVE YOUTH AND YOUNG ADULTS AGES 13-24 TO DATE, WE HAVE INITIATED CONTACT WITH APPROXIMATELY 300 NEWLY INFECTED YOUTH AND YOUNG ADULTS PARTICIPANTS IN THE SMILE PROJECT RECEIVE ASSISTANCE WITH LINKAGE AND ENGAGEMENT IN CARE, CASE MANAGEMENT, CRISIS INTERVENTION, AND REFERRALS TO COMMUNITY SERVICES AND RESOURCES OUR NEWEST INITIATIVE, HISPANIC OUTREACH, FOCUSES ON IDENTIFYING UNDIAGNOSED ASYMPTOMATIC HIV INFECTION IN HISPANIC/LATINO ADOLESCENTS AND YOUNG ADULTS BY USING SOCIAL AND SEXUAL NETWORK-BASED HIV TESTING STRATEGIES FOR REACHING THOSE MOST AT RISK USE OF THIS APPROACH INCLUDES IDENTIFICATION OF INDIVIDUALS WHO ARE HIV-INFECTED OR INDIVIDUALS WHO ARE AT INCREASED RISK FOR HIV INFECTION WHO ARE THEN ASKED TO IDENTIFY AND REFER OTHERS IN THEIR SOCIAL AND SEXUAL NETWORKS WHO THEY THINK MAY BE AT RISK FOR HIV FOR COUNSELING, TESTING REFERRAL SERVICES THROUGH COMMUNITY SUPPORT AND BUY-IN FROM APPROXIMATELY 20 PARTNER AGENCIES, WE HAVE SUCCESSFULLY ENGAGED 94 PARTICIPANTS IN OUTREACH PROTOCOLS

Identifier	ReturnReference	Explanation
	PART VI, LINE 3	AS NOTED IN PART I, LINE 3C, NO FAMILY EVER PAYS ST JUDE FOR ANYTHING THIS NOT ONLY INCLUDES TREATMENT-RELATED EXPENSES, BUT A LARGE NUMBER OF SUPPORT SERVICES HOWEVER, WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVER TN, COVER KIDS, CHIPS AND SOCIAL SECURITY DOING SO ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS WE UTILIZE AN OUTSIDER CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS POSTED ON WWW STJUDE ORG THE POLICY IS COMMUNICATED IN ENGLISH AND SPANISH FOR FAMILIES SPEAKING OTHER LANGUAGES, WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED TRANSLATION SERVICES

Identifier	ReturnReference	Explanation
	PART VI, LINE 4	<p>ST JUDE CHILDREN'S RESEARCH HOSPITAL HAS BEEN DESCRIBED AS "A HOSPITAL WITHOUT WALLS" BECAUSE THE HOSPITAL'S OUTREACH INCLUDES THE LOCAL MARKET, AFFILIATE INSTITUTIONS, OTHER AREAS OF THE UNITED STATES/US TERRITORIES, AND THE INTERNATIONAL COMMUNITY. THE LOCAL MARKET ENCOMPASSES MEMPHIS, TENNESSEE AND THE SURROUNDING GEOGRAPHIC AREA WITH APPROXIMATELY 25% OF NEW ONCOLOGY PATIENTS RESIDING WITHIN THIS AREA. FY 12 NEW CANCER PATIENTS REFERRAL AREA NUMBER OF PATIENTS % OF TOTAL MEMPHIS, TN AND 115,248 84% SURROUNDING AREA AFFILIATE REFERRAL 159,343 34% NATIONAL REFERRAL 176,380 1% (OTHER AREAS OF US) INTERNATIONAL REFERRAL 13,281% GRAND TOTAL 463,100 100% THE DOMESTIC AFFILIATE PROGRAM (DAP) 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 UNITED STATES. THE DAP 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 AT ST JUDE TO DELIVER PROTOCOL-RELATED CARE TO PEDIATRIC HEMATOLOGY-ONCOLOGY PATIENTS, SO THAT PATIENTS CAN RECEIVE CARE CLOSER TO HOME. AFFILIATES ARE CURRENTLY LOCATED IN BATON ROUGE, LA, HUNTSVILLE, AL, JOHNSON CITY, TN, PEORIA, IL, SHREVEPORT, LA, AND SPRINGFIELD, MO. THE AFFILIATES' ENROLLMENT OF PATIENTS ON ST JUDE CLINICAL TRIALS HELPS ST JUDE FIND CURES FASTER AND SAVE MORE CHILDREN. THE AFFILIATE PERCENTAGES OF TOTAL ENROLLMENTS VARY BY DISEASE AND CANCER INCIDENCE, BUT FOR NINE RECENT STUDIES THE AFFILIATES ENROLLED APPROXIMATELY 15-70% OF ALL PATIENTS. ST JUDE PROVIDES FINANCIAL SUPPORT FOR CLINICAL OPERATIONS TO ENSURE EXCELLENT QUALITY OF CARE THAT MEETS ST JUDE PROTOCOL GUIDELINES AND TO PROVIDE PATIENT ASSISTANCE. THE ST JUDE AFFILIATE PROGRAM AND OTHER STAFF ASSIST THE AFFILIATES IN THE DEVELOPMENT OF NEW PEDIATRIC HEMATOLOGY-ONCOLOGY PROGRAMS, PROVIDE MONITORING AND CONSULTATION TO IMPROVE PATIENT CARE AND CLINICAL PROCESSES FOR THE AFFILIATE CLINIC, CHILDREN'S HOSPITAL, AND PROVIDE NUMEROUS EDUCATIONAL OFFERINGS AND MENTORING FOR AFFILIATE STAFF. IN ADDITION, ST JUDE HAS MANY PROCESSES TO ENSURE GOOD CONTINUITY OF CARE BETWEEN THE AFFILIATES AND ST JUDE. THE AFFILIATES' CLINICAL RECORDS FOR SHARED PATIENTS ARE AVAILABLE IN ST JUDE MEDICAL RECORDS AND EVERY AFFILIATE HAS ACCESS TO ST JUDE ELECTRONIC MEDICAL RECORDS OF SHARED PATIENTS. THE AFFILIATES ALSO HAVE ACCESS TO ALL ELECTRONIC RESOURCES, E.G., PATIENT EDUCATION MATERIALS, RESEARCH PROTOCOLS, CLINICAL GUIDELINES AND RESOURCES, EVERYTHING ON THE ST JUDE INTRANET. IN ADDITION TO ASSISTING THE AFFILIATES, ST JUDE PROVIDES CONSULTATION SERVICES FOR MORE THAN 2,000 NATIONAL AND 500 INTERNATIONAL PHYSICIAN REQUESTS FOR FISCAL YEAR 2012 (JULY 2011 - JUNE 2012). THE PATIENT CONSULTATIONS BY CONTINENT TOTALED 2,617 AS FOLLOWS: CONTINENT NO. OF PATIENT CONSULTATIONS: NORTH AMERICA 2,182; CENTRAL AMERICA &amp; THE CARIBBEAN 69; SOUTH AMERICA 74; EUROPE 70; AFRICA 26; ASIA 160; AUSTRALIA 16; UNKNOWN LOCATION 20. TOTAL 2,617. THE MISSION OF THE INTERNATIONAL OUTREACH PROGRAM (IOP) AT ST JUDE 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 ALL DEVELOPING COUNTRIES. CHILDHOOD CANCER IS BOTH BEING IDENTIFIED THROUGH ACCURATE DIAGNOSIS AND REPLACING OTHER CAUSES OF CHILDHOOD MORTALITY (E.G. HIV, MALNUTRITION, INFECTIONS) AS A MAJOR CAUSE OF DEATH IN DEVELOPING COUNTRIES. 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 OUR 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 SI</p>

Identifier	ReturnReference	Explanation
	PART VI, LINE 4	GNIFICANT OVERALL IMPROVEMENT IN HEALTHCARE FACILITIES, THE LEVEL OF PRACTICE, THE SELF-CO NFIDENCE OF HEALTHCARE PROVIDERS, AND LOCAL COMMUNITY INVOLVEMENT WE EMPHASIZE THE BUILDI NG OF REGIONAL EXPERTISE AND DIAGNOSTIC CAPABILITIES, WHICH PROVIDE A CRITICAL MASS OF PRO FESSIONALS WHO CONTINUALLY LEARN FROM AND ASSIST EACH OTHER COST EFFICIENCY IS ALSO REALI ZED BECAUSE OF SHARED RESOURCES ST JUDE HAS PARTNER SITES ALL AROUND THE WORLD, THERE ARE CURRENTLY 20 OFFICIAL PARTNER SITES IN 14 DIFFERENT COUNTRIES AROUND THE WORLD-BRAZIL, CH ILE, CHINA, COSTA RICA, ECUADOR, EL SALVADOR, GUATEMALA, HONDURAS, JORDAN, LEBANON, MEXICO , MOROCCO, PHILIPPINES, VENEZUELA ST JUDE HELPS PARTNER MEDICAL INSTITUTIONS DEVELOP TAI LORED EVIDENCED-BASED PROTOCOLS FOR TREATING CHILDREN WITH CANCER AND OTHER CATASTROPHIC D ISEASES ST JUDE PHYSICIANS SERVE AS MENTORS TO PHYSICIANS AT OUR PARTNER SITES AND CONSU LT ON DIFFICULT CASES WE TRAIN NURSES IN BEST PRACTICES IN CLINICAL CARE AND WORK WITH PA THOLOGISTS ON TECHNIQUES FOR ACCURATE DIAGNOSIS WE ALSO PARTNER WITH LOCAL FUNDRAISING FO UNDATIONS 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 INCR EASE THE SURVIVAL RATES OF CHILDREN ALL ACROSS THE GLOBE SPECIFICALLY BY* DELIVERING BROA D BASED EDUCATION AND TRAINING ONSITE AT ST JUDE, IN EACH SPECIFIC COUNTRY SITE, AND THRO UGH THE ST JUDE CURE4KIDSTM WEB SITE * BUILDING CAPACITY WITHIN PARTICULAR COUNTRIES FOR TREATMENT, CARE AND RESEARCH

Identifier	ReturnReference	Explanation
	PART VI, LINE 5	<p>ST JUDE CHILDREN'S RESEARCH HOSPITAL WAS OPENED IN 1962 BY ENTERTAINER DANNY THOMAS, WITH THE PURPOSE OF "IMPROVING CHILD HEALTH THROUGH RESEARCH IN BIOLOGY AND PEDIATRICS " OUR MISSION IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES T HROUGH RESEARCH AND TREATMENT CONSISTENT WITH THE VISION OF OUR FOUNDER, NO CHILD IS DENI ED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY OUR VISION IS TO BE THE WORLD LEADER IN ADVANCING THE TREATMENT AND PREVENTION OF CATASTROPHIC DISEASES IN CHILDR EN THIS VISION IS PURSUED BY PROVIDING OUTSTANDING PATIENT CARE, BY CONDUCTING BASIC, TRA NSLATIONAL AND CLINICAL RESEARCH DESIGNED TO ELUCIDATE BIOLOGICAL MECHANISMS, UNDERSTAND D ISEASE PATHOGENESIS, IMPROVE DIAGNOSIS, ENHANCE TREATMENT OUTCOME, PREVENT DISEASES AND MI NIMIZE ADVERSE CONSEQUENCES OF TREATMENT, AND BY EDUCATING HEALTHCARE AND SCIENTIFIC RESEA RCH PROFESSIONALS THROUGH THESE EFFORTS WE SEEK TO CURE AND ENHANCE THE QUALITY OF LIFE F OR AN INCREASING PROPORTION OF CHILDREN WHO COME TO US FOR TREATMENT, AND BY EXPANDING AND SHARING KNOWLEDGE, TO ADVANCE TREATMENT OF CHILDREN WITH CATASTROPHIC DISEASES WORLD-WIDE , WHILE DEVELOPING STRATEGIES TO PREVENT CATASTROPHIC DISEASES IN CHILDREN ST JUDE COMBIN ES LABORATORY AND CLINICAL RESEARCH TO ADVANCE THE CARE OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES FOCUSING ON PROVIDING OUTSTANDING PATIENT CARE RESULTS IN RESEARCH FINDINGS THAT TRANSLATE INTO IMPROVED PATIENT OUTCOME ST JUDE HAS AN ACADEMIC FACULTY EN GAGED IN A BROAD SPECTRUM OF RESEARCH INCLUDING THERAPEUTIC TRIALS, INVESTIGATION OF DISEA SE PATHOGENESIS AND DISCOVERY-ORIENTED BASIC RESEARCH HOSPITAL OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, THE MAJORITY ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATI ON, NOR FAMILY MEMBERS THEREOF RESEARCH ACTIVITIES ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS ST JUDE CO NTRIBUTED TO THE BUILDING OF A STATE-OF-THE ART NEUROSURGICAL FACILITY FOR TREATING PEDIAT RIC PATIENTS IN THE SURROUNDING VICINITY AND ST JUDE BRAIN TUMOR PATIENTS THE FACILITY I S EQUIPPED WITH INTRA-OPERATIVE IMAGING EQUIPMENT (IMRI) WHEN PURCHASED, ONLY TWO NEUROSU RGICAL FACILITIES IN THE UNITED STATES PROVIDED PATIENTS THIS LEVEL OF TREATMENT WHICH ALL OWS IMAGING TO TAKE PLACE DURING SURGICAL PROCEDURES IMRI EQUIPMENT ALLOWS SURGEONS TO MA KE INFORMED DECISIONS DURING THE SURGERY LIVE WEB CASTS ALLOW OTHERS TO VIEW PROCEDURES OUR ASSISTANCE WITH THIS FACILITY HELPS ASSURE THAT CHILDREN IN THE AREA HAVE ACCESS TO TH E BEST NEUROSURGICAL TREATMENT AVAILABLE ST JUDE IN COLLABORATION WITH WASHINGTON UNIVERS ITY IN ST LOUIS HAS EMBARKED ON AN UNPRECEDENTED PROJECT TO SEARCH THE HUMAN GENOME TO DI SCOVER MUTATIONS THAT DRIVE CHILDHOOD CANCER THE TEAMS JOINED FORCES TO DECODE THE GENOME S OF OVER 600 CHILDHOOD CANCER PATIENTS WHO CONTRIBUTED TUMOR SAMPLES DISCOVERIES FROM TH IS PROJECT WILL CONTRIBUTE TO FINDING TREATMENTS THAT WILL BE USED WORLDWIDE IN DEVELOPING NEW DIAGNOSTIC TESTS AND MORE EFFECTIVE DRUGS TO SAVE THE LIVES OF CHILDREN WITH CANCER THE THREE-YEAR, \$65 MILLION PROJECT WILL HELP SCIENTISTS IDENTIFY THE GENETIC MISSTEPS THA T TURN A WHITE BLOOD CELL INTO A CANCER CELL AND BENEFIT FUTURE CANCER DIAGNOSTICS AND THE RAPEUTICS TO SPEED UP PROGRESS IN DEVELOPING TREATMENTS AGAINST CANCER AND OTHER DISEASES , THE ST JUDE CHILDREN'S RESEARCH HOSPITAL - WASHINGTON UNIVERSITY PEDIATRIC CANCER GENOM E PROJECT RELEASED RESEARCH RESULTS OF COMPREHENSIVE HUMAN CANCER GENOME DATA FOR FREE ACC ESS BY THE GLOBAL SCIENTIFIC COMMUNITY THE AMOUNT OF INFORMATION RELEASED MORE THAN DOUBL ES THE VOLUME OF HIGH-COVERAGE, WHOLE GENOME DATA CURRENTLY AVAILABLE FROM ALL HUMAN GENOM E SOURCES COMBINED THIS INFORMATION IS VALUABLE NOT JUST TO CANCER RESEARCHERS, BUT ALSO TO SCIENTISTS STUDYING ALMOST ANY DISEASE</p> <p><a href="http://explore.pediatriccancergenomeproject.org/">HTTP //EXPLORE PEDIATRICCANCERGENOMEPROJECT ORG /</a> THE CYCLOTRON (PARTICLE ACCELERATOR) AT ST JUDE ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS O F ADULT PATIENTS RETURNING TO ST JUDE FOR LIFETIME FOLLOW-UP THE CYCLOTRON HELPS RESEARC HERS BETTER UNDERSTAND CHILDHOOD CANCER BY ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING TRACERS ST JUDE LEASES THE SERVICES OF CHILDREN'S GMP, LLC (OF WHICH ST JUDE IS THE SOL E MEMBER) CHILDREN'S GMP, LLC MANAGES AND OPERATES A GOOD MANUFACTURING PRACTICE (GMP) FA CILITY WHICH ENGAGES IN THE PRODUCTION OF BIOLOGICS AND DRUGS FOR RESEARCH THE GMP OFFERS RESOURCES TO STUDY RARE DISEASES OVERLOOKED BY PHARMACEUTICAL COMPANIES BECAUSE THERE IS LITTLE PROFIT IN MANUFACTURING DRUGS FOR LESSER KNOWN DISEASES THE FACILITY, OPERATING AC CORDING TO APPROVED FDA STANDARDS, ALLOWS DOCTORS TO TAILOR TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD THE CELL AND TISSUE IMAGING CENTER INCLUDES ELECTRON MICROSCOPY AND LIGH T MICROSCOPY THE FACILITY PROVIDES INVESTIGATORS</p>



Identifier	ReturnReference	Explanation
	PART VI, LINE 5	ACCESS TO TRANSMISSION ELECTRON MICROSCOPY, CONFOCAL LASER SCANNING MICROSCOPY, MULTIPHOTO N MICROSCOPY, IMAGE ANALYSIS, CELL MICROINJECTION AND LIVE CELL IMAGING THE FEI TECNAI 20 200KV FEG ELECTRON MICROSCOPE, WHICH CAN MAGNIFY AN OBJECT 700,000 TIMES, IS AT THE HEART OF THIS PROGRAM THE ELECTRON MICROSCOPE INSTRUMENT IS ONE OF ONLY 200 OF ITS TYPE IN THE WORLD THIS TECHNOLOGY ALLOWS RESEARCHERS TO GET A CLOSER LOOK AT CANCER TO BETTER UNDERS TAND HOW IT GROWS AND SPREADS AND RESPONDS TO THERAPY USING THE ELECTRON MICROSCOPE, RESE ARCHERS LEARN HOW CANCER CELLS BREAK AWAY FROM THE TUMOR AND SPREAD THROUGHOUT THE BODY CO NSTRUCTION ON A NEW PATIENT CARE AND RESEARCH BUILDING ON THE ST JUDE CAMPUS IS UNDERWAY THE FACILITY WILL HOUSE PROTON BEAM RADIATION THERAPY TECHNOLOGY DESIGNED TO DELIVER RADI ATION THERAPY FOR TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER CHILDHOOD CANCERS PROTON THERAPY IS FAR LESS DAMAGING TO SURROUNDING HEALTHY TISSUE THAN OTHER CURRENT RADI ATION THERAPIES THIS EQUIPMENT WILL ENABLE ST JUDE TO PROVIDE THIS THERAPY IN A MORE INT EGRATED MANNER TO OUTPATIENTS AND ALLOW OUR RADIATION ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TREATMENTS WITH PROTONS CURRENTLY THERE ARE NO OTHER PROTON THERAPY CENTERS IN THE WORLD DEDICATED SOLELY TO THE TREATMENT OF CHILDREN ST JUDE ADMINISTRATIVE LEADERS AND P HARMACEUTICAL DEPARTMENT FACULTY MEMBERS HAVE BEEN AT THE FOREFRONT OF BRINGING NATIONAL A TTENTION TO THE PEDIATRIC CANCER DRUG SHORTAGE TOPIC, ACTIVELY ENGAGING REGULATORY AND LEG ISLATIVE BODIES TO UNDERSTAND THE IMPACT THESE DRUG SHORTAGES HAVE ON PEDIATRIC CARE AND R ESEARCH PRESENTATIONS OR WRITTEN TESTIMONY HAVE BEEN PROVIDED TO THE FDA CENTER FOR DRUG EVALUATION AND RESEARCH WORKSHOP, TWO SENATE HEARINGS, AND HEALTH SUBCOMMITTEE OF THE HOUS E COMMITTEE ON ENERGY AND COMMERCE ST JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT GE NERATION OF DOCTORS, NURSES, RESEARCHERS AND ACADEMIC LEADERS FROM PROGRAMS FOR HIGH SCHO OL STUDENTS TO THE POST-DOCTORAL LEVEL, THE HOSPITAL PLAYS A MAJOR ROLE IN PREPARING FUTUR E LEADERS OF SCIENCE AND MEDICINE IN ADDITION TO ONSITE EDUCATION, THE INTERNATIONAL OUTR EACH PROGRAM PROVIDES AN EDUCATION AND COLLABORATION WEB SITE, CURE4KIDS [TM] (WWW.CURE4KI DS.ORG) THE WEB SITE HAS OVER 33,000 USERS IN 185 COUNTRIES THE ONLINE CONTENT HAS BEEN ACCESSED MORE THAN 6 MILLION TIMES SINCE ITS INCEPTION IN 2002 IN CONJUNCTION WITH MEMPHIS CITY SCHOOLS, ST JUDE HOLDS KYSS (KNOW YOUR SICKLE STATUS) TRAINING SESSIONS TO TEACH ST UDENTS AND SPORTS MANAGERS TO RECOGNIZE THE ONSET OF SCD SYMPTOMS AND HOW TO RESPOND OR HE LP STUDENTS WITH SCD MANAGE THEIR SYMPTOMS THE SICKLE CELL CENTER'S COMMUNITY FOCUS IS TH E ENHANCEMENT OF PUBLIC AWARENESS ABOUT SCD AND OTHER HEMOGLOBINOPATHIES, AS WELL AS, THE AVAILABILITY OF COUNSELING AND TREATMENT SERVICES ST JUDE DOES THIS THROUGH ADVOCACY PRO GRAMS THAT COORDINATE WITH LOCAL SCHOOL SYSTEMS AND COMMUNITY HEALTHCARE AGENCIES VIA THE CONNECT2PROTECT PROGRAM, ST JUDE COLLABORATES WITH CHURCHES, OTHER HEALTHCARE ORGANIZATI ONS AND CIVIC GROUPS TO RAISE AWARENESS ABOUT PREVENTING THE SPREAD OF HIV/AIDS THE PRIMA RY TARGET IS THE AFRICAN AMERICAN COMMUNITY ALTHOUGH OTHER ETHNIC GROUPS ARE ALSO SERVED I NCLUDING ASIAN, CAUCASIAN, AND HISPANIC THE CANCER EDUCATION PROGRAM FOR SCHOOL STUDENTS T EACHES HEALTHY EATING AND EXERCISE HABITS AS WELL AS DISCOURAGES SMOKING THE TOLL-FREE QUI TLINE IS AVAILABLE TO ANYONE WHO HAS BEEN TREATED FOR PEDIATRIC CANCER IN ORDER TO ENCOURA GE SURVIVORS TO KICK THE SMOKING HABIT CALLERS TALK TO COUNSELORS FOR SUPPORT AND TOOLS T O SUSTAIN THEIR EFFORTS THE FUNDRAISING SOURCE FOR ST JUDE IS ALSAC WHICH RAISES FUNDS SO LELY FOR THE HOSPITAL BECAUSE OF THE HOSPITAL'S MISSION, PEOPLE NATIONWIDE CONTRIBUTE VIA TENS OF THOUSANDS OF FUNDRAISING EFFORTS ALSAC CONTRIBUTED \$442 MILLION IN FISCAL YEAR 2 012 TO MEET THE OPERATING COST OF ST JUDE

Identifier	ReturnReference	Explanation
		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 LEND ASSISTANCE AND PROVIDE COMPASSIONATE CONCERN BY OFFERING A LISTENING EAR TO FAMILIES AT A TIME WHEN THEY NEED IT MOST THEY ARE VITAL AMBASSADORS BETWEEN THE HOSPITAL AND COMMUNITY

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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

DLN: 93493119005053

OMB No 1545-0047

2011

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 Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

Yes

No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NURSING INSTITUTE OF THE MID-SOUTH INC 920 MADISON AVENUE SUITE 815 MEMPHIS,TN 381630000	26-1325853	501(C)(3)	25,000				NURSING WORKFORCE DEVELOPMENT
(2) UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER62 S DUNLAP SUITE 103 MEMPHIS,TN 381630000	62-6001636	GOV'T ENTITY	2,000,000				COLLABORATION AND SUPPORT
(3) OSF SAINT FRANCIS MEDICAL CENTER530 NE GLEN OAK AVENUE PEORIA,IL 616370000	37-0662569	501(C)(3)	490,909				OPERATION OF THE ST JUDE CLINIC AT OSF
(4) SIU FOUNDATIONSIU SCHOOL OF MEDICINE PO BOX 19678 19678 SPRINGFIELD,IL 627949676	37-6024575	501(C)(3)	10,000				GENERAL SUPPORT

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ST JUDE CHILDREN'S RESEARCH HOSPITAL IS ACTIVELY INVOLVED WITH THE DONEE THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE THE SUPPORT IS USED APPROPRIATELY

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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 type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</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><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</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	No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD C SHADYAC JR	(i)	0	0	0	0	0	0	0
	(ii)	591,920	0	1,242	25,027	16,705	634,894	0
(2) WILLIAM E EVANS	(i)	782,166	0	122,077	26,950	8,786	939,979	0
	(ii)	0	0	0	0	0	0	0
(3) JAMES R DOWNING	(i)	663,322	0	87,808	26,950	24,493	802,573	0
	(ii)	0	0	0	0	0	0	0
(4) JOSEPH H LAVER	(i)	597,397	0	10,558	56,450	24,493	688,898	0
	(ii)	0	0	0	0	0	0	0
(5) RICHARD GILBERTSON	(i)	332,797	50,683	67,248	36,586	22,811	510,125	0
	(ii)	0	0	0	0	0	0	0
(6) MICHAEL B KASTAN	(i)	430,028	0	1,746	26,950	15,350	474,074	0
	(ii)	0	0	0	0	0	0	0
(7) MICHAEL CANARIOS	(i)	356,473	0	24,603	51,786	26,948	459,810	0
	(ii)	0	0	0	0	0	0	0
(8) GEORGE BIKHAZI	(i)	473,877	12,000	8,461	26,950	19,069	540,357	0
	(ii)	0	0	0	0	0	0	0
(9) ANDREW DAVIDOFF	(i)	517,287	0	37,432	72,837	24,325	651,881	0
	(ii)	0	0	0	0	0	0	0
(10) LARRY KUN	(i)	636,157	10,000	8,382	26,950	20,901	702,390	0
	(ii)	0	0	0	0	0	0	0
(11) THOMAS MERCHANT	(i)	475,030	10,000	139,872	37,641	31,993	694,536	26,538
	(ii)	0	0	0	0	0	0	0
(12) CHING-HON PUI	(i)	462,008	12,500	43,956	26,950	8,167	553,581	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	PART I, LINE 1A 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 INDEMNICATIONS AND GROSS UP PAYMENTS FOUR OFFICERS WERE REIMBURSED GROSS UP DEPENDENT TUITION WHICH IS INCLUDED AS COMPENSATION TO THE OFFICERS
	PART I, LINE 4B	WILLIAM E EVANS, \$117,693 00, JAMES R DOWNING, \$74,340 00, MICHAEL CANARIOS, \$24,836 29, RICHARD GILBERTSON, \$52,632 29 MICHAEL B KASTAN, \$38,660 00, JOSEPH H LAVER, \$29,500 00, THOMAS MERCHANT, \$138,318 65, ANDREW DAVIDOFF, \$45,886 50, CHING-HON PUI, \$39,599 97
SUPPLEMENTAL INFORMATION	PART III	PART II RICHARD C SHADYAC, JR SERVES AS A VOTING DIRECTOR OF THE BOARD OF ST JUDE MR SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC A RELATED ORGANIZATION TO ST JUDE THE COMPENSATION SHOWN IN COLUMNS (B), (C), (D) AND (E) WAS PAID TO MR SHADYAC BY ALSAC FOR HIS DUTIES AS CEO OF ALSAC

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number  
62-0646012

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A THE HEALTH EDUCATIONAL & HOUSING FACILITY BOARD OF THE COUNTY OF SHELBYTN	52-1283414	821697XJ3	12-21-2006	250,725,271	\$130 7 MILLION FOR CONSTRUCTION OF INTEGRATED PATIENT CARE AND RESEARCH		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	21,538,779							
2	Amount of bonds defeased								
3	Total proceeds of issue	252,012,996							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	3,026,125							
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,658,551							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	2,188,865							
10	Capital expenditures from proceeds	129,840,961							
11	Other spent proceeds	115,298,494							
12	Other unspent proceeds								
13	Year of substantial completion	2008							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

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



Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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	1 400 %							
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	1 400 %							
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	
		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 entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
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						

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☒ Yes ☐ No

Part VI

Supplemental Information

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

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

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons  
▶ 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.

OMB No 1545-0047  
**2011**  
Open to Public Inspection

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
(1) SUSANNA M DOWNING	FAMILY MEMBER OF JAMES R DOWNING, EVP/SCIENTIFIC DIRECTOR	34,996	EMPLOYMENT		No
(2) RACHEL LAVER	FAMILY MEMBER OF JOSEPH H LAVER, EVP/CLINICAL DIRECTOR	19,259	EMPLOYMENT		No
(3) MARY V RELLING	FAMILY MEMBER OF WILLIAM E EVANS, DIRECTOR/CEO AND EX-OFFICIO DIRECTOR	382,969	EMPLOYMENT		No
(4) SHAKER RECRUITMENT ADVERTISING AND COMMUNICATIONS	ENTITY MORE THAN 35% OWNED BY DIRECTORS JOSEPH G SHAKER & ROBERT A BREIT	544,501	ADVERTISING		No

Part V

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization ST JUDE CHILDREN'S RESEARCH HOSPITAL INC	Employer identification number 62-0646012
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Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP AMONG DIRECTORS JOSEPH S AYOUB, JR AND PAUL J AYOUB, FRED P GATTAS, III AND FRED P GATTAS, JR , CAMILLE F SARROUF, SR AND CAMILLE F SARROUF, JR , GEORGE A SIMON II AND PAUL J SIMON, TERRE THOMAS AND TONY THOMAS, ROBERT A BREIT AND JOSEPH G SHAKER BUSINESS RELATIONSHIP AMONG DIRECTORS ROBERT A BREIT AND JOSEPH G SHAKER

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	<p>THE ST JUDE BYLAWS WERE REVIEWED AND REVISED BY THE LEGAL AND COMPLIANCE COMMITTEE AND APPROVED BY THE BOARD THERE WERE TECHNICAL AND CLARIFICATION EDITS TO EVERY ARTICLE OF THE BYLAWS AND THE FOLLOWING REPRESENTS A SUMMARY OF THE SIGNIFICANT EDITS 1)ARTICLE II - THE PURPOSE OF THE HOSPITAL THE PURPOSE OF THE HOSPITAL IS MORE CLEARLY DEFINED TO ENSURE ITS PURPOSE IS MORE INCLUSIVE OF THE MEDICAL CARE, HUMANITARIAN EFFORTS AND RESEARCH OF THE HOSPITAL 2)ARTICLE IV, SECTION 4 - POWERS AND DUTIES OF THE BOARD THE BYLAW PROVISION RELATIVE TO APPROVAL OF EXPENDITURES BY THE BOARD WAS AMENDED TO PROVIDE THAT IF MANAGEMENT ANTICIPATES THAT EXPENDITURES OF THE OPERATING OR CAPITAL BUDGETS WILL EXCEED THE BOARD APPROVED FISCAL YEAR BUDGET BY MORE THAN ONE MILLION DOLLARS (\$1,000,000), THE CEO SHALL NOTIFY THE BOARD CHAIRPERSON AND RECEIVE PRIOR BOARD APPROVAL 3)ARTICLE IV SECTION 8 - ACTION BY CONSENT OF BOARD THIS PROVISION WAS AMENDED TO PROVIDE THAT BOARD ACTION MAY BE TAKEN WITHOUT A MEETING IF ALL VOTING MEMBERS CONSENT IN WRITING AND CERTAIN OTHER PROCEDURAL AND NOTICE REQUIREMENTS ARE MET 4)ARTICLE IV SECTION 9 - QUORUM REQUIREMENTS THE BOARD QUORUM REQUIREMENT WAS INCREASED FROM ONE THIRD (1/3) TO ONE HALF (1/2) THE NUMBER OF VOTING, ELECTED MEMBERS OF THE BOARD 5)ARTICLE IV SECTION 11 - COMPENSATION THIS SECTION WAS CLARIFIED TO PROVIDE THAT NO BOARD MEMBER SHALL RECEIVE COMPENSATION FOR BOARD SERVICE AND THAT ALL RELATIONSHIPS BETWEEN BOARD MEMBERS AND ST JUDE SHALL BE SUBJECT TO THE CONFLICTS OF INTEREST POLICY 6)ARTICLE V, SECTION 6 - HOSPITAL DIRECTOR AND CEO THE CEO DUTIES WERE CLARIFIED AND IT IS PROVIDED THAT THE CEO IS AN EX OFFICIO, VOTING MEMBER OF THE BOARD AND A NON-VOTING, EX OFFICIO MEMBER OF ALL STANDING COMMITTEES EXCEPT AUDIT, COMPENSATION, CONFLICTS OF INTEREST, LIAISON OR NOMINATING 7)ARTICLE VI, SECTION 1 - STANDING COMMITTEES THE NAME OF THE LEGAL &amp; BYLAWS COMMITTEE WAS CHANGED TO THE LEGAL AND COMPLIANCE COMMITTEE, AND THE CONFLICT OF INTEREST AND GOVERNANCE COMMITTEES WERE ADDED TO THE LIST OF STANDING COMMITTEES 8)ARTICLE VII - EXECUTIVE MANAGEMENT BOARD THIS SECTION RELATED TO A SUBSET OF THE BOARD, WHICH HAD AUTHORITY TO ACT IN CERTAIN INSTANCES WITHOUT THE APPROVAL OF THE ENTIRE BOARD, AND WAS DELETED IN ITS ENTIRETY 9) ARTICLE X - MEDICAL STAFF LANGUAGE HAS BEEN ADDED TO ENSURE COMPLIANCE WITH A JOINT COMMISSION STANDARD WHICH PROHIBITS EITHER THE MEDICAL STAFF OR THE BOARD FROM UNILATERALLY AMENDING THE MEDICAL STAFF BYLAWS ANY DISAGREEMENTS REGARDING PROPOSED REVISIONS OR AMENDMENTS TO THE MEDICAL STAFF BYLAWS SHOULD BE DISCUSSED AT A JOINT CONFERENCE OF THE MEDICAL STAFF AND THE BOARD REFERENCES TO THE QUALITY ASSURANCE AND PATIENT CARE COMMITTEE'S REVIEW AND APPROVAL AUTHORITY FOR CLINICAL STAFF APPOINTMENTS AND RE-APPOINTMENTS HAVE BEEN CHANGED TO REFLECT THE COMMITTEE'S ACTUAL FUNCTION, WHICH IS TO REVIEW MEDICAL STAFF APPOINTMENTS AND RE-APPOINTMENTS THE MEDICAL STAFF CONSISTS OF MEDICAL DOCTORS, DOCTORS OF OSTEOPATHY, DENTISTS AND CLINICAL PSYCHOLOGISTS THE CLINICAL STAFF CONSISTS OF THE MEDICAL STAFF, AS WELL AS CLINICAL PHARMACISTS, PHYSICIAN ASSISTANTS, NURSE PRACTITIONERS, AND CERTIFIED REGISTERED NURSE ANESTHETISTS 10)ARTICLE XVI- UNIVERSITY AFFILIATION THE REQUIREMENT THAT THE HOSPITAL BE AFFILIATED WITH THE UNIVERSITY OF TENNESSEE HEALTH SCIENCES CENTER WAS DELETED 11)PROVISIONS REQUIRING APPROVAL BY THE BOARD OF THE APPOINTMENT OF CERTAIN MEMBERS OF THE MANAGEMENT TEAM HAVE BEEN DELETED</p>

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD COMMISSIONS 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 2011



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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -58,183 CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS ALSAC 72,841,983 CHANGE IN INTEREST IN NET ASSETS OF ALSAC -32,845 TOTAL TO FORM 990, PART XI, LINE 5 72,750,955

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

2011

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
(1) CHILDREN'S GMP LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 62-0646012	VACCINE MANUFACTURER	TN	-2,802,047	774,517	N/A
(2) THANKS & GIVING LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 20-1310435	ROYALTY INCOME FROM RECORD SALES	TN	184	10,632	N/A
(3) THE RIGHT WORDS LLC 262 DANNY THOMAS PLACE MEMPHIS, TN 381053678 95-4878579	ROYALTY INCOME FROM BOOK SALES	NY	0	0	N/A

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC  501 ST JUDE PLACE  MEMPHIS, TN 38105 35-1044585	SOLICIT SUPPORT FOR THE OPERATION OF ST JUDE	IL	501(C)(3)	SEC 170 (B)(1)(A)(IV)	N/A		No

Part III

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

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

Part IV

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

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

## Part V

## Transactions With Related Organizations

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

**Yes**

No

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1a		No
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<b>1b</b>		<b>No</b>
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1c	Yes	
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<b>1d</b>		<b>No</b>
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<b>1e</b>		<b>No</b>
-----------	--	-----------

<b>1f</b>		<b>No</b>
-----------	--	-----------

<b>1g</b>		<b>No</b>
-----------	--	-----------

<b>1h</b>		<b>No</b>
-----------	--	-----------

<b>1i</b>		<b>No</b>
-----------	--	-----------

1j	No
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1k		No
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11	Yes	
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1m	No
----	----

<b>1n</b>		<b>No</b>
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10	Yes	
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1p	Yes	
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1q	No
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<b>1r</b>		<b>No</b>
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2

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
1) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	C	441,990,544	CASH VALUE
2) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	L	441,990,544	CASH VALUE
3) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	O	898,773	CASH VALUE
4) AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC	P	830,803	CASH VALUE
5)			
6)			

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]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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# St. Jude Children's Research Hospital, Inc. and Subsidiary

Consolidated Financial Statements as of and  
for the Years Ended June 30, 2012 and 2011,  
and Independent Auditors' Report

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

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## INDEPENDENT AUDITORS' REPORT

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

We have audited the accompanying consolidated statements of financial position of St. Jude Children's Research Hospital, Inc. and its wholly owned subsidiary (collectively, the "Hospital"), as of June 30, 2012 and 2011, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

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

In our opinion, such consolidated financial statements present fairly, in all material respects, the consolidated financial position of the Hospital as of June 30, 2012 and 2011, and the results of its operations, changes in its functional expenses, and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

*Deloitte & Touche LLP*

November 5, 2012

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

## CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2012 AND 2011

	2012	2011
<b>ASSETS</b>		
CURRENT ASSETS		
Cash	\$ 630,443	\$ 2,426,793
Assets limited as to use — held by trustee	10,208,625	10,099,500
Accounts receivable		
Patient care services — net	12,790,434	11,242,536
Grants and contracts	8,142,964	11,133,917
Other	408,820	573,550
Inventories	5,642,230	3,732,709
Prepaid expenses and other assets	9,430,833	11,203,641
Total current assets	47,254,349	50,412,646
ASSETS LIMITED AS TO USE — Excluding current portion	1,479,342	3,212,783
INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	2,454,455.103	2,381,645.965
PROPERTY AND EQUIPMENT — Net	425,933,712	423,272,461
UNAMORTIZED BOND ISSUANCE COSTS	1,295,340	1,364,638
TOTAL	<u>\$ 2,930,417,846</u>	<u>\$ 2,859,908,493</u>
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES		
Current portion of long-term debt	\$ 4,655,000	\$ 4,435,000
Accounts payable	37,140,387	31,723,139
Accrued payroll costs	23,413,613	31,313,162
Accrued interest	5,553,625	5,664,500
Employee health liability costs	3,729,491	2,790,645
Total current liabilities	74,492,116	75,926,446
LONG-TERM DEBT — Excluding current portion	229,186,492	234,467,223
DEFERRED REVENUES FROM GRANTS AND CONTRACTS	5,893,609	6,415,432
OTHER LONG-TERM LIABILITIES	3,089,364	1,460,038
Total liabilities	312,661,581	318,269,139
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Unrestricted	1,782,242,015	1,706,092,259
Temporarily restricted	52,799,597	46,913,705
Permanently restricted	782,714,653	788,633,390
Total net assets	2,617,756,265	2,541,639,354
TOTAL	<u>\$ 2,930,417,846</u>	<u>\$ 2,859,908,493</u>

See notes to consolidated financial statements

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

## CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012				2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
REVENUES, GAINS, AND OTHER SUPPORT								
Net patient service revenue	\$ 95,536,676	\$ -	\$ -	\$ 95,536,676	\$ 88,718,150	\$ -	\$ -	\$ 88,718,150
Research grants and contracts	95,189,714	-	-	95,189,714	101,487,671	-	-	101,487,671
Net investment (loss) gain	(16,570)	-	-	(16,570)	229,752	-	-	229,752
Other	7,504,018	-	-	7,504,018	8,420,675	-	-	8,420,675
Total revenues, gains, and other support	198,213,838	-	-	198,213,838	198,856,248	-	-	198,856,248
EXPENSES								
Program services								
Patient care services	289,489,762	-	-	289,489,762	265,713,135	-	-	265,713,135
Research	309,831,750	-	-	309,831,750	299,348,142	-	-	299,348,142
Education, training, and community services	7,527,349	-	-	7,527,349	7,804,188	-	-	7,804,188
Total program services	606,848,861	-	-	606,848,861	572,865,465	-	-	572,865,465
Supporting services — administrative and general	28,172,240	-	-	28,172,240	27,166,239	-	-	27,166,239
Total expenses	635,021,101	-	-	635,021,101	600,031,704	-	-	600,031,704
CHANGE IN INTEREST IN UNRESTRICTED NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	72,841,983	-	-	72,841,983	308,964,137	-	-	308,964,137
LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT	(1,875,508)	-	-	(1,875,508)	(52,422)	-	-	(52,422)
EXPENSES IN EXCESS OF REVENUES, GAINS, AND OTHER SUPPORT	(365,840,788)	-	-	(365,840,788)	(92,263,741)	-	-	(92,263,741)
NET SUPPORT RECEIVED FROM AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	441,990,544	-	-	441,990,544	375,102,514	-	-	375,102,514
CHANGE IN INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	-	5,885,892	(5,918,737)	(32,845)	-	9,671,186	125,859,490	135,530,676
CHANGES IN NET ASSETS	76,149,756	5,885,892	(5,918,737)	76,116,911	282,838,773	9,671,186	125,859,490	418,369,449
NET ASSETS — Beginning of year	1,706,092,259	46,913,705	788,633,390	2,541,639,354	1,423,253,486	37,242,519	662,773,900	2,123,269,905
NET ASSETS — End of year	\$1,782,242,015	\$52,799,597	\$782,714,653	\$2,617,756,265	\$1,706,092,259	\$46,913,705	\$788,633,390	\$2,541,639,354

See notes to consolidated financial statements

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

## CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012			2011		
	Program Services	Supporting Services — Administrative and General	Total Program and Supporting Services	Program Services	Supporting Services — Administrative and General	Total Program and Supporting Services
SALARIES AND BENEFITS	\$ 323,675,032	\$ 14,958,748	\$ 338,633,780	\$ 306,472,548	\$ 14,985,137	\$ 321,457,685
PROFESSIONAL FEES AND CONTRACT SERVICES	86,580,543	4,412,870	90,993,413	83,091,145	3,663,163	86,754,308
SUPPLIES	85,764,856	1,362,414	87,127,270	77,439,820	1,285,610	78,725,430
TELEPHONE	1,149,147	112,696	1,261,843	1,019,298	109,123	1,128,421
OCCUPANCY	18,920,575	2,046,374	20,966,949	18,062,217	1,847,634	19,909,851
TRAVEL AND MEETINGS	10,167,132	247,455	10,414,587	9,237,836	206,604	9,444,440
INTEREST AND AMORTIZATION	10,016,249	18,641	10,034,890	10,383,523	18,850	10,402,373
MISCELLANEOUS	<u>10,263,111</u>	<u>2,758,678</u>	<u>13,021,789</u>	<u>6,813,371</u>	<u>2,294,761</u>	<u>9,108,132</u>
Total before depreciation	546,536,645	25,917,876	572,454,521	512,519,758	24,410,882	536,930,640
DEPRECIATION	<u>60,312,216</u>	<u>2,254,364</u>	<u>62,566,580</u>	<u>60,345,707</u>	<u>2,755,357</u>	<u>63,101,064</u>
	<u>\$ 606,848,861</u>	<u>\$ 28,172,240</u>	<u>\$ 635,021,101</u>	<u>\$ 572,865,465</u>	<u>\$ 27,166,239</u>	<u>\$ 600,031,704</u>

See notes to consolidated financial statements

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

## CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012	2011
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Changes in net assets	\$ 76,116,911	\$ 418,369,449
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Support received from American Lebanese Syrian Associated Charities, Inc.	(441,990,544)	(375,102,514)
Change in interest in net assets of American Lebanese Syrian Associated Charities, Inc.	(72,809,138)	(444,494,813)
Depreciation	62,566,580	63,101,064
Amortization	(556,433)	(552,267)
Net realized and unrealized investment losses (gains)	16,570	(229,752)
Loss from disposal of property and equipment	1,875,508	52,422
Changes in operating assets and liabilities:		
Accounts receivable	1,607,785	(610,554)
Inventories	(1,909,521)	375,049
Prepaid expenses and other assets	1,772,808	2,666,932
Accounts payable and other accrued liabilities	(25,004)	4,328,987
Deferred revenues from grants and contracts	(521,823)	1,084,555
Net cash used in operating activities	(373,856,301)	(331,011,442)
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Net decrease in assets limited as to use	1,607,746	602,950
Capital expenditures	(67,141,428)	(44,720,886)
Proceeds from the sale of property and equipment	38,089	71,502
Net cash used in investing activities	(65,495,593)	(44,046,434)
<b>CASH FLOWS FROM FINANCING ACTIVITIES:</b>		
Support received from American Lebanese Syrian Associated Charities, Inc.	441,990,544	375,102,514
Bond principal payment	(4,435,000)	(4,220,000)
Net cash provided by financing activities	437,555,544	370,882,514
<b>NET CHANGE IN CASH</b>	<b>(1,796,350)</b>	<b>(4,175,362)</b>
<b>CASH — Beginning of year</b>	<b>2,426,793</b>	<b>6,602,155</b>
<b>CASH — End of year</b>	<b>\$ 630,443</b>	<b>\$ 2,426,793</b>

See notes to consolidated financial statements.

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

### NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

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#### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

St. Jude Children's Research Hospital, Inc. (the "Hospital"), is a research, treatment, and education center whose mission is to save children's lives by finding the causes of catastrophic illnesses, improving related treatments, and finding cures for their diseases. More than 7,800 patients are seen at the Hospital yearly, most of whom are treated on a continuing outpatient basis as part of ongoing research programs and account for approximately 66,000 hospital visits per year. The current basic science and clinical research at the Hospital includes work in gene therapy, chemotherapy, the biochemistry of normal cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, pediatric AIDS, and physiological effects of catastrophic illnesses.

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

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

**Cash** — The Hospital has a cash management arrangement with ALSAC, generally providing for ALSAC's reimbursement of Hospital funds when Hospital checks are presented for payment.

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

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

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

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

**Costs of Borrowing** — Bond issuance costs and bond premiums are amortized over the term of the related bond issue. Approximately \$69,000 of bond issuance costs and approximately \$626,000 of bond premium were amortized during 2012. Approximately \$69,000 of bond issuance costs and approximately \$621,000 of bond premium were amortized during 2011.



The Hospital capitalizes interest cost on qualified construction expenditures, net of income earned on related trust assets, as a component of the cost of related projects. Interest totaling approximately \$516,000 and \$374,000 was capitalized in 2012 and 2011, respectively.

**Property and Equipment** — Equipment is recorded at cost and is depreciated on a straight-line basis over estimated useful lives of 3 to 20 years. Leasehold interests are recorded at cost and are depreciated on a straight-line basis over the term of their lease or their estimated useful lives, whichever is shorter. The Hospital evaluates the carrying value of its property and equipment under the provisions of ASC Topic 360, *Property, Plant, and Equipment*. Under ASC Topic 360, when events, circumstances, and operating results indicate that the carrying value of property and equipment assets may be impaired, the Hospital prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate that the recorded amounts are not expected to be recoverable, such amounts are reduced to estimate fair value.

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

**Net Patient Service Revenues and Receivables** — No family ever pays the Hospital for the care their child receives. Accordingly, net patient service revenue consists only of estimated net realizable amounts from third-party payors for services rendered, including estimated retroactive revenue adjustments (if necessary) due to future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. Patient service revenue has been reduced by adjustments for uncollectible accounts totaling approximately \$558,000 and \$532,000 in 2012 and 2011, respectively.

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

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

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

As of June 30, 2012, the Hospital had not identified any uncertain tax positions under ASC Topic 740, *Income Taxes*, 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 ending in 2009 through 2012 are open to examination by the federal and state taxing authorities, respectively. There are no income tax examinations currently in process.

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

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

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

**Subsequent Events** — The Hospital has evaluated the impact of significant subsequent events. There have been no subsequent events through November 5, 2012, the date the consolidated financial statements were available to be issued, that require recognition or disclosure.

**Recent Accounting Pronouncements** — In January 2010, the FASB issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements*, which amends ASC Topic 820, *Fair Value Measurements and Disclosures*, adding a new disclosure requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis. This requirement is effective for fiscal years beginning after December 15, 2010. The adoption in 2011 did not materially affect the Hospital's consolidated financial statements.

Effective July 1, 2011, the Hospital adopted ASU No. 2010-23, *Health Care Entities Measuring Charity Care for Disclosure*. This amendment to ASC Topic 954, *Health Care Entities*, requires the measurement of the amount of charity care provided be based on the direct and indirect costs of providing the services. The Hospital determined the estimated costs of charity care services by using a ratio of cost to gross charges and applying this ratio to the gross uncompensated charges associated with providing care to charity patients. The effect of adopting ASU No. 2010-23 did not have a material impact on the Hospital's consolidated financial statements, but resulted in additional disclosure in Note 7.

In May 2011, the FASB issued ASU No. 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U S GAAP and IFRSs*, which amends ASC Topic 820. ASU No. 2011-04 also requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and Level 2. In addition, the ASU No. 2011-04 provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurement. The ASU No. 2011-04 requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for reporting periods beginning after December 15, 2011. The adoption will not have a material effect on the Hospital's consolidated financial statements. Management has not yet determined the impact on the disclosures in the consolidated financial statements.

## 2. ASSETS LIMITED AS TO USE

The composition of assets limited as to use as of June 30, 2012 and 2011, is as follows:

	2012	2011
Under bond indenture agreements — held by trustee	\$ 10,208,625	\$ 10,099,500
Other investments — property held for resale	-	1,718,391
Under self-insurance funding arrangements — pooled investment funds	<u>1,479,342</u>	<u>1,494,392</u>
	11,687,967	13,312,283
Less amounts classified as current assets	<u>10,208,625</u>	<u>10,099,500</u>
Total	<u>\$ 1,479,342</u>	<u>\$ 3,212,783</u>

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

The composition of net investment (loss) gain for the years ended June 30, 2012 and 2011, is as follows:

	2012	2011
Interest and dividend income	\$ 14,645	\$ 18,090
Net realized and unrealized investment (losses) gains	<u>(31,215)</u>	<u>211,662</u>
Total	<u>\$ (16,570)</u>	<u>\$ 229,752</u>

## 3. TRUSTEED BOND FUNDS

The trustee bond funds were established in accordance with the requirements of the indentures related to the Hospital Revenue Bonds discussed in Note 5. The trustee bond funds were approximately \$10,209,000 and \$10,100,000 as of June 30, 2012 and 2011, respectively. These funds are held by the bond trustee for the annual debt service of the Hospital Revenue Bonds.

#### 4. PROPERTY AND EQUIPMENT

A summary of property and equipment as of June 30, 2012 and 2011, is as follows:

	2012	2011
Leasehold interests:		
Land and improvements	\$ 6,172,734	\$ 6,166,438
Buildings and improvements	628,275,431	623,372,287
Owned property:		
Equipment	301,489,069	283,266,502
Construction in progress	<u>36,488,910</u>	<u>1,376,773</u>
	972,426,144	914,182,000
Less accumulated depreciation	<u>546,492,432</u>	<u>490,909,539</u>
Total	<u>\$425,933,712</u>	<u>\$423,272,461</u>

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

Construction in progress at June 30, 2012, was principally composed of costs related to Tower II. The new tower, a mirror image of the existing 340,000-square-foot Chili's Care Center (CCC), will include replacement facilities for St. Jude's surgical department and intensive care unit. It will also house a department of computational biology and the Global Education Collaboration Center. Tower II will also be home to a new proton-beam radiation therapy center for cancer treatment. Tower II is expected to be substantially complete in FY2014, and proton beam radiation therapy equipment that is to be housed in the building is expected to be substantially complete in FY2016, at the total estimated cost of property and equipment of \$198.8 million.

#### 5. LONG-TERM DEBT

A summary of long-term debt as of June 30, 2012 and 2011, is as follows:

	2012	2011
Series 2006 Revenue Bonds due in annual installments through 2036, fixed interest from 4%–5%	\$222,145,000	\$226,580,000
Unamortized premium on bonds	<u>11,696,492</u>	<u>12,322,223</u>
	233,841,492	238,902,223
Less current portion	<u>(4,655,000)</u>	<u>(4,435,000)</u>
Total	<u>\$229,186,492</u>	<u>\$234,467,223</u>

In November 2006, the Hospital entered into an agreement with Shelby County, Tennessee, to issue \$235,765,000 of Series 2006 Hospital Revenue Bonds (the "Series 2006 Bonds") at a premium of approximately \$14,960,000. The bonds were issued on December 21, 2006. The Series 2006 Bonds were

issued to refund a portion of the Series 1999 Hospital Revenue Bonds, to refund prior capital expenditures funded by ALSAC relating to the construction of the CCC, and to fund future construction costs of CCC. Some of the funds were used to pay issuance costs for the Series 2006 Bonds as permitted.

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

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

<b>Years Ending June 30</b>	<b>Long-Term Debt</b>
2013	\$ 4,655,000
2014	4,890,000
2015	5,130,000
2016	5,390,000
2017	5,660,000
Thereafter	<u>196,420,000</u>
	222,145,000
Plus unamortized premium on bonds	<u>11,696,492</u>
<b>Total</b>	<b><u>\$233,841,492</u></b>

The Hospital paid interest and bond issue costs of approximately \$11,200,000 and \$11,400,000 during the years ended June 30, 2012 and 2011, respectively.

## **6. NET PATIENT SERVICE REVENUE**

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

*Medicaid* — Inpatient and outpatient services rendered to Medicaid program beneficiaries are generally paid based upon prospective reimbursement methodologies established by the beneficiaries' state of residence. Revenue from the Medicaid program accounted for approximately 26% and 25% of the Hospital's net patient service revenue for the years ended June 30, 2012 and 2011, respectively.

*Blue Cross* — All acute care services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates. Revenue from Blue Cross subscribers accounted for approximately 28% and 30% of the Hospital's net patient service revenue for the years ended June 30, 2012 and 2011, respectively.

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

The components of net patient service revenue as of June 30, 2012 and 2011, consisted of the following:

	<b>2012</b>	<b>2011</b>
Gross patient service revenue — net of charity care charges foregone	\$ 343,673,829	\$ 301,219,257
Less provision for contractual adjustments and uncollectible charges	<u>248,137,153</u>	<u>212,501,107</u>
Net patient service revenue	<u>\$ 95,536,676</u>	<u>\$ 88,718,150</u>

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

It is the Hospital's policy to provide care to patients for all charges in excess of those realizable from third-party payors. Following that policy, charges foregone, based on established rates, totaled approximately \$61,200,000 and \$46,791,000 in 2012 and 2011, respectively. Management's estimate of costs incurred to provide charity care were \$43,100,000 and \$35,600,000 in 2012 and 2011, respectively.

The Hospital also participates in TennCare and other states' Medicaid programs. Under these programs, the Hospital provides care to patients at payment rates, which are determined by state governments, regardless of actual cost. The Hospital recorded gross patient charges to Medicaid patients totaling approximately \$158,600,000 and \$132,827,000, and was reimbursed approximately \$24,500,000 and \$22,210,000 in 2012 and 2011, respectively. This resulted in a total contractual adjustment related to Medicaid programs of approximately \$134,100,000 and \$110,617,000, or 85% and 83%, of Medicaid program charges for 2012 and 2011, respectively.

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

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

The Hospital sponsors a defined contribution retirement annuity plan, generally covering all employees who have completed one year of service. The plan requires that the Hospital make annual contributions based on participants' base compensation. The plan allows individuals to begin making contributions to the plan as pretax deferral as soon as administratively feasible after hire date. Hospital contributions are 50% vested after two years of service and 100% vested after three years of service. Employee contributions are immediately 100% vested. Total cash contributions to the plan were approximately \$16,800,000 and \$16,100,000 for the years ended June 30, 2012 and 2011, respectively.

## 9. ALSAC

The accompanying consolidated financial statements do not include the individual accounts of ALSAC. Because of the Hospital's relationship as ALSAC's sole beneficiary and the overall financial interrelationship of the Hospital and ALSAC, the Hospital's interest in the net assets of ALSAC is reported in its statements of financial position, with corresponding changes in those net assets reported in a "quasi-equity method" in the statements of activities. A summary of the financial statements of ALSAC as of June 30, 2012 and 2011, and for the years then ended is as follows:

	2012	2011
Assets:		
Cash and investments	\$2,410,932,837	\$2,335,336,742
Other assets	<u>95,596,973</u>	<u>87,477,278</u>
Total assets	<u>\$2,506,529,810</u>	<u>\$2,422,814,020</u>
Total liabilities	<u>\$ 52,074,707</u>	<u>\$ 41,168,055</u>
Net assets:		
Unrestricted	1,618,940,853	1,546,098,870
Temporarily restricted	52,799,597	46,913,705
Permanently restricted	<u>782,714,653</u>	<u>788,633,390</u>
Total net assets	<u>2,454,455,103</u>	<u>2,381,645,965</u>
Total liabilities and net assets	<u>\$2,506,529,810</u>	<u>\$2,422,814,020</u>
Revenues, gains, and other support	<u>\$ 780,631,848</u>	<u>\$1,066,346,400</u>
Expenses:		
Hospital support	441,990,544	375,102,514
Other program services	63,996,851	51,699,380
Supporting services	<u>201,835,315</u>	<u>195,049,693</u>
Total expenses	<u>707,822,710</u>	<u>621,851,587</u>
Changes in net assets	72,809,138	444,494,813
Net assets — beginning of year	<u>2,381,645,965</u>	<u>1,937,151,152</u>
Net assets — end of year	<u>\$2,454,455,103</u>	<u>\$2,381,645,965</u>

**Investments** — The composition of ALSAC's investments as of June 30, 2012 and 2011, is as follows:

	2012	2011
Global equity	\$ 896,280,117	\$ 862,822,979
Marketable alternative	566,183,064	463,384,860
Real assets	383,035,148	388,092,434
Private equity	175,654,368	163,501,394
Fixed income	281,906,661	256,549,112
Cash	<u>24,467,983</u>	<u>119,322,792</u>
Total	<u>\$2,327,527,341</u>	<u>\$2,253,673,571</u>

Marketable alternative investments included hedged equity, distressed debt, and multi-strategy managers. ALSAC is obligated under certain investment contracts to periodically advance funding up to contractual levels. Such commitments were approximately \$147,487,000 and \$143,367,000 at June 30, 2012 and 2011, respectively.

The composition of net investment (loss) income for the years ended June 30, 2012 and 2011, is as follows:

	2012	2011
Net realized and unrealized investment (losses) gains	\$ (50,686,366)	\$ 309,075,592
Interest and dividend income	25,470,490	28,742,717
Investment expenses	<u>(822,519)</u>	<u>(741,326)</u>
Net investment (loss) income	<u>\$ (26,038,395)</u>	<u>\$ 337,076,983</u>

**Fair Value Measurements** — ALSAC accounts for assets and liabilities measured at fair value using ASC Topic 820. Certain assets and liabilities are required to be recorded at fair value on a recurring basis, while other assets and liabilities are recorded at fair value on a nonrecurring basis, generally as a result of impairment charges. Under ASC Topic 820, fair value refers to the price that would be received to sell an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. Assets measured at fair value on a nonrecurring basis include long-lived assets.

The guidance enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. The fair value of cash, receivables, and accounts payable approximate their carrying values. ALSAC considers the carrying amounts of all working capital to approximate fair value because of the short-term and/or nature of the instrument. Investments with readily available actively quoted prices, or for which fair value can be measured from actively quoted prices, generally, will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. In the absence of actively quoted prices and observable inputs, ALSAC estimates prices based on available historical data and near-term future pricing information that reflects its market assumptions. The guidance requires that assets and liabilities carried at fair value be classified and disclosed in one of the following three categories:

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



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

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

ALSAC's assets and investments by asset class and fair value hierarchy level as of June 30, 2012 and 2011, are as follows:

	<b>2012</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Global equity	\$ 220,456,111	\$ 675,824,006	\$ -	\$ 896,280,117
Marketable				
alternative	-	566,183,064	-	566,183,064
Real assets	142,358,188	132,234,398	108,442,562	383,035,148
Private equity	-	-	175,654,368	175,654,368
Fixed income	55,692,856	226,213,805	-	281,906,661
Cash	<u>24,467,983</u>	<u>-</u>	<u>-</u>	<u>24,467,983</u>
Total	<u>\$ 442,975,138</u>	<u>\$ 1,600,455,273</u>	<u>\$ 284,096,930</u>	<u>\$ 2,327,527,341</u>

  

	<b>2011</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
Global equity	\$ 307,231,460	\$ 555,591,519	\$ -	\$ 862,822,979
Marketable				
alternative	-	463,384,860	-	463,384,860
Real assets	95,555,260	189,983,789	102,553,385	388,092,434
Private equity	-	-	163,501,394	163,501,394
Fixed income	83,362,210	173,186,902	-	256,549,112
Cash	<u>119,322,792</u>	<u>-</u>	<u>-</u>	<u>119,322,792</u>
Total	<u>\$ 605,471,722</u>	<u>\$ 1,382,147,070</u>	<u>\$ 266,054,779</u>	<u>\$ 2,253,673,571</u>

There were no significant transfers between Level 1 and Level 2 (asset-level reclassifications) during the fiscal years ended June 30, 2012 and June 30, 2011.

For the valuation of certain governmental and corporate bonds, mutual funds, and common and preferred stock as of June 30, 2012 and 2011, ALSAC used quoted prices in principal active markets for identical assets as of the valuation date (Level 1).

For the valuation of certain governmental and corporate bonds, common and preferred stock, commingled funds, and limited partnerships as of June 30, 2012 and 2011, ALSAC used quoted prices in principal active markets for certain underlying fund positions and significant other observable inputs (Level 2).

For the valuation of nonmarketable real assets and private equity funds as of June 30, 2012 and 2011, ALSAC used significant unobservable inputs, including information from fund managers or general partners based on quoted market prices, if available, or other valuation methods. ALSAC reviews and evaluates the values provided by the fund managers and general partners, and agrees with the valuation methods and assumptions used in determining the fair value of these investments (Level 3).

The changes in assets by asset class measured at fair value for which ALSAC used Level 3 inputs to determine fair value for the years ended June 30, 2012 and 2011, are as follows:

	Global Equity	Marketable Alternative	Real Assets	Private Equity	Total
Beginning balance at June 30 2010	\$ 280 497	\$ 173 626	\$ 78 753 327	\$ 144 920 232	\$ 224 127 682
Transfers into Level 3	-	-	-	-	-
Transfers out of Level 3 (a)	(280 497)	-	-	-	(280 497)
Purchases	-	-	17 963 234	23 193 271	41 156 505
Sales	-	(101 634)	-	-	(101 634)
Distributions	-	-	(20 200 165)	(31 730 065)	(51 930 230)
Interest and dividends	-	-	1 793 959	3 530 551	5 324 510
Realized (loss) gain (b)	-	(64 458)	11 964 942	9 510 094	21 410 578
Unrealized (loss) gain (b)	-	(7 534)	12 278 088	14 077 311	26 347 865
Ending balance at June 30 2011	-	-	102 553 385	163 501 394	266 054 779
Transfers into Level 3	-	-	-	-	-
Transfers out of Level 3 (a)	-	-	-	-	-
Purchases	-	-	20 330 322	25 108 399	45 438 721
Sales	-	-	-	-	-
Distributions	-	-	(19 794 526)	(24 639 447)	(44 433 973)
Interest and dividends	-	-	4 180 834	2 266 151	6 446 985
Realized (loss) gain (b)	-	-	10 062 570	9 143 142	19 205 712
Unrealized (loss) gain (b)	-	-	(8 890 023)	274 729	(8 615 294)
Ending balance at June 30 2012	\$ -	\$ -	\$ 108 442 562	\$ 175 654 368	\$ 284 096 930

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

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

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

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

The investments in investment funds (in partnership format) valued at NAV by major category as of June 30, 2012 and 2011, are as follows:

2012	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Global equity (a)	\$ 196,583,333	\$ -	Monthly, quarterly	35-60 days
Marketable alternatives (b) (c)	564,520,716	-	Monthly, quarterly	30-180 days
Real assets (d) (e)	207,790,231	66,769,465	Monthly, quarterly for marketable real assets	0-90 days
Private equity (f)	<u>174,539,568</u>	<u>80,717,573</u>	Not redeemable	
Total	<u>\$ 1,143,433,848</u>	<u>\$ 147,487,038</u>		

2011	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Global equity (a)	\$ 173,449,102	\$ -	Monthly, quarterly	35–60 days
Marketable alternatives (b) (c)	463,384,860	-	Monthly, quarterly	30–180 days
Real assets (d) (e)	208,295,450	64,320,310	Monthly, quarterly for marketable real assets	0–90 days
Private equity (f)	<u>163,501,394</u>	<u>79,046,266</u>	Not redeemable	
Total	<u>\$ 1,008,630,806</u>	<u>\$ 143,366,576</u>		

As of June 30, 2012, there are approximately \$3.7 million of marketable alternative assets and \$0.1 in real assets from which ALSAC receives distributions through liquidation by fund managers of underlying, illiquid securities.

- (a) This category is invested in equity long/short hedge funds that invest primarily in U.S. and international equities. These funds include short positions as well as long positions and use leverage. They are generally 100% net long. The fair value of these investments has been estimated using the NAV per share of the respective funds. As of June 30, 2012, approximately 28% of the value of these investments is available for redemption monthly with thirty-five days' notice and approximately 72% is available quarterly with sixty days' notice.
- (b) This category is invested in hedge fund strategies that include hedged equity, multi-strategy, arbitrage, global macro, distressed securities, and open mandate strategies. Underlying investments are primarily liquid investments and their derivatives in fixed income, asset backed securities, currency, commodities, and equities. The funds include short positions as well as long positions and use leverage. The fair values of the investments in this category have been estimated using the NAV per share of the respective funds. As of June 30, 2012, approximately 85% is available for redemption within twelve months, and 15% is available for redemption in more than twelve months. The total of illiquid investments represents 11% of this category.
- (c) Some funds may have lock-up provisions or invest in private investments, which are typically segregated into "side pockets" (a separate share class) and are not available for redemption until the investment is liquidated by the manager. The fair value of these investments has been estimated using the NAV per share of the respective segregated investments. The time at which the investments in side pockets will be liquidated cannot be estimated.
- (d) This category is invested in funds that invest in a variety of real assets that include public and private real estate and real estate-related debt and securities, public and private oil and gas and other energy-related investments, timber, commodities, precious metals, public and private mining companies, and TIPS (Treasury Inflation Protected Securities). The fair value of the public investments in this category has been estimated using the NAV per share of the respective funds. As of June 30, 2012, approximately 29% is available for redemption within twelve months, 6% is available for redemption in more than twelve months, and 65% are illiquid.
- (e) Approximately 65% of the real assets are invested in illiquid investment funds. The fair market value of the investments in this category has been estimated using the NAV of ALSAC's ownership interest in the partners' capital. The funds in this category do not permit redemptions.
- (f) Investment mandates for private equity include leveraged buyouts, growth equity, venture capital, and distressed investments. The fair values of the respective funds in this category have been estimated using the NAV of ALSAC's ownership interest in the partner's capital. The funds in this category do not permit redemptions.

## 10. BUSINESS AND CREDIT CONCENTRATIONS

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

The mix of accounts receivable from third-party payors, net of contractual allowances, as of June 30 2012 and 2011, is as follows:

	2012	2011
Commercial insurance	47 %	27 %
Medicaid	35	50
Blue Cross	17	19
Other third-party payors	<u>1</u>	<u>4</u>
Total	<u>100 %</u>	<u>100 %</u>

## 11. FINANCIAL INSTRUMENTS

The carrying amounts of all applicable asset and liability financial instruments reported in the consolidated statements of financial position (except debt instruments) approximate their estimated fair values, in all significant respects, as of June 30, 2012 and 2011. Fair value of a financial instrument is defined as the amount at which the instrument could be exchanged in a current transaction between willing parties.

The fair values of the debt instruments have been estimated using interest rates currently available to the Hospital for borrowings having similar character, collateral, and duration. The aggregate fair value of such instruments approximated \$240,815,000 and \$231,340,000 as of June 30, 2012 and 2011, respectively.

## 12. SELF-INSURANCE PROGRAMS

The Hospital is self-insured for the following:

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

The Hospital records a reserve for the estimated ultimate costs of both reported claims and claims incurred but not reported related to the above-described self-insurance programs. The Hospital also has substantial excess liability coverage available under the provisions of certain claims-made policies. To the extent that any claims-made coverage is not renewed or replaced with equivalent insurance, claims based on occurrences during the term of such coverage, but reported subsequently, would be uninsured. Management believes, based on incidents identified through the Hospital's incident reporting system, that any such claims would not have a material effect on the Hospital's consolidated results of operations or financial position. In any event, management anticipates that the claims-made coverage currently in place will be renewed or replaced with equivalent insurance as the term of such coverage expires. Excess policies for professional liability coverage, workers' compensation coverage, and employee health coverage expire on May 1, 2013, January 1, 2013, and December 31, 2012, respectively.

### 13. LEASES

Rental expense for all operating leases was approximately \$1,600,000 and \$1,477,000 for the years ended June 30, 2012 and 2011, respectively.

A schedule by year of future minimum lease payments under operating leases as of June 30, 2012, that have initial or remaining lease terms in excess of one year is as follows:

<b>Years Ending June 30</b>	
2013	\$ 207,221
2014	138,416
2015	84,276
2016	-
2017	-
	<hr/>
Total	<u>\$ 429,913</u>

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

An analysis of leased property under the Hospital's capital lease by major classes as of June 30, 2012 and 2011, is as follows:

	<b>2012</b>	<b>2011</b>
Land and improvements	\$ 6,172,734	\$ 6,166,438
Buildings and improvements	<u>628,275,431</u>	<u>623,372,287</u>
	634,448,165	629,538,725
Less accumulated depreciation	<u>343,027,111</u>	<u>313,565,062</u>
	<u>\$ 291,421,054</u>	<u>\$ 315,973,663</u>

There are no future minimum lease payments under this capital lease.

\* \* \* \* \*

Additional Data

Software ID:

Software Version:

EIN: 62-0646012

Name: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC

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

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

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD KARAM ESQ VOTING DIRECTOR	4 00	X						0	0	0
SALLI LEVAN VOTING DIRECTOR	4 00	X						0	0	0
PAUL MARCUS VOTING DIRECTOR	4 00	X						0	0	0
MICHAEL D MCCOY VOTING DIRECTOR	4 00	X						0	0	0
ROBERT T MOLINET VOTING DIRECTOR	4 00	X						0	0	0
JIM NAIFEH JR VOTING DIRECTOR	4 00	X						0	0	0
HELEN NUGENT VOTING DIRECTOR	4 00	X						0	0	0
RAMZI NUWAYHID VOTING DIRECTOR	4 00	X						0	0	0
THOMAS PENN III VOTING DIRECTOR	4 00	X						0	0	0
CAMILLE F SARROUF SR ESQ VOTING DIRECTOR	4 00	X						0	0	0
CAMILLE F SARROUF JR ESQ VOTING DIRECTOR	4 00	X						0	0	0
JOSEPH G SHAKER VOTING DIRECTOR	4 00	X						0	0	0
GEORGE A SIMON II VOTING DIRECTOR	4 00	X						0	0	0
PAUL J SIMON VOTING DIRECTOR	4 00	X						0	0	0
TERRE THOMAS VOTING DIRECTOR	4 00	X						0	0	0
TONY THOMAS VOTING DIRECTOR	4 00	X						0	0	0
RICHARD M UNES VOTING DIRECTOR	4 00	X						0	0	0
PAUL H WEIN ESQ VOTING DIRECTOR	4 00	X						0	0	0
TOM WERTZ VOTING DIRECTOR	4 00	X						0	0	0
RAMZI YOUNIS MD VOTING DIRECTOR	4 00	X						0	0	0
TAMA ZAYDON VOTING DIRECTOR	4 00	X						0	0	0
RICHARD C SHADYAC JR EX-OFFICIO DIRECTOR	1 00	X						0	593,162	41,732
WILLIAM E EVANS DIRECTOR AND CEO	55 00	X		X				904,243	0	35,736
JAMES R DOWNING EVP/SCIENTIFIC DIRECTOR	55 00			X				751,130	0	51,443
JOSEPH H LAVER EVP/CLINICAL DIRECTOR	55 00			X				607,955	0	80,943

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD GILBERTSON EVP/DIRECTOR CANCER CENTER	55 00			X				450,728	0	59,397
MICHAEL B KASTAN EVP/DIRECTOR CANCER CENTER	55 00			X				431,774	0	42,300
MICHAEL CANARIOS SVP/CHIEF FINANCIAL OFFICER	55 00			X				381,076	0	78,734
GEORGE BIKHAZI FACULTY	55 00					X		494,338	0	46,019
ANDREW DAVIDOFF CHAIR/FACULTY	55 00					X		554,719	0	97,162
LARRY KUN CHAIR/FACULTY	55 00					X		654,539	0	47,851
THOMAS MERCHANT FACULTY	55 00					X		624,902	0	69,634
CHING-HON PUI CHAIR/FACULTY	55 00					X		518,464	0	35,117