

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 ST. JUDE PLACE City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105 F Name and address of principal officer: IKSHIT ANAND SAME AS C ABOVE	D Employer identification number 35-1044585 E Telephone number (901) 578-2000 G Gross receipts \$ 7,173,336,838. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.STJUDE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1957
M State of legal domicile: IL		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN AND GROW THE MISSION OF ST. JUDE CHILDREN'S		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	38
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	2178
6	Total number of volunteers (estimate if necessary)	6	1000000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	823,039.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	46,788.
8	Contributions and grants (Part VIII, line 1h)	8	2,508,811,875.
9	Program service revenue (Part VIII, line 2g)	9	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	340,960,225.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	45,817,847.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	2,895,589,947.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	1,677,081,481.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	246,000,247.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	6,040,793.
b	Total fundraising expenses (Part IX, column (D), line 25) 430,873,934.	b	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	628,044,536.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	2,557,167,057.
19	Revenue less expenses. Subtract line 18 from line 12	19	338,422,890.
20	Total assets (Part X, line 16)	20	9,992,563,716.
21	Total liabilities (Part X, line 26)	21	148,723,634.
22	Net assets or fund balances. Subtract line 21 from line 20	22	9,843,840,082.

Part II Signature Block

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

Sign Here	Signature of officer KERA GETTER, CHIEF FINANCIAL OFFICER	Date	
	Type or print name and title		
Paid Preparer Use Only	Preparer's name JOHN W. SADOFF, JR.	Preparer's signature <i>John W. Sadoff, Jr.</i>	Date 05/08/2026
	Firm's name DELOITTE TAX LLP	Check if self-employed <input type="checkbox"/>	PTIN P00540589
	Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92626	Firm's EIN 86-1065772	Phone no. 714-436-7100

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) WAS FOUNDED IN 1957 AND EXISTS SOLELY TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN AND GROW THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,124,027,266. including grants of \$ 1,878,044,650.) (Revenue \$ 44,796,839.) ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION FOR ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. (ST. JUDE). ALSAC EXISTS SOLELY TO RAISE THE FUNDS AND AWARENESS NEEDED TO SUSTAIN AND GROW ST. JUDE NOW AND IN THE FUTURE. ALSAC IS CHARGED WITH SUPPORTING THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT WHILE HONORING THE MEMORY AND HERITAGE OF OUR FOUNDER, DANNY THOMAS. THANKS TO GENEROUS DONORS, FAMILIES NEVER RECEIVE A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD - SO THEY CAN FOCUS ON HELPING THEIR CHILD LIVE. (CONTINUED ON SCHEDULE O)

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

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

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

4e Total program service expenses 2,124,027,266.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	X	
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>	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		2178
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		
	17		

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line 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 38		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 36		
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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?		X
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed AL, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 KERA GETTER - (901) 578-2150
 501 ST. JUDE PLACE, MEMPHIS, TN 38105

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES R. DOWNING EX-OFFICIO DIRECTOR	1.00 55.00	X					0.	1,647,264.	66,619.	
(2) RICHARD C. SHADYAC, JR. CEO & EX-OFFICIO DIRECTOR (THRU 3/25)	55.00 1.00	X		X			1,393,252.	0.	171,359.	
(3) ANURAG PANDIT CHIEF INVESTMENT OFFICER	55.00 0.00				X		818,220.	0.	113,113.	
(4) IKSHIT ANAND - COO (THRU 3/25) INTERIM CEO (BEG 3/25)	55.00 0.00	X		X			715,554.	0.	101,678.	
(5) SARA HALL CHIEF LEGAL OFFICER	55.00 0.00					X	679,934.	0.	122,476.	
(6) STEVE FROEHLICH CHIEF REVENUE OFFICER	55.00 0.00				X		658,935.	0.	127,030.	
(7) KERA GETTER CHIEF FINANCIAL OFFICER	55.00 0.00			X			657,624.	0.	91,651.	
(8) MARTIN HAND CHIEF DONOR OFFICER	55.00 0.00					X	588,068.	0.	108,117.	
(9) MELANEE HANNOCK CHIEF DIGITAL AND INNOVATION OFFICER	55.00 0.00					X	571,009.	0.	114,823.	
(10) ANNETTE GREEN CHIEF PEOPLE OFFICER	55.00 0.00					X	580,690.	0.	93,777.	
(11) EMILY CALLAHAN CHIEF MARKETING OFFICER	55.00 0.00					X	560,211.	0.	32,281.	
(12) JOYCE A. ABOUSSIE VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	
(13) STEVEN J. ALLEN, MD VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	
(14) JOSEPH S. AYOUB, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	
(15) PAUL J. AYOUB, ESQ. VOTING DIRECTOR	4.00 8.00	X					0.	0.	0.	
(16) FREDERICK M. AZAR, MD VOTING DIRECTOR	8.00 4.00	X					0.	0.	0.	
(17) KHALIL Z. BARRAGE VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTHA PERINE BEARD VOTING DIRECTOR	8,00 4,00	X						0.	0.	0.
(19) TERRY L. BURMAN VOTING DIRECTOR	4,00 4,00	X						0.	0.	0.
(20) LISA R. DILLER, MD VOTING DIRECTOR	4,00 4,00	X						0.	0.	0.
(21) JOSEPH E. EID, MD VOTING DIRECTOR	4,00 4,00	X						0.	0.	0.
(22) JOHN D. FARINA VOTING DIRECTOR	4,00 4,00	X						0.	0.	0.
(23) FRED P. GATTAS, III, PHARMD VOTING DIRECTOR	4,00 4,00	X						0.	0.	0.
(24) GABRIEL G. HADDAD, MD VOTING DIRECTOR	4,00 4,00	X						0.	0.	0.
(25) JUDY A. HABIB VOTING DIRECTOR	4,00 8,00	X						0.	0.	0.
(26) CHARLES C. HAJJAR VOTING DIRECTOR	4,00 4,00	X						0.	0.	0.
1b Subtotal								7,223,497.	1,647,264.	1,142,924.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								7,223,497.	1,647,264.	1,142,924.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 870

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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>	X	
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>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE, AKRON, OH 44333-4501	CALL CENTER	8,620,593.
VACO, LLC P.O. BOX 667, BRENTWOOD, TN 37024	CONTRACT LABOR	8,097,310.
1 LINK TECHNOLOGY, LLC 2130 WEST ST., GERMANTOWN, TN 38138	CONTRACT LABOR	7,354,582.
NEXTECH SOLUTIONS, LLC 6701 S. DALE MABRY HWY, TAMP, FL 33611	CONTRACT LABOR	6,481,363.
EAGLECOM, INC., 2300 YONGE ST., TORONTO, ONTARIO, CANADA 60654	MEDIA PURCHASING	6,133,587.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	125	

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) FOUAD A. HAJJAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(28) MICHAEL K. HAMRA, MBA VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(29) FREDERICK R. HARRIS, JR., MD VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(30) CARLA Z. HASSAN VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(31) J. DAVID KARAM, II VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(32) SCOTT A. KUPOR VOTING DIRECTOR (THRU 4/25)	4.00 4.00	X						0.	0.	0.
(33) KATHERINE N. LAPP VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(34) SHARON L. MCCOLLAM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(35) SAMIA MELHEM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(36) ROBERT T. MOLINET, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(37) NEELA M. MONTGOMERY VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(38) RAMZI N. NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(39) THOMAS J. PENN, III VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(40) CHRISTINA M. RASHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(41) KATHRYNE G. REEVES VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(42) CAMILLE F. SARROUF, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(43) AARTI S. SHAH VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(44) JOSEPH G. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(45) GEORGE A. SIMON, II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(46) MICHAEL C. SIMON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	2,945,482.				
	b Membership dues	1b					
	c Fundraising events	1c	22,067,549.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,679,609,041.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 85,217,395.				
	h Total. Add lines 1a-1f			2,704,622,072.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		113,385,928.		-308,442.	113,694,370.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	76,013.			
			(ii) Personal				
				0.			
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	76,013.				
	d Net rental income or (loss)			76,013.		76,013.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	4267531765.	298,590.		
			(ii) Other				
				3848666220.	484,771.		
				418,865,545.	-186,181.		
	b Less: cost or other basis and sales expenses	7b					
c Gain or (loss)	7c						
d Net gain or (loss)			418,679,364.		418,679,364.		
8 a Gross income from fundraising events (not including \$ 22,067,549. of contributions reported on line 1c). See Part IV, line 18	8a		21,309,616.				
			11,550,569.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			9,759,047.		9,759,047.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		62,959,229.				
			18,162,390.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			44,796,839.	44,796,839.			
10 a Gross sales of inventory, less returns and allowances	10a		3,153,625.				
			2,022,144.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			1,131,481.	1,131,481.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			3,292,450,744.	44,796,839.	823,039.	542,208,794.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include various expense categories like Grants, Salaries, Travel, and Total functional expenses.

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	94,291,663.	1	111,400,370.
	2 Savings and temporary cash investments	320,015,980.	2	428,495,314.
	3 Pledges and grants receivable, net	32,735,830.	3	27,179,833.
	4 Accounts receivable, net	2,424,108.	4	2,181,262.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,634,574.	8	1,928,207.
	9 Prepaid expenses and deferred charges	39,576,497.	9	44,845,840.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 593,769,683.		
	b Less: accumulated depreciation	10b 314,066,832.		
		246,687,721.	10c	279,702,851.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,255,197,343.	12	10,032,382,934.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,992,563,716.	16	10,928,116,611.	
Liabilities	17 Accounts payable and accrued expenses	103,269,829.	17	109,061,823.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	45,453,805.	25	54,035,554.
	26 Total liabilities. Add lines 17 through 25	148,723,634.	26	163,097,377.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,465,294,869.	27	9,295,554,990.
	28 Net assets with donor restrictions	1,378,545,213.	28	1,469,464,244.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,843,840,082.	32	10,765,019,234.
	33 Total liabilities and net assets/fund balances	9,992,563,716.	33	10,928,116,611.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,292,450,744.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,796,215,545.
3	Revenue less expenses. Subtract line 2 from line 1	3	496,235,199.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,843,840,082.
5	Net unrealized gains (losses) on investments	5	424,943,953.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,765,019,234.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2024430417.	2370493980.	2405127358.	2508811875.	2704622072.	12013485702.
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	2024430417.	2370493980.	2405127358.	2508811875.	2704622072.	12013485702.
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.						12013485702.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	2024430417.	2370493980.	2405127358.	2508811875.	2704622072.	12013485702.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33,208,256.	49,898,672.	68,847,676.	94,804,621.	113,461,941.	360,221,166.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	2,425,818.	0.	0.	51,806.	2,477,624.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						12376184492.
12 Gross receipts from related activities, etc. (see instructions)					12	329,685,732.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	97.07	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	97.58	%
16a 33 1/3% support test - 2024. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

Employer identification number
35-1044585

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of 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 can 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" on 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 (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on 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 acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on 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	1,363,531,542.	1,265,819,894.	1,209,550,774.	1,329,927,343.	1,033,682,990.
b Contributions	3,562,407.	11,394,005.	2,023,095.	9,150,000.	7,863,768.
c Net investment earnings, gains, and losses	140,252,523.	130,976,228.	70,264,947.	-59,754,448.	357,550,674.
d Grants or scholarships					
e Other expenditures for facilities and programs	68,257,934.	44,658,585.	16,018,922.	69,772,121.	69,170,089.
f Administrative expenses					
g End of year balance	1,439,088,538.	1,363,531,542.	1,265,819,894.	1,209,550,774.	1,329,927,343.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 8.5000 %
 - b Permanent endowment 91.5000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | x | |
| (ii) Related organizations? | | x |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		72,905,192.		72,905,192.
b Buildings		154,834,996.	54,830,542.	100,004,454.
c Leasehold improvements		5,915,285.	5,700,637.	214,648.
d Equipment		87,785,012.	66,445,763.	21,339,249.
e Other		272,329,198.	187,089,890.	85,239,308.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				279,702,851.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) GLOBAL EQUITY	3,921,778,066.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	2,488,902,015.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	220,033,322.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	2,354,930,567.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME	933,243,605.	END-OF-YEAR MARKET VALUE
(F) CASH EQUIVALENTS	113,495,359.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	10,032,382,934.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	54,035,554.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	54,035,554.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	3,735,557,087.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 424,943,953.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	424,943,953.
3	Subtract line 2e from line 1		3	3,310,613,134.
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 XIII.)	4b -18,162,390.		
c	Add lines 4a and 4b		4c	-18,162,390.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,292,450,744.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,814,377,935.
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 XIII.)	2d 18,162,390.		
e	Add lines 2a through 2d		2e	18,162,390.
3	Subtract line 2e from line 1		3	2,796,215,545.
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 XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,796,215,545.

Part XIII Supplemental Information

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

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S RESERVE FUND IS TO SUPPORT THE CURRENT AND FUTURE NEEDS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. THE RESERVE HELPS ENSURE THAT ST. JUDE CAN CONTINUE ITS COMMITMENT TO TREATING PATIENTS AND ADVANCING LONG-TERM RESEARCH PROJECTS IN THE YEARS AHEAD - NO MATTER WHAT HAPPENS IN THE ECONOMY OR IN THE EVENT OF A DISASTER.

IT COSTS MORE THAN \$2 BILLION TO SUSTAIN AND GROW ST. JUDE EACH YEAR. IN THE YEARS AHEAD AN ESTIMATED 89% OF THE FUNDS NECESSARY TO SUSTAIN AND GROW ST. JUDE MUST BE RAISED BY ALSAC.

TREATMENTS FOR SOME CHILDHOOD CANCER PATIENTS AT ST. JUDE CAN LAST MORE THAN 3 YEARS AND COST HUNDREDS OF THOUSANDS OF DOLLARS - IN SOME CASES EXCEEDING \$1 MILLION. YET REGARDLESS OF COST, FAMILIES NEVER RECEIVE A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD - SO THEY CAN FOCUS ON HELPING THEIR CHILD LIVE.

IN ADDITION, ST. JUDE LEADS SOME OF THE WORLD'S MOST AMBITIOUS RESEARCH PROGRAMS IN CHILDHOOD CANCER SURVIVORSHIP. WITH UNIQUE DATA GATHERED FROM TENS OF THOUSANDS OF CANCER SURVIVORS, WE ARE IDENTIFYING THE LONG-TERM EFFECTS OF CANCER THERAPY; FINDING BETTER WAYS TO PREDICT HEALTH RISKS; AND WORKING TO HELP SURVIVORS EVERYWHERE LIVE LONGER, HEALTHIER LIVES. THE RESERVE FUND HELPS ENSURE THAT ST. JUDE CAN FULFILL THAT COMMITMENT TO EACH AND EVERY PATIENT, NOW AND INTO THE FUTURE, REGARDLESS OF THE COST OR

Part XIII Supplemental Information (continued)

DURATION OF THEIR CARE.

THE RESERVE FUND ALSO PROVIDES CONFIDENCE FOR ST. JUDE TO CONTINUE ADVANCING ITS SIX-YEAR, \$12.9 BILLION STRATEGIC PLAN TO EXPAND PATIENT SERVICES AND ACCELERATE RESEARCH IN THE U.S. AND GLOBALLY FOR CHILDREN WITH CATASTROPHIC DISEASES.

IT ALSO ENSURES OUR ABILITY TO SUPPORT A SIX-YEAR, \$200 MILLION INVESTMENT IN THE GLOBAL PLATFORM FOR ACCESS TO CHILDHOOD CANCER MEDICINES - A PARTNERSHIP WITH THE WORLD HEALTH ORGANIZATION (WHO), UNICEF AND THE PAN AMERICAN HEALTH ORGANIZATION (PAHO) STRATEGIC FUND TO PROVIDE A RELIABLE SUPPLY OF QUALITY-ASSURED CANCER MEDICINES TO LOW AND MIDDLE-INCOME COUNTRIES - THE LARGEST FINANCIAL COMMITMENT TO DATE FOR A GLOBAL EFFORT IN PEDIATRIC CANCER MEDICATIONS.

ADDITIONALLY, THE FUND HELPS ST. JUDE LAUNCH MULTIPLE LONG-TERM RESEARCH STUDIES WITH ASSURANCE OF FUNDING TO SEE THEM THROUGH COMPLETION.

THE FUND MAKES IT POSSIBLE TO SEE TO COMPLETION CAPITAL PROJECTS SUCH AS THE ONGOING CONSTRUCTION ON THE ST. JUDE CAMPUS OF TWO 15-STORY TOWERS DEDICATED TO OUTPATIENT CARE AND CLINICS, A MORE THAN \$1 BILLION PROJECT AND CAPITAL INVESTMENT.

CURING CATASTROPHIC DISEASES IN CHILDREN IS A MULTI-TRILLION-DOLLAR, MULTI-YEAR GLOBAL PROBLEM AND ST. JUDE MUST CONTINUE OUR WORK NO MATTER WHAT HAPPENS WITH THE ECONOMY, THE MARKET, FUNDRAISING OR IN THE EVENT OF A DISASTER.

PART X, LINE 2:

AS OF JUNE 30, 2025, ALSAC HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS. IN THE EVENT ALSAC WERE TO RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE FINANCIAL STATEMENTS AS A GENERAL EXPENSE. GENERALLY, TAX YEARS ENDING 2021 THROUGH 2023 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES -18,162,390.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES 18,162,390.

DIRECT GAMING EXPENSES IDENTIFIED ABOVE REFER TO THE ST. JUDE DREAM HOME GIVEAWAYS.

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		2927453185.
EAST ASIA AND THE PACIFIC			INVESTMENTS		57,942,532.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		149,940,791.
MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		5,634,753.
NORTH AMERICA			INVESTMENTS		9,781,175.
SOUTH AMERICA			INVESTMENTS		4,595,490.
SOUTH ASIA			INVESTMENTS		5,447,792.
SUB-SAHARAN AFRICA			INVESTMENTS		12,318,140.
3 a Subtotal	0	0			3173113858.
b Total from continuation sheets to Part I	0	2			188,000.
c Totals (add lines 3a and 3b)	0	2			3173301858.

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

Schedule F (Form 990) (Rev. 12-2024)

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	1	PROGRAM SERVICES	EDUCATION AND TRAINING	68,000.
NORTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	35,000.
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	17,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	17,000.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	17,000.
MIDDLE EAST AND NORTH AFRICA	0	1	PROGRAM SERVICES	EDUCATION AND TRAINING	17,000.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	17,000.
Totals		2			188,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **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 the Instructions for Form 5471)* **Yes** **No**

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the 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 the 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 separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

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

PART I, LINE 3:

EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS.

Lined area for supplemental information.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of nongovernment grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION MANAGEMENT CORP. - 325 SPRINGSIDE DR., AKRON, OH	FUNDRAISING SOLICITOR		X	4,320,277.	4,684,655.	-364,378.
ADSTRA - P.O. BOX 23907, NEW YORK, NY 10087-3907	FUNDRAISING COUNSEL		X	0.	451,223.	-451,223.
NNE MARKETING, LLC - 1666 MASSACHUSETTS AVE.,	FUNDRAISING COUNSEL		X	0.	316,050.	-316,050.
SHARPE GROUP - 5901 SHELBY OAKS DR., SUITE 100, MEMPHIS,	FUNDRAISING COUNSEL		X	0.	150,000.	-150,000.
VERITUS GROUP - 1105 WASHINGTON BLVD., BELPRE, OH	FUNDRAISING COUNSEL		X	0.	113,425.	-113,425.
Total				4,320,277.	5,715,353.	-1,395,076.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	GALA (event type)	92 (total number)	
Revenue	1 Gross receipts	2,365,311.	1,718,276.	39,293,578.	43,377,165.
	2 Less: Contributions	1,375,913.	1,053,450.	19,638,186.	22,067,549.
	3 Gross income (line 1 minus line 2)	989,398.	664,826.	19,655,392.	21,309,616.
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Noncash prizes	20,997.	13,954.	334,110.	369,061.
	6 Rent/facility costs	203,397.	0.	2,005,664.	2,209,061.
	7 Food and beverages	198,160.	56,961.	3,304,470.	3,559,591.
	8 Entertainment	104,097.	6,856.	2,383,221.	2,494,174.
	9 Other direct expenses	486,835.	88,366.	2,343,481.	2,918,682.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,550,569.
11 Net income summary. Subtract line 10 from line 3, column (d)				9,759,047.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			62,959,229.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			11,095,414.	11,095,414.
	4 Rent/facility costs			70,452.	70,452.
	5 Other direct expenses			6,996,524.	6,996,524.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				18,162,390.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				44,796,839.	

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: AZ, CA, CO, GA, ID, IL, KS, KY, LA, MA, MO, MS

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

b If "No," explain: IN COLORADO, ALSAC PARTNERS WITH A THIRD PARTY WHO IS LICENSED TO CONDUCT GAMING IN THAT STATE. SEE RESPONSE TO SCHEDULE G, PART III, LINES 15A - C.

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

b If "Yes," explain: _____

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

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

Name KERA GETTER

Address 501 ST. JUDE PLACE - MEMPHIS, TN 38105

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ 3,283,239. and the amount of gaming revenue retained by the third party \$ 0.
- c If "Yes," enter the name and address of the third party:

Name EPSILON SIGMA ALPHA CHAPTER OF COLORADO

Address 16690 W. 11TH AVE. - GOLDEN, CO 80401

16 Gaming manager information:

Name DAVID R. LANEY

Gaming manager compensation \$ 159,528.

Description of services provided MANAGES THE PLANNING, EXECUTION, AND OVERSIGHT OF GAMING ACTIVITIES.

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ 44,703,630.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

- (I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.
- (I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR., AKRON, OH 44333-4501
- (I) NAME OF FUNDRAISER: NNE MARKETING, LLC
- (I) ADDRESS OF FUNDRAISER: 1666 MASSACHUSETTS AVE., LEXINGTON, MA 02420
- (I) NAME OF FUNDRAISER: SHARPE GROUP
- (I) ADDRESS OF FUNDRAISER: 5901 SHELBY OAKS DR., SUITE 100, MEMPHIS, TN 38134
- (I) NAME OF FUNDRAISER: VERITUS GROUP
- (I) ADDRESS OF FUNDRAISER: 1105 WASHINGTON BLVD., BELPRE, OH 45714

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

AZ, CA, CO, GA, ID, IL, KS, KY, LA, MA, MO, MS, NC, NV, NY, OH, OK, TN, TX, VA

Part IV Supplemental Information (continued)

SCHEDULE G, PART III, LINE 9B, EXPLANATION:

IN COLORADO, ALSAC PARTNERS WITH A THIRD PARTY WHO IS LICENSED TO CONDUCT GAMING IN THAT STATE. SEE RESPONSE TO SCHEDULE G, PART III, LINES 15A - C.

LICENSES ARE NOT REQUIRED FOR THE GAMING ACTIVITY CONDUCTED BY ALSAC IN THE FOLLOWING STATES LISTED ON LINE 9 ABOVE: MO, MS, NC, OH, OK AND TX.

LICENSES ARE REQUIRED FOR THE GAMING ACTIVITY CONDUCTED BY ALSAC IN THE FOLLOWING STATES LISTED ON LINE 9 ABOVE: CA, GA, ID, IL, KS, KY, LA, MA, NV, NY, TN, AND VA.

SCHEDULE G, PART III, COLUMN (C), OTHER GAMING:

THE ST. JUDE DREAM HOME CAMPAIGN IS A NATIONWIDE PROGRAM TO FURTHER ALSAC'S MISSION TO RAISE FUNDS AND AWARENESS OF THE PROGRAMS AND SERVICES THAT ST. JUDE CHILDREN'S RESEARCH HOSPITAL PROVIDES, SPECIFICALLY, WITH RESPECT TO ITS ROLE IN LEADING THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING CHILDHOOD DISEASES. IN CONNECTION WITH THE OPPORTUNITY TO PURCHASE A RAFFLE TICKET FOR THE OPPORTUNITY TO WIN A HOME, THE ST. JUDE DREAM HOME CAMPAIGN PROVIDES NATIONAL REACH AND MARKETING EXPOSURE FOR ALSAC'S MISSION TO SUPPORT THE MISSION OF ST. JUDE. OVER 6.8 MILLION WEBSITE PAGE VIEWS, AND ESTIMATED 22,000 TV AND RADIO PLACEMENTS, OVER 9.4 MILLION PIECES OF DIRECT MAIL, PRESENCE IN 45 MARKETS NATIONWIDE IN 18 SEPARATE STATES, OVER 41.6 MILLION SOCIAL MEDIA IMPRESSIONS, 4.5 MILLION EMAILS DEPLOYED AND AN ESTIMATED 600 PLUS BROADCAST NEWS STORIES TO SPREAD INFORMATION ABOUT THE MISSION OF ST. JUDE ARE JUST A FEW OF THE RESULTS ACHIEVED BY THIS CAMPAIGN. ALTHOUGH NATIONAL IN SCOPE, THE CAMPAIGN IS DIRECTED TO SPECIFIC, TARGETED MARKETS WHERE A MARKETING OUTREACH CAMPAIGN CAN RESULT IN STRONG AWARENESS FOR THE MISSION OF ST. JUDE. THE EXTENSIVE AND INTENSIVE COMMUNITY ENGAGEMENT SURROUNDING THE ST. JUDE DREAM HOME EVENTS IS DESIGNED TO ENGAGE THE PUBLIC IN THE AWARENESS CAMPAIGN ABOUT ST. JUDE, EXPOSING LARGE NUMBERS IN THE COMMUNITY TO THE ALSAC/ST. JUDE MISSION REGARDLESS OF WHETHER AN INDIVIDUAL PURCHASES A RAFFLE TICKET. THE MARKETING EFFORTS ASSOCIATED WITH THE ST. JUDE DREAM HOME CAMPAIGN CONTRIBUTE IMPORTANTLY TO RAISING THE AWARENESS NECESSARY TO INCREASING COMMUNITY ENGAGEMENT WITH ST. JUDE CHILDREN'S RESEARCH HOSPITAL (INCLUDING TAKING ADVANTAGE OF THE IMPORTANT SERVICES ST. JUDE PROVIDES), AS WELL AS TO ATTRACT AND RETAIN NEW DONORS TO ENSURE THE CONTINUED OPERATION OF ST. JUDE NOW AND IN THE FUTURE, WHILE ALSO ENSURING THAT NO FAMILY EVER RECEIVES A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD. THE ST. JUDE DREAM HOME CAMPAIGN, THROUGH THE TELEVISION AND RADIO PROGRAMS, PLACEMENTS, FUNDRAISING AND PUBLIC AWARENESS EVENTS, ALSO BENEFITS OUR EDUCATION, TRAINING AND COMMUNITY SERVICE PROGRAM OBJECTIVES THAT SUPPORT THE ST. JUDE MISSION AND ABILITY TO CONTINUE TO LEAD THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING DISEASES.

PART III, LINE 17B, MANDATORY DISTRIBUTIONS BY STATE:

AZ - \$711,450
CA - \$2,860,101
CO - \$2,375,272
GA - \$3,016,566

Part IV Supplemental Information *(continued)*

ID - \$1,809,029
IL - \$996,201
KS - \$1,188,952
KY - \$2,412,556
LA - \$6,412,871
MO - \$2,352,717
MS - \$2,436,641
NC - \$2,067,202
NV - \$877,164
OH - \$4,748,950
OK - \$2,004,837
TN - \$4,362,102
TX - \$1,282,019
VA - \$2,789,000

**SCHEDULE I
(Form 990)**

(Rev. December 2024)
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" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

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

Employer identification number
35-1044585

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	187804650.	0.			SUPPORT FOR OPERATIONAL AND CAPITAL BUDGET NEEDS

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

3 Enter total number of other organizations listed in the line 1 table 0.

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

Schedule I (Form 990) (Rev. 12-2024)

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SOLE RECIPIENT OF GRANTS AND SUPPORT IS ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION FOR ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC EXISTS SOLELY TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN AND GROW THE MISSION OF ST. JUDE.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on 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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) (Rev. 12-2024)

Part III Supplemental Information

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

PART I, LINE 1A:

HEALTH OR SOCIAL CLUB DUES: A SOCIAL CLUB MEMBERSHIP WAS MADE AVAILABLE TO THE CEO BUT LIMITED TO BUSINESS PURPOSES IN ACCORDANCE WITH A WRITTEN POLICY DIRECTIVE. THE AMOUNT OF THE MEMBERSHIP WAS NOT TREATED AS TAXABLE INCOME BECAUSE THE USE WAS BUSINESS RELATED.

PART I, LINE 4A:

UNDER A VOLUNTARY SEPARATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND THE ORGANIZATION, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY. THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE ARE CONFIDENTIAL, ALL SEVERANCE AGREEMENTS, WHEN LEGALLY PERMITTED, INCLUDE A RELEASE OF CLAIMS. SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSON IN PART VII.

EMILY CALLAHAN \$310,407

PART I, LINE 4B:

THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

NON-QUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED PERSONS IN PART VII:

ANURAG PANDIT \$20,939

MARTIN HAND \$15,448

KERA GETTER \$7,324

MELANEE HANNOCK \$22,672

RICHARD C. SHADYAC, JR. \$42,005

SARA HALL \$38,004

STEVE FROEHLICH \$22,577

IKSHIT ANAND \$2,065

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

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

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) (Rev. 12-2024)

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) COURY SHADYAC	SEE PART V	448,229.	EMPLOYMENT		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

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

(A) NAME OF INTERESTED PERSON: COURY SHADYAC, SR. VICE PRESIDENT - TERRITORIES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER (CEO & EX-OFFICIO DIRECTOR), RICHARD C. SHADYAC, JR.

(C) AMOUNT OF TRANSACTION: \$448,229

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	92	0.	
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2,974	83,665,000.	COST OR SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	42	0.	
16 Real estate - Commercial				
17 Real estate - Other	X	1	0.	
18 Collectibles	X	151	0.	
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DIGITAL ASSETS)	X	327	1,552,395.	COST OR SELLING PRIC
26 Other (PRIZE PACKAGES)	X	696	0.	
27 Other (GIFT CARDS AND)	X	112	0.	
28 Other (OTHER PRIZES)	X	430	0.	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 8

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS IN COLUMN (B) REFER TO A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, PART I, LINE 32B:

ALSAC PARTNERED WITH CHARITABLE ADULT RIDES (CARS) FOR SALE OF VEHICLES DONATED TO THE ORGANIZATION. CARS WORKS WITH VENDORS THROUGHOUT THE COUNTRY TO PICK UP DONATED VEHICLES AND SELL THE VEHICLE. ALSAC ALSO PARTNERED WITH CARS TO ALLOW SUPPORTERS TO DONATE VEHICLES DIRECTLY TO CARS WITH THE PROCEEDS FROM THE SALE BENEFITTING THE ORGANIZATION.

SCHEDULE M, PART I, LINE 33:

RECEIPTS FOR LINES 1, 15, 17, 18 26, 27, AND 28 ARE REPORTED ON THE FORM 990, PART VIII, LINE 8A OR LINE 9A.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
RESEARCH HOSPITAL, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT WHILE
HONORING THE MEMORY AND HERITAGE OF OUR FOUNDER, DANNY THOMAS.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:
CURING CATASTROPHIC DISEASES IN CHILDREN IS A MULTI-TRILLION-DOLLAR
MULTIYEAR GLOBAL PROBLEM AND ALSAC AND ST. JUDE MUST CONTINUE OUR WORK
NO MATTER WHAT HAPPENS WITH THE ECONOMY, THE MARKET, FUNDRAISING OR IN
THE EVENT OF A DISASTER.

IT COSTS MORE THAN \$2 BILLION TO SUSTAIN AND GROW ST. JUDE EACH YEAR.

THESE COSTS INCLUDE CAPITAL PROJECTS SUCH AS ONGOING CONSTRUCTION OF
TWO 15-STORY TOWERS DEDICATED TO OUTPATIENT CARE AND CLINICS, A MORE
THAN \$1 BILLION PROJECT AND CAPITAL INVESTMENT.

ST. JUDE'S COMMITMENT TO IMPROVING PATIENT CARE AND FACILITIES ALSO LED
TO THE DEVELOPMENT AND OPENING OF THE DOMINO'S VILLAGE IN SEPTEMBER
2023, A MULTI-MILLION-DOLLAR PATIENT AND FAMILY HOUSING FACILITY WITH
140 UNITS.

ST. JUDE IS A SPECIALTY RESEARCH HOSPITAL FOR CHILDREN, NOT A GENERAL
CHILDREN'S HOSPITAL, SO NONE OF THE CUTTING-EDGE RESEARCH COSTS AND
MANY OF THE EXTENSIVE TREATMENTS AND SERVICES WE PROVIDE ARE NOT
COVERED BY INSURANCE AND MAY NOT BE IN THE FUTURE. UNLIKE OTHER
HOSPITALS THAT RECEIVE 90-95% OPERATING REVENUES FROM INSURANCE
RECOVERIES AND PATIENT COPAYS, THE MAJORITY OF OUR FUNDING COMES FROM
GENEROUS DONORS AND INVESTMENT INCOME TO SUPPORT NEEDS NOW AND IN THE
FUTURE. IN THE YEARS AHEAD, AN ESTIMATED 89% OF THE FUNDS NECESSARY TO
SUSTAIN AND GROW ST. JUDE MUST BE RAISED BY ALSAC FROM GENEROUS DONORS.

WHEN ST. JUDE OPENED ITS DOORS IN 1962, CHILDHOOD CANCER WAS LARGELY
CONSIDERED INCURABLE. SINCE THEN, ST. JUDE HAS HELPED PUSH THE OVERALL
SURVIVAL RATE IN THE UNITED STATES FROM 20% TO MORE THAN 80%, AND WE
WON'T STOP UNTIL NO CHILD DIES FROM CANCER. TODAY, ST. JUDE IS LEADING
THE WAY THE WORLD UNDERSTANDS, TREATS, AND DEFEATS CHILDHOOD CANCER AND
OTHER LIFE-THREATENING DISEASES.

THE HOSPITAL HAS TOP SURVIVAL RATES FOR CHILDHOOD CANCERS, PARTICULARLY
ACUTE LYMPHOBLASTIC LEUKEMIA, THE MOST COMMON FORM OF CHILDHOOD CANCER.
THE HOSPITAL HAS ALSO NEARLY DOUBLED THE SURVIVAL RATE FOR
MEDULLOBLASTOMA, THE MOST COMMON MALIGNANT BRAIN TUMOR IN CHILDREN.

ST. JUDE IS THE FIRST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED
COMPREHENSIVE CANCER CENTER DEVOTED SOLELY TO CHILDREN. ST. JUDE IS
ALSO THE FIRST WORLD HEALTH ORGANIZATION (WHO) COLLABORATING CENTRE FOR
CHILDHOOD CANCER. IN 2021, IN CALLABORATION WITH THE WHO, ST. JUDE
ANNOUNCED A \$200 MILLION INITIATIVE TO PROVIDE A RELIABLE SUPPLY OF
QUALITY-ASSURED CANCER MEDICINES TO LOW- AND MIDDLE-INCOME COUNTRIES.

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

Schedule O (Form 990) (Rev. 12-2024)

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
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THIS REPRESENTS THE LARGEST FINANCIAL COMMITMENT TO DATE FOR A GLOBAL EFFORT IN CHILDHOOD CANCER MEDICINES. THE INITIATIVE, WHICH IS ALSO SUPPORTED BY UNICEF AND THE PAN AMERICAN HEALTH ORGANIZATION (PAHO) STRATEGIC FUND, ANNOUNCED THAT MEDICINES HAD BEEN DELIVERED TO FIVE PILOT COUNTRIES IN 2025, WITH SIX MORE COUNTRIES PREPARING TO JOIN. THE PLATFORM AIMS TO REACH UP TO 50 COUNTRIES IN THE NEXT SEVEN YEARS.

ST. JUDE SHARES BREAKTHROUGHS IT MAKES TO HELP DOCTORS AND RESEARCHERS AT LOCAL HOSPITALS AND CANCER CENTERS AROUND THE WORLD IMPROVE THE QUALITY OF TREATMENT AND CARE FOR EVEN MORE CHILDREN.

IN ADDITION TO CHILDHOOD CANCER, ST. JUDE PLAYS A CRITICAL LEADERSHIP ROLE IN GROUNDBREAKING STUDIES ON SICKLE CELL DISEASE, INFECTIOUS DISEASES, AND GENETIC DISORDERS. THESE EFFORTS ARE INSTRUMENTAL TO IMPROVING CARE FOR CHILDREN AROUND THE WORLD.

A ST. JUDE PATIENT WAS THE FIRST IN THE WORLD TO BE CURED OF SICKLE CELL DISEASE WITH A BONE MARROW TRANSPLANT, AND ST. JUDE HAS ONE OF THE LARGEST PEDIATRIC SICKLE CELL PROGRAMS IN THE COUNTRY.

ST. JUDE LEADS SOME OF THE WORLD'S MOST AMBITIOUS RESEARCH PROGRAMS IN CHILDHOOD CANCER SURVIVORSHIP. WITH UNIQUE DATA GATHERED FROM TENS OF THOUSANDS OF CANCER SURVIVORS, ST. JUDE IS IDENTIFYING THE LONG-TERM EFFECTS OF CANCER THERAPY; FINDING BETTER WAYS TO PREDICT HEALTH RISKS; AND WORKING TO HELP SURVIVORS EVERYWHERE LIVE LONGER, HEALTHIER LIVES.

ST. JUDE ALSO COORDINATES THE CHILDHOOD CANCER SURVIVOR STUDY, A COLLABORATIVE STUDY AMOUNT U.S. AND CANADIAN INSTITUTIONS THAT INCLUDES MORE THAN 20,000 CHILDHOOD CANCER SURVIVORS WITH THE AIM TO IMPROVE SURVIVORSHIP OUTCOME AND QUALITY OF LIFE.

IN ADDITION, BRAIN TUMOR SCIENCE AND TECHNOLOGY AT ST. JUDE ARE AT THE CUTTING EDGE WORLDWIDE, AND ST. JUDE HAS ONE OF THE WORLD'S LEADING RESEARCH-BASED PEDIATRIC BRAIN TUMOR PROGRAMS. ST. JUDE IS THE COORDINATING CENTER OF THE NATIONAL PEDIATRIC BRAIN TUMOR CONSORTIUM, WHICH RECEIVES FUNDING FROM THE NATIONAL CANCER INSTITUTE.

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

AUSTRALIA, BRAZIL, CANADA, CHINA,
DENMARK, EGYPT, CZECH REPUBLIC, FINLAND,
FRANCE, GERMANY, GREECE, HONG KONG,
HUNGARY, ISRAEL, ITALY, JAPAN,
SOUTH KOREA, MEXICO, MALAYSIA, NETHERLANDS,
NEW ZEALAND, PERU, PAKISTAN, PORTUGAL,
PHILIPPINES, RUSSIA, SOUTH AFRICA, SINGAPORE,
SPAIN, SWEDEN, SWITZERLAND, THAILAND,
TAIWAN, UNITED KINGDOM

FORM 990, PART V, LINE 4B (CONTINUED):

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

FORM 990, PART VI, SECTION A, LINE 2:

FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUN, JR., ESQ. AND PAUL J.

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. AYOUB, ESQ.	Employer identification number 35-1044585
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FORM 990, PART VI, SECTION B, LINE 11B:

IN THE FOURTH QUARTER OF THE FISCAL YEAR, THE AUDIT & COMPLIANCE COMMITTEE ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE AUDIT & COMPLIANCE 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, AND THE CONFLICT OF INTEREST COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE CONFLICT OF INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE FINALIZED DOCUMENT 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.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD HAS A CONFLICT OF INTEREST COMMITTEE TO MANAGE BOARD MEMBER CONFLICTS OF INTEREST. NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD'S CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM UPON JOINING THE BOARD. ADDITIONALLY, ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE UPDATE AT LEAST ANNUALLY. THE CONFLICT OF INTEREST COMMITTEE OF THE BOARD REVIEWS THE NEW BOARD MEMBER AND ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS AND DISCUSSES, RESOLVES, AND MANAGES MEMBER CONFLICTS OF INTEREST, WITH OPPORTUNITY FOR APPEAL TO THE FULL BOARD.

THE ORGANIZATION HAS A CHIEF COMPLIANCE OFFICER AND COMPLIANCE DEPARTMENT, WHICH ADMINISTER THE CONFLICT OF INTEREST DISCLOSURE PROCESS FOR ALL EMPLOYEES INCLUDING KEY EMPLOYEES. ALL EMPLOYEES COMPLETE CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE ANNUALLY. IN ADDITION, POTENTIAL CONFLICTS ARE DISCOVERED, WHERE POSSIBLE, THROUGH THE ORGANIZATION'S CONTRACTING PROCESS. DISCLOSURES IDENTIFIED AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS APPROPRIATE. DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY BE MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION COMMITTEE ("COMMITTEE") OF THIS ORGANIZATION CONSISTS OF INDEPENDENT MEMBERS OF THE ORGANIZATION'S GOVERNING BOARD. THE COMMITTEE IS RESPONSIBLE FOR REGULARLY REVIEWING AND APPROVING TOTAL REMUNERATION PAID TO THE CEO, CERTAIN OTHER OFFICERS, AND CERTAIN OTHER EMPLOYEES. THE BOARD HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY, WHICH THE COMMITTEE FOLLOWS WHEN IT REVIEWS AND APPROVES COMPENSATION AND BENEFITS. THE EXECUTIVE COMPENSATION PHILOSOPHY RECOGNIZES THE CRITICAL NEED TO HAVE AND RETAIN EXECUTIVES WHO CONSISTENTLY DEMONSTRATE SUPERIOR LEVELS OF PERFORMANCE SO THAT THE ORGANIZATION CAN FULFILL ITS CHARITABLE MISSION AND STRATEGIC OBJECTIVES. THE COMMITTEE APPROVES "TOTAL REMUNERATION," WHICH INCLUDES BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED, ON AT LEAST AN ANNUAL BASIS TO ENSURE THAT THE TOTAL COMPENSATION OF DISQUALIFIED PERSONS IS REASONABLE. TO ASSIST WITH THE REVIEW, THE COMMITTEE ENGAGES THE SERVICES OF A NATIONALLY RECOGNIZED INDEPENDENT CONSULTING FIRM SPECIALIZING IN EXECUTIVE COMPENSATION FOR NOT-FOR-PROFIT HEALTHCARE AND HEALTHCARE FUNDRAISING ORGANIZATIONS AND RECEIVES A REPORT SUMMARIZING NATIONAL AND REGIONAL MARKET DATA FOR COMPARABLE ORGANIZATIONS AND AN OPINION LETTER RELATING TO

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
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THE REASONABLENESS OF EACH REVIEWED EMPLOYEE'S TOTAL COMPENSATION AND BENEFITS. ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING FIRM ATTENDS THE COMMITTEE'S MEETINGS AS NECESSARY TO PROVIDE INFORMATION AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE COMMITTEE. THE COMMITTEE'S PROCESS IS INTENTIONALLY STRUCTURED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986. THE COMPENSATION APPROVED BY THE COMMITTEE IS REPORTED IN EXECUTIVE SESSION TO THE FULL BOARD BY THE CHAIR AND VICE CHAIR OF THE COMMITTEE.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV

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

FORM 990, PART IX, LINE 26:
WE CONDUCT A NUMBER OF ACTIVITIES, WHICH JOINTLY BENEFIT OUR EDUCATION, TRAINING, AND COMMUNITY SERVICE PROGRAM OBJECTIVES, AS WELL AS FUNDRAISING AND GENERAL AND ADMINISTRATIVE ACTIVITIES. THE EDUCATIONAL INFORMATION SHARED WITHIN THESE ACTIVITIES SUPPORT OUR MISSION TO LEAD THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATING DISEASES AND INCLUDE OUR TELEVISION, RADIO, AND DIGITAL PROGRAMS AND PLACEMENTS, DIRECT MAIL PROGRAM, AND CERTAIN OTHER FUNDRAISING AND PUBLIC AWARENESS EVENTS. IN ACCORDANCE WITH THE FINANCIAL ACCOUNTING STANDARDS BOARD GUIDELINES, WE ALLOCATED A PORTION OF OUR FUNDRAISING EXPENSES TO PROGRAM SERVICE AND GENERAL AND ADMINISTRATIVE EXPENSES IN OUR COMBINED STATEMENTS OF FUNCTIONAL EXPENSES.

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) (54)	TESTAMENTARY TRUSTS WITH VESTED RESIDUAL OR PERPETUAL INTERESTS	C	132,158,744.	CASH OR CASH EQUIVALENT
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART IV:

THE RELATED ENTITIES REPORTED ARE TESTAMENTARY TRUSTS IN WHICH ALSAC

HAS A GREATER THAN 50% BENEFICIAL INTEREST. THE EIN AND STATE OF LEGAL

DOMICILE VARY BY TRUST.

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

**File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

File by the due date for filing your return. See instructions.	Name of exempt organization, employer, or other filer, see instructions. AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Taxpayer identification number (TIN) 35-1044585
	Number, street, and room or suite no. If a P.O. box, see instructions. 501 ST. JUDE PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of KERA GETTER
501 ST. JUDE PLACE - MEMPHIS, TN 38105

Telephone No. (901) 578-2150 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or
 tax year beginning JUL 1, 20 24, and ending JUN 30, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.