

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)

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2024

Open to Public Inspection

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

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.		<b>D</b> Employer identification number 62-0646012		
	Doing business as		<b>E</b> Telephone number 888) 278-5833		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 262 DANNY THOMAS PLACE		<b>G</b> Gross receipts \$ 2,215,318,745.		
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105-3678		<b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>F</b> Name and address of principal officer: JAMES R DOWNING SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? Yes No		<b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1) or 527					
<b>J</b> Website: WWW.STJUDE.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				<b>L</b> Year of formation: 1959	<b>M</b> State of legal domicile: TN

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF		
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	37
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	35
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	7862
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	431
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,840,997,693.	2,040,469,420.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	126,053,527.	141,305,843.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,349,819.	1,021,411.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,452,878.	26,056,488.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,009,853,917.	2,208,853,162.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	5,299,920.	10,986,561.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	935,470,881.	1,041,995,577.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	831,907,622.	844,589,696.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,772,678,423.	1,897,571,834.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	237,175,494.	311,281,328.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	11,651,284,051.	12,933,669,993.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	328,077,153.	372,026,530.
		11,323,206,898.	12,561,643,463.

## 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.

<b>Sign Here</b>	Signature of officer		Date		
	MARIA MEGDAL, EVP, CAO, INTERIM CFO				
Type or print name and title					
<b>Paid Preparer Use Only</b>	Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	JOHN W. SADOFF, JR.	<i>John W. Sadoff, Jr.</i>	5/7/2026	<input type="checkbox"/>	P00540589
Firm's name DELOITTE TAX LLP			Firm's EIN 86-1065772		
Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92606			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: THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED (CONTINUED ON SCHEDULE O)

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 \$ 883,215,145. including grants of \$ 178,680. ) (Revenue \$ 3,020. ) RESEARCH: THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, NEUROLOGICAL DISEASES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSES.

4b (Code: ) (Expenses \$ 726,650,059. including grants of \$ 3,636,000. ) (Revenue \$ 143,039,289. ) PATIENT CARE: THE HOSPITAL PROVIDED 17,927 INPATIENT DAYS OF CARE DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 3,805 OR 21% OF THOSE INPATIENT DAYS. PATIENTS MADE 74,651 CLINIC REGISTRATIONS DURING THE YEAR.

4c (Code: ) (Expenses \$ 146,234,497. including grants of \$ 7,171,881. ) (Revenue \$ 10,498. ) EDUCATION AND TRAINING: AS PART OF ITS MISSION, THE INSTITUTION HAS DEVELOPED A GLOBAL INITIATIVE (ST. JUDE GLOBAL) TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE GLOBAL ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, HELPING TO IMPLEMENT NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND DEVELOPING REGIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. THIS MISSION WILL BE ACHIEVED BY FOCUSING ON THREE OVERRIDING GOALS: (1) TO TRAIN THE CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR MISSION, (2) TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL (CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 1,756,099,701.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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	
<b>15</b> 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	
<b>16</b> 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	
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> 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
<b>22</b> 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
<b>23</b> 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	
<b>24a</b> 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
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>28a</b> 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
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>28c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> 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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>1c</b> 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
<b>2a</b>	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 ..... <b>2a</b> 7862		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> .....		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....		X
<b>b</b>	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? .....		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? .....		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>12b</b>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? .....		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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 ..... <b>13b</b>		
<b>c</b>	Enter the amount of reserves on hand ..... <b>13c</b>		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? .....		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .....		
<b>15</b>	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? .....	X	
	If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....		X
	If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> 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.		

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... 37 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>b</b>	Enter the number of voting members included on line 1a, above, who are independent ..... 35		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	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>b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....	X	
<b>b</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? .....	X	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	X	
<b>b</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. ....		
<b>16a</b>	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>b</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 TN
- 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  
 JULIE MEYER - (888) 278-5833  
 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678

**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 PRESIDENT/CEO	55.00 1.00	X		X				1,647,264.	0.	66,619.
(2) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR (THRU 3/25)	1.00 55.00	X						0.	1,393,252.	171,359.
(3) JOSEPH P. TAYLOR EVP/SCIENTIFIC DIRECTOR	55.00 0.00			X				1,400,509.	0.	157,805.
(4) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	55.00 0.00			X				1,133,977.	0.	131,966.
(5) THOMAS E. MERCHANT CHAIR	55.00 0.00					X		1,143,949.	0.	78,286.
(6) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	55.00 0.00			X				1,044,495.	0.	122,770.
(7) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	55.00 0.00			X				1,061,163.	0.	69,119.
(8) ANDREW DAVIDOFF CHAIR	55.00 0.00					X		1,059,112.	0.	66,560.
(9) MADAN MOHAN CHAIR	55.00 0.00					X		980,114.	0.	93,227.
(10) DAVID ELLISON CHAIR	55.00 0.00					X		940,893.	0.	50,642.
(11) MICHAEL DYER CHAIR	55.00 0.00					X		892,206.	0.	75,236.
(12) ROBYN DIAZ EVP/CHIEF LEGAL OFFICER	55.00 0.00			X				792,603.	0.	142,796.
(13) PATRICIA A. KEEL EVP/CHIEF FINANCIAL OFFICER	55.00 0.00			X				860,796.	0.	63,375.
(14) JAMES I. MORGAN FORMER OFFICER	55.00 0.00						X	559,972.	0.	69,408.
(15) MARIA MEGDAL EVP/CHIEF ADMINISTRATIVE OFFICER	55.00 0.00			X				269,932.	0.	1,128.
(16) JOYCE A. ABOUSSIE VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(17) STEVEN J. ALLEN, MD 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) JOSEPH S. AYOUB, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(19) PAUL J. AYOUB, ESQ. VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(20) FREDERICK M. AZAR, MD VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(21) KHALIL Z. BARRAGE VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(22) MARTHA PERINE BEARD VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(23) TERRY L. BURMAN VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(24) LISA R. DILLER, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(25) JOSEPH E. EID, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(26) JOHN D. FARINA VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								13,786,985.	1,393,252.	1,360,296.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								13,786,985.	1,393,252.	1,360,296.

**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 2,321

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> 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
FLINTCO, LLC 2179 HILLSHIRE CIRCLE, MEMPHIS, TN 38133	CONSTRUCTION COMPANY	283,568,936.
IMPACT ADVISORS, LLC P.O. BOX 735842, CHICAGO, IL 60673	CONSULTING SERVICES	8,037,400.
ACCENTURE, LLP 500 W. MADISON ST., CHICAGO, IL 60661-2592	CONSULTING SERVICES	7,596,000.
BELZ CONSTRUCTION SERVICES, LLC, 100 PEABODY PLACE, STE. 1400, MEMPHIS, TN	CONSTRUCTION COMPANY	4,543,305.
WEST MONROE PARTNERS, LLC 2873 P.O. BOX 735140, CHICAGO, IL 60673	CONSULTING SERVICES	2,652,378.

**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 116

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) FRED P. GATTAS, III, PHARM D VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(28) GABRIEL G. HADDAD, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(29) JUDY A. HABIB VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(30) CHARLES C. HAJJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(31) FOUAD A. HAJJAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(32) MICHAEL K. HAMRA VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(33) FREDERICK R. HARRIS, JR., MD VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(34) CARLA Z. HASSAN VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(35) J. DAVID KARAM, II VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(36) SCOTT A. KUPOR VOTING DIRECTOR (THRU 4/25)	4.00 4.00	X						0.	0.	0.
(37) KATHERINE N. LAPP VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(38) SHARON L. MCCOLLAM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(39) SAMIA MELHEM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(40) ROBERT T. MOLINET, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(41) NEELA M. MONTGOMERY VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(42) RAMZI N. NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(43) THOMAS J. PENN, III VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(44) CHRISTINA M. RASHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(45) KATHRYNE G. REEVES VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(46) CAMILLE F. SARROUF, JR., ESQ. 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	1,878,044,650.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	143,735,802.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	18,688,968.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			2,040,469,420.			
<b>Program Service Revenue</b>	<b>2 a</b> PATIENT CARE	<b>Business Code</b>					
		621110	141,305,843.	141,305,843.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f			141,305,843.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		3,901,094.			3,901,094.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties		14,672,942.			14,672,942.	
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	3,370,378.	215,522.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	1,552,105.	4,913,478.			
	<b>c</b> Gain or (loss)	<b>7c</b>	1,818,273.	-4,697,956.			
	<b>d</b> Net gain or (loss)			-2,879,683.	-4,529,978.		1,650,295.
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11 a</b> CHGME/CHCA	<b>Business Code</b>					
		900099	5,781,032.	5,781,032.			
	<b>b</b> CAFETERIA/VENDING		722514	4,868,631.		4,868,631.	
	<b>c</b> GIFT SHOP		459420	237,973.		237,973.	
	<b>d</b> All other revenue		900099	495,910.	495,910.		
<b>e Total.</b> Add lines 11a-11d			11,383,546.				
<b>12 Total revenue.</b> See instructions			2,208,853,162.	143,052,807.	0.	25,330,935.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,823,180.	3,823,180.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	7,163,381.	7,163,381.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	9,823,769.	5,005,806.	4,817,963.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,844,656.	1,844,656.		
<b>7</b> Other salaries and wages	776,628,374.	684,228,542.	92,399,832.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	48,960,720.	45,977,662.	2,983,058.	
<b>9</b> Other employee benefits	150,040,270.	139,951,298.	10,088,972.	
<b>10</b> Payroll taxes	54,697,788.	50,987,770.	3,710,018.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management	46,013,722.	41,812,480.	4,201,242.	
<b>b</b> Legal	3,677,263.	3,341,514.	335,749.	
<b>c</b> Accounting	373,240.	339,162.	34,078.	
<b>d</b> Lobbying	136,626.		136,626.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	211,040,725.	173,759,426.	37,281,299.	
<b>12</b> Advertising and promotion	1,848,355.	1,679,593.	168,762.	
<b>13</b> Office expenses	5,038,956.	4,751,746.	287,210.	
<b>14</b> Information technology	117,019,421.	106,335,067.	10,684,354.	
<b>15</b> Royalties				
<b>16</b> Occupancy	50,138,073.	41,157,241.	8,980,832.	
<b>17</b> Travel	29,124,171.	26,585,933.	2,538,238.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,135,257.	4,035,176.	1,100,081.	
<b>20</b> Interest	194,587.	147,427.	47,160.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	126,015,428.	114,724,248.	11,291,180.	
<b>23</b> Insurance	3,348,496.	2,559,352.	789,144.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> LABORATORY SUPPLIES	91,496,703.	89,818,011.	1,678,692.	
<b>b</b> PHARMACEUTICAL SUPPLIES	81,562,294.	80,065,869.	1,496,425.	
<b>c</b> TELEPHONE	2,179,915.	1,817,517.	362,398.	
<b>d</b> ALLOCATION ADJUSTMENTS	0.	65,549,965.	-65,549,965.	
<b>e</b> All other expenses	70,246,464.	58,637,679.	11,608,785.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,897,571,834.	1,756,099,701.	141,472,133.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,420,283.	<b>1</b>	7,211,669.
	<b>2</b> Savings and temporary cash investments .....	7,374,875.	<b>2</b>	10,600,974.
	<b>3</b> Pledges and grants receivable, net .....	50,967,811.	<b>3</b>	46,843,903.
	<b>4</b> Accounts receivable, net .....	32,331,999.	<b>4</b>	30,134,229.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	17,213,755.	<b>8</b>	19,944,715.
	<b>9</b> Prepaid expenses and deferred charges .....	35,628,569.	<b>9</b>	37,933,536.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,289,317,331.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,448,595,299.	1,490,670,782.	<b>10c</b> 1,840,722,032.
	<b>11</b> Investments - publicly traded securities .....	3,666,296.	<b>11</b>	4,029,546.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	25,000.	<b>12</b>	25,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	10,009,984,681.	<b>15</b>	10,936,224,389.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	11,651,284,051.	<b>16</b>	12,933,669,993.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	209,211,393.	<b>17</b>	239,877,215.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	7,658,758.	<b>19</b>	8,207,369.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	111,207,002.	<b>25</b>	123,941,946.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	328,077,153.	<b>26</b>	372,026,530.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	9,944,661,557.	<b>27</b>	11,092,179,219.
	<b>28</b> Net assets with donor restrictions .....	1,378,545,341.	<b>28</b>	1,469,464,244.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	11,323,206,898.	<b>32</b>	12,561,643,463.
	<b>33</b> Total liabilities and net assets/fund balances .....	11,651,284,051.	<b>33</b>	12,933,669,993.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,208,853,162.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,897,571,834.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	311,281,328.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	11,323,206,898.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,976,834.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	921,178,403.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	12,561,643,463.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1130870648.	1236970064.	1514862066.	1840997693.	2040469420.	7764169891.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1130870648.	1236970064.	1514862066.	1840997693.	2040469420.	7764169891.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						7764169891.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4	1130870648.	1236970064.	1514862066.	1840997693.	2040469420.	7764169891.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,628,043.	22,090,006.	29,913,745.	30,538,271.	18,574,036.	108,744,101.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,485,751.	8,793,618.	9,981,926.	11,555,318.	11,383,546.	48,200,159.
<b>11 Total support.</b> Add lines 7 through 10						7921114151.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	141,305,843.
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	98.02 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14	<b>15</b>	97.91 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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)

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

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

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.  
(See instructions.)

PART II, SECTION B, LINE 10:

EXPLANATION FOR OTHER INCOME:

2020

\$ 1,852,003 - CAFETERIA/VENDING

\$ 2,513,042 - CHGME/CHCA

\$ 196,501 - HHMI

\$ 1,924,205 - OTHER REVENUE

\$ 6,485,751 - TOTAL OTHER INCOME

2021

\$ 3,073,670 - CAFETERIA/VENDING

\$ 2,811,538 - CHGME/CHCA

\$ 173,725 - HHMI

\$ 2,734,685 - OTHER REVENUE

\$ 8,793,618 - TOTAL OTHER INCOME

2022

\$ 4,539,294 - CHGME/CHCA

\$ 3,862,130 - CAFETERIA/VENDING

\$ 164,989 - GIFT SHOP

\$ 1,415,513 - OTHER REVENUE

\$ 9,981,926 - TOTAL OTHER INCOME

2023

\$ 4,486,967 - CAFETERIA/VENDING

\$ 3,792,561 - CHGME/CHCA

\$ 1,175,000 - OTHER CONTRACT REVENUE

\$ 2,100,790 - OTHER REVENUE

\$ 11,555,318 - TOTAL OTHER INCOME

2024

\$ 4,868,631 - CAFETERIA/VENDING

\$ 5,781,032 - CHGME/CHCA

\$ 237,973 - GIFT SHOP

\$ 495,910 - OTHER REVENUE

\$ 11,383,546 - TOTAL OTHER INCOME

**Schedule B  
(Form 990)**

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

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

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

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	<b>Employer identification number</b>  62-0646012
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 1,878,044,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	<b>Employer identification number</b>  62-0646012
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	<b>Employer identification number</b>  62-0646012
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

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

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

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

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
Employer identification number (EIN) 62-0646012

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:														
not over \$500,000	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		68,326.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		60,779.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		7,521.
<b>j</b> Total. Add lines 1c through 1i .....			136,626.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

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

<b>1</b> Dues, assessments, and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid):		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? .....	4	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

LINE 1A) VOLUNTEERS CONSISTED OF A ST. JUDE SURVIVOR AND TWO FAMILY MEMBERS WHO PARTICIPATED IN THE CHA FAMILY ADVOCACY DAY; LINE 1B) ST. JUDE EMPLOYS AN OFFICE OF GOVERNMENT AFFAIRS; LINE 1F) AMOUNT LISTED IS CONTRIBUTION TO THE CHGME ADVOCACY CAMPAIGN; LINE 1G) AMOUNT LISTED IS PRORATED SALARY OF CHIEF GOVERNMENT AFFAIRS OFFICER AND STAFF PLUS TRAVEL EXPENSES; LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED RETAINER FEES FOR DIRECT FEDERAL AND STATE LEGISLATIVE CONTACTS AS WELL AS PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING FOR THE CHGME ADVOCACY PROGRAM.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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

Employer identification number  
**62-0646012**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" 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				
b Buildings		2,305,396,393.	792,021,974.	1,513,374,419.
c Leasehold improvements		13,666,436.	2,926,347.	10,740,089.
d Equipment		941,726,815.	637,237,205.	304,489,610.
e Other		28,527,687.	16,409,773.	12,117,914.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,840,722,032.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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)		
<b>Total.</b> (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) INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	10,765,019,233.
(2) OTHER ASSETS	152,964,757.
(3) RIGHT OF USE OPERATING ASSETS	18,240,399.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	10,936,224,389.

**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) SELF INSURANCE LIABILITY	3,720,969.
(3) WORKERS COMPENSATION	1,140,512.
(4) OWNER CONTROLLED INSURANCE PROGRAM	956,777.
(5) LONG TERM LEASE LIABILITY	18,409,985.
(6) TECH LICENSING DISTRIBUTIONS PAYABLE - NON CURRENT	131,770.
(7) DEFERRED COMPENSATION	99,581,933.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	123,941,946.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,167,044,846.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 5,976,834.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 830,259,500.		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	836,236,334.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	330,808,512.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 1,878,044,650.		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	1,878,044,650.
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	2,208,853,162.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	1,897,571,834.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	0.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	1,897,571,834.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	1,897,571,834.

**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 ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC., A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE FUTURE NEEDS OF ST. JUDE.

PART X, LINE 2:

AS OF JUNE 30, 2025, THE HOSPITAL HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL STATEMENTS. IN THE EVENT THE HOSPITAL 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, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR RESTRICTIONS 830,259,500.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET SUPPORT RECEIVED FROM ALSAC 1,878,044,650.



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 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**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 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	0	2	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	3,850,062.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	5,462,423.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	6	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	28,422,998.
MIDDLE EAST AND NORTH AFRICA	1	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	5,918,620.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	2,129,381.
RUSSIA AND NEIGHBORING STATES	0	2	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	179,406.
SOUTH AMERICA	0	2	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	4,045,223.
SOUTH ASIA	0	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	227,433.
<b>3 a</b> Subtotal .....	1	14			50,235,546.
<b>b</b> Total from continuation sheets to Part I .....	0	0			7,712,043.
<b>c Totals</b> (add lines 3a and 3b) .....	1	14			57,947,589.

**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
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	548,662.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT-MAKING		94,245.
EAST ASIA AND THE PACIFIC	0	0	GRANT-MAKING		78,422.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT-MAKING		156,638.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT-MAKING		5,944,375.
NORTH AMERICA	0	0	GRANT-MAKING		20,000.
RUSSIA AND NEIGHBORING STATES	0	0	GRANT-MAKING		49,917.
SOUTH AMERICA	0	0	GRANT-MAKING		403,937.
SOUTH ASIA	0	0	GRANT-MAKING		174,143.
SUB-SAHARAN AFRICA	0	0	GRANT-MAKING		241,704.
<b>Totals</b> .....					7,712,043.

**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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	FINANCIAL SUPPORT	5849121.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SPONSORSHIP	24,766.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SPONSORSHIP	156,638.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		NORTH AMERICA	SPONSORSHIP	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH AMERICA	SPONSORSHIP	261,994.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH ASIA	SPONSORSHIP	125,080.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SPONSORSHIP	29,417.	ELECTRONIC FUND/WIRE TRANSFER	0.		

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 ..... 8

3 Enter total number of other organizations or entities ..... 3

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH GRANT	CENTRAL AMERICA AND THE CARIBBEAN	2	94,245.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	EAST ASIA AND THE PACIFIC	1	53,656.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	MIDDLE EAST AND NORTH AFRICA	2	95,254.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	RUSSIA AND NEIGHBORING STATES	1	49,917.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	SOUTH AMERICA	3	141,943.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	SOUTH ASIA	1	49,063.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	SUB-SAHARAN AFRICA	5	212,287.	ELECTRONIC FUND/WIRE TRANSFER	0.		

**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

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

**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 2:**

ST. JUDE CHILDREN'S RESEARCH HOSPITAL PERFORMS DUE DILIGENCE IN THE SELECTION PROCESS FOR ORGANIZATIONS THAT RECEIVE FINANCIAL SUPPORT AND SPONSORSHIPS, AND THE INTENDED PURPOSE OF THESE FUNDS ARE OUTLINED TO ENSURE THE SUPPORT IS USED APPROPRIATELY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL PROVIDES GRANT FUNDING FOR INDIVIDUALS THAT HAVE COMPLETED THE MASTER OF SCIENCE IN GLOBAL CHILD HEALTH PROGRAM AT THE ST. JUDE GRADUATE SCHOOL OF BIOMEDICAL SCIENCES. THIS GRANT FUNDING REQUIRES AN APPROVED PROJECT PLAN, BUDGET, AND SUPPORTING APPLICATION. GRANT AGREEMENTS REQUIRE PROGRESS AND FINANCIAL REPORTING THROUGHOUT THE DEFINED TERM OF THE PROJECT.

**PART I, LINE 3:**

EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS. PAYMENTS ARE ISSUED BASED ON CONTRACTUAL OBLIGATIONS UPON RECEIPT OF SUPPORTING DOCUMENTATION.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b>	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	<b>Employer identification number</b>	62-0646012
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy (FAP) during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the FAP to its various hospital facilities during the tax year: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use federal poverty guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		X
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's FAP that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its FAP during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?		X
<b>b</b> If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial assistance at cost (from Worksheet 1)			145,601,679.	2,895,623.	142,706,056.	7.52%
<b>b</b> Medicaid (from Worksheet 3, column a)			217,829,406.	60,861,606.	156,967,800.	8.27%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			11,382,017.	2,544,585.	8,837,432.	.47%
<b>d Total.</b> Financial assistance and means-tested government programs			374,813,102.	66,301,814.	308,511,288.	16.26%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			97,701,333.	263,700.	97,437,633.	5.13%
<b>f</b> Health professions education (from Worksheet 5)			33,699,772.	1,279,184.	32,420,588.	1.71%
<b>g</b> Subsidized health services (from Worksheet 6)			46,368,243.	0.	46,368,243.	2.44%
<b>h</b> Research (from Worksheet 7)			814,125,632.	173,107,702.	641,017,930.	33.78%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			10,986,561.	0.	10,986,561.	.58%
<b>j Total.</b> Other benefits			1002881541.	174,650,586.	828,230,955.	43.64%
<b>k Total.</b> Add lines 7d and 7j			1377694643.	240,952,400.	1136742243.	59.90%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment (CHNA)</b>		
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
<b>3</b> During the tax year or either of the 2 immediately preceding tax years, did the hospital facility conduct a CHNA? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 24</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
<b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
<b>6b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url): _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 24</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
<b>a</b> If "Yes," list url: <u>SEE PART V, SECTION C</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
<b>12b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
<b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written FAP that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input type="checkbox"/> FPG, with FPG family income limit for eligibility for free care of and FPG family income limit _____ % for eligibility for discounted care of _____ %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application		
<b>b</b>	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
<b>c</b>	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by limited-English proficiency (LEP) populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written FAP that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) on line 19 (check all that apply):		
<b>a</b> <input type="checkbox"/> Provided a written notice about upcoming extraordinary collection actions (ECAs) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
<b>b</b> <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
<b>c</b> <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
<b>d</b> <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's FAP? .....	X	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.		X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.		X

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 5: ST. JUDE COLLABORATED WITH VARIOUS COMMUNITY PARTNERS, MEMBERS AND HEALTHCARE PROVIDERS TO CONDUCT THE FISCAL YEAR 2025 CHNA. THE ST. JUDE CHNA STEERING COMMITTEE CONTRACTED CONDUENT HEALTHY COMMUNITIES INSTITUTE (CONDUENT HCI) TO FACILITATE DATA COLLECTION, ANALYSIS, AND TO PREPARE THE CHNA REPORT.

SECONDARY DATA USED FOR THE CHNA ASSESSMENT WERE COLLECTED AND ANALYZED FROM CONDUENT HCI'S COMMUNITY INDICATOR DATABASE WHICH IS MAINTAINED BY RESEARCHERS AND ANALYSTS AT CONDUENT HCI PRIMARILY DERIVED FROM STATE AND NATIONAL PUBLIC SECONDARY DATA SOURCES.

COMMUNITY PARTNER LISTENING SESSIONS, COMMUNITY MEMBER PATIENT AND FAMILY FOCUS GROUPS, AND KEY PARTNER INTERVIEWS COMPRISED THE PRIMARY DATA COMPONENT OF THE CHNA AND HELPED INFORM SELECTION OF THE SIGNIFICANT HEALTH NEEDS.

CONDUENT HCI FACILITATED FOUR LISTENING SESSIONS, FIVE ST. JUDE PATIENT AND FAMILY FOCUS GROUPS, AND 16 KEY PARTNER INTERVIEWS ACROSS A BROAD SPECTRUM OF PATIENTS, PROVIDERS, AFFILIATES, COMMUNITY-BASED ORGANIZATIONS AND PUBLIC HEALTH DEPARTMENTS. PARTICIPANTS INCLUDED THE ST. JUDE MEDICAL EXECUTIVE COMMITTEE, LE BONHEUR CHILDHOOD ADVOCACY INSTITUTE, ST. JUDE PSYCHOSOCIAL DEPARTMENT, ST. JUDE HIV AND INFECTIOUS DISEASES, PATIENT SURVIVORS, HEMATOLOGY AND INFECTIOUS DISEASES, ACTIVE PATIENTS, AFFILIATES AND LOCAL FAMILIES, THE PATIENT FAMILY ADVISORY COUNCIL (PFAC), CHRIST COMMUNITY HEALTH SERVICES, CHURCH HEALTH, METROPOLITAN INTER-FAITH ASSOCIATION (MIFA), SHELBY COUNTY COMMUNITY SERVICES, SHELBY COUNTY HEALTH DEPARTMENT, ST. JUDE HEMATOLOGY PROVIDERS, ST. JUDE HPV AND CANCER OUTREACH, ST. JUDE HUNTSVILLE CLINIC, ST. JUDE PATIENT ASSISTANCE COORDINATOR, ST. JUDE STEMM AND EDUCATION OUTREACH, ST. JUDE SURVIVORSHIP, TENNESSEE HOSPITAL ASSOCIATION, THE WORKS, UNIVERSITY OF MEMPHIS EPIDEMIOLOGY, UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER, AND URBAN CHILD INSTITUTE.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 13H: NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST. THERE ARE NO TESTS OR THRESHOLDS APPLIED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 15E: NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST. THERE ARE NO TESTS OR THRESHOLDS APPLIED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 20E: ST. JUDE DOES NOT TAKE ANY OF THE COLLECTION

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACTIONS DESCRIBED IN PART V, SECTION B, LINE 19 BECAUSE ST. JUDE COVERS ALL TREATMENTS, COPAYS, DEDUCTIBLES, COINSURANCE AND ANY OTHER COST SHARING OBLIGATIONS THAT ARE NOT COVERED BY INSURANCE. ST. JUDE TAKES NO ACTION TO COLLECT FROM PATIENTS OR THEIR FAMILIES AND DOES NOT REPORT TO CREDIT AGENCIES.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 11: ST. JUDE CHILDREN'S RESEARCH HOSPITAL CONDUCTED AND ADOPTED ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) DURING TAX YEAR 2024 (FYE 6/30/25). ST. JUDE WILL FOCUS EFFORTS ON THE FOLLOWING COMMUNITY HEALTH NEEDS WHICH WILL BE ADDRESSED DURING TAX YEARS 2025-2027:

CANCER AND LONG-TERM FOLLOW-UP: CREATING SMOOTH TRANSITIONS FOR CANCER PATIENTS FROM ST. JUDE TO LOCAL PROVIDERS AND SPECIALISTS FOR LONG-TERM FOLLOW-UP

CHILDREN'S HEALTH, ACCESS TO HEALTHCARE, AND CHRONIC DISEASES: IMPROVING ACCESS TO HEALTHCARE AND SOCIAL SERVICES FOR CHILDREN

EDUCATION: ENHANCING PATIENT LEARNING DURING TREATMENT TO PREVENT POST-TREATMENT LEARNING GAPS

INFECTIOUS DISEASES AND IMMUNIZATIONS: INCREASING PREVENTION MEASURES TO REDUCE HIV AND HPV-ASSOCIATED CANCERS

MENTAL HEALTH, WELLNESS AND LIFESTYLE: ADDRESSING PATIENT MENTAL HEALTH CHALLENGES AND ACCESS TO SERVICES DURING AND AFTER TREATMENT

ALL SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ST. JUDE CHILDREN'S RESEARCH HOSPITAL PREVIOUS CHNA ARE BEING ADDRESSED. ST. JUDE CHILDREN'S RESEARCH HOSPITAL TOOK THE FOLLOWING ACTIONS DURING TAX YEAR 2024 WITH RESPECT TO THE CHNA CONDUCTED IN 2021:

AIM 1: IMPROVING ACCESS TO MENTAL HEALTH SUPPORTS AND SERVICES IN THE COMMUNITY, BEYOND THOSE RELATED TO PATIENT DIAGNOSIS AND TREATMENT.

STRATEGY 1. EXPAND TELEMENTAL HEALTH OPTIONS FOR ST. JUDE PATIENTS AND CAREGIVERS WHEN THE NEED IS NOT RELATED TO DIAGNOSIS AND TREATMENT.

ACTIONS TAKEN:

- LAUNCHED REFERRALS FOR PATIENTS AND CAREGIVERS IN HEMATOLOGY CLINIC IN TAX YEAR 2023 AND CONTINUED THE REFERRAL PROCESS THROUGHOUT TAX YEAR 2024.

STRATEGY 2. ENHANCE AND EXPAND AVAILABLE COMMUNITY MENTAL HEALTH RESOURCES FOR PATIENTS AND CAREGIVERS BY LEVERAGING PARTNERSHIPS AND COLLABORATIVE EFFORTS.

ACTIONS TAKEN:

- ST. JUDE OFFICE OF GOVERNMENT AFFAIRS CONTINUES TO ENGAGE AND ADVOCATE WITH STATE-LEVEL PUBLIC POLICY MAKERS FOR INTERSTATE COMPACTS THAT EXPAND MENTAL HEALTH PRACTICE (E.G., PSYPACT AND SOCIAL WORK INTERSTATE COMPACTS).

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- EXPANDED THE USE OF THE FIND HELP SOCIAL CARE NETWORK.

AIM 2: IMPROVING ACCESS TO PROVIDERS, RESOURCES, AND COORDINATED CARE DURING THE TRANSITION OF CARE FROM ST. JUDE AND ITS AFFILIATES TO COMMUNITY AND/OR ADULT CARE.

STRATEGY 1. CONTINUE TO IMPROVE TRANSITION OPPORTUNITIES FOR ST. JUDE PATIENTS AFTER COMPLETION OF THERAPY.

ACTIONS TAKEN:

- SUCCESSFULLY IMPLEMENTED THE PATIENT TRANSITION GUIDE AND THE PATIENT TRANSITION TAB IN THE ELECTRONIC HEALTH RECORD WITHIN THREE PRIMARY ONCOLOGY CLINICS.
- INTRODUCED THE PATIENT TRANSITION GUIDE AND RELATED CONCEPTS TO ALL AFFILIATE CLINICAL TEAMS.
- DEVELOPED DASHBOARD TO MONITOR TRANSITION TAB DOCUMENTATION, REVIEW OF THE PATIENT TRANSITION GUIDE WITH PATIENTS, READINESS ASSESSMENT SCORES, AND SUBSPECIALTY VISIT METRICS.

AIM 3: IMPROVING ACCESS TO CLINICAL TRIALS AT ST. JUDE AND ITS AFFILIATES.

STRATEGY 1. LAUNCH THE U-DECIDE TRIAL AT THE AFFILIATE CLINICS (THE DECISION TO ENROLL IN THERAPEUTIC CLINICAL TRIALS IN A PEDIATRIC CANCER CLINICAL NETWORK).

ACTIONS TAKEN:

- ALL THREE AIMS OF THE STUDY ARE ENROLLING PATIENTS.
- VERBAL ADMINISTRATION OF SURVEY 1 REGARDING DEMOGRAPHICS TO 242 TRIAL PARTICIPANTS.
- VERBAL ADMINISTRATION OF SURVEY 2 REGARDING DECISION MAKING PREFERENCES TO 50 TRIAL PARTICIPANTS.
- ALL 8 CLINICS IDENTIFIED PARENT NAVIGATORS.

STRATEGY 2. CONTINUE TO IMPLEMENT OPERATIONAL STRATEGIES TO INCREASE LOCAL ACCESS TO AND ENROLLMENT IN CLINICAL TRIALS AT THE AFFILIATE LOCATIONS.

ACTIONS TAKEN:

- EXECUTED AN AGREEMENT WITH ONE CLINIC IN HUNTSVILLE, ALABAMA TO CREATE A LEASED CLINIC MODEL.
- ADDED THE CLINICAL TRIAL OPERATION TEAM TO THE STEERING COMMITTEE FOR LEASED CLINIC MODEL.
- ESTABLISHED NEW AFFILIATE SUBCOMMITTEE OF THE PATIENT FAMILY ADVISORY COUNCIL (PFAC).

AIM 4: CONDUCTING CANCER PREVENTION WORK THROUGH EDUCATION AND HPV VACCINATION.

STRATEGY 1. STRENGTHEN PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES TO DISSEMINATE EDUCATIONAL PROGRAMS ON CANCER CONTROL AND PREVENTION.

ACTIONS TAKEN:

- EXPANDED THE AFTER-SCHOOL STEMM CLUBS TO 24 SCHOOLS.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- PILOTED THE VIRTUAL STEMM ACADEMY IN TWO HIGH SCHOOLS.
- LAUNCHED THE IN-SCHOOL COMMUNITY HEALTH CLUB TO TWO MIDDLE SCHOOLS.
- LAUNCHED THE ONLINE LEARNING INITIATIVE WITH THE ST. JUDE CLOUD (VIRTUAL STEMM ACADEMY).

STRATEGY 2. SERVE AS A LEADER, CONVENER, AND CATALYST FOR IMPLEMENTING EVIDENCE-BASED INTERVENTIONS TO INCREASE HPV VACCINATION COVERAGE AND PREVENT HPV-ASSOCIATED CANCERS.

ACTIONS TAKEN:

- PRESENTED ORAL AND POSTER PRESENTATIONS AT NATIONAL HPV CONFERENCE
- LAUNCHED "A FUTURE FREE OF HPV CANCERS STARTS WITH YOU" CAMPAIGN
- CONDUCTED COMPREHENSIVE SURVEY TO ASSESS PARTNER NEEDS, ENHANCE SUPPORT STRATEGIES, AND STRENGTHEN COLLABORATIVE EFFORTS.

STRATEGY 3. ENGAGE IN STRATEGIC IMPLEMENTATION OF EVIDENCE-BASED INTERVENTIONS TO INCREASE HPV VACCINATION COVERAGE.

ACTIONS TAKEN:

- HOSTED MEMPHIS AND SHELBY COUNTY HPV CANCER PREVENTION ROUNDTABLES AND IDENTIFIED FOUR PRIORITIES: ENGAGEMENT AND MEMBERSHIP, COMMUNICATION, PROVIDER EDUCATION, AND DATA.
- ORGANIZED AND HOSTED A VARIETY OF SEMINARS AND CONFERENCES TO EDUCATE AND RAISE AWARENESS OF HPV AND CANCER VACCINES.

AIM 5: INCREASING AWARENESS AND EDUCATION OF SICKLE CELL DISEASE AND INFECTIOUS DISEASES (HIV/AIDS) IN THE COMMUNITY.

STRATEGY 1. DEVELOP ONLINE EDUCATIONAL MODULES ON SICKLE CELL TESTING AND GENETIC COUNSELING FOR TN DEPARTMENT OF HEALTH NURSES TO ENABLE THEM TO COMPLETE THE TRAINING AT THEIR CONVENIENCE.

ACTIONS TAKEN:

- DISSEMINATED INFORMATIONAL FLYERS TO THE TENNESSEE DEPARTMENT OF HEALTH NEWBORN SCREENING PROGRAM AND MISSISSIPPI DEPARTMENT OF HEALTH REGIONAL GENETICS MEETINGS.

STRATEGY 2. CREATE AND EXECUTE A COMMUNICATION CAMPAIGN THAT ADDRESSES THE GAPS IN KNOWLEDGE AND AWARENESS OF HIV AND THE HIV PREVENTION AND CARE PROGRAM AT ST. JUDE THAT PROVIDES RELATED PREVENTION AND TREATMENT.

ACTIONS TAKEN:

- IMPROVED MANAGEMENT OF SOCIAL MEDIA AND ACHIEVED INCREASES IN FOLLOWERS ACROSS SOCIAL MEDIA CHANNELS.

STRATEGY 3. WITH A COALITION OF COMMUNITY STAKEHOLDERS, IDENTIFY THE GAPS IN THE CONTINUUM OF HIV PREVENTION AND CARE AND ADDRESS THOSE GAPS WITH A FOCUS ON STRUCTURAL CHANGE.

ACTIONS TAKEN:

- INCREASED PARTICIPATION IN C2P MEMPHIS AND END HIV 901 CAB MEETINGS.

AIM 6: STRENGTHEN COMMUNITY PARTNERSHIPS IN THE GREATER MEMPHIS AREA TO

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ADDRESS SOCIAL DETERMINANTS OF HEALTH FOR LOCAL PATIENTS.

STRATEGY 1. COLLABORATE WITH OTHER HEALTHCARE ORGANIZATIONS; LOCAL, STATE, AND NATIONAL GOVERNMENT AGENCIES; AND LOCAL COMMUNITY ORGANIZATIONS TO IMPROVE IDENTIFICATION AND UTILIZATION OF RESOURCES.

ACTIONS TAKEN:

- CONTINUED CONTRACT WITH THE WORKS, INC. (TWI), A COMMUNITY ORGANIZATION THAT ASSISTS WITH SECURING AFFORDABLE HOUSING AND SOCIAL SERVICES.
- CONTINUED PARTNERSHIP WITH METROPOLITAN INTER-FAITH ASSOCIATION (MIFA) TO ASSIST FAMILIES WITHIN AND BEYOND SHELBY COUNTY WITH EMERGENCY RENT/MORTGAGE AND UTILITY PAYMENTS AND OTHER ASSISTANCE.
- CONTINUED PRO BONO REFERRAL RELATIONSHIP WITH NATIONAL LAW FIRM FOR FAMILIES TO RECEIVE REPRESENTATION IN ISSUES LIKE CONSERVATORSHIPS, INDIVIDUAL EDUCATION PLANS, DISABILITY BENEFITS, FORECLOSURE, ETC.
- IMPLEMENTED AN INSTITUTION-WIDE STANDARDIZED SCREENING PROCESS FOR SOCIAL DETERMINANTS OF HEALTH VIA THE ELECTRONIC HEALTH RECORD.
- IMPLEMENTED A SOCIAL DETERMINANTS OF HEALTH OPERATIONAL DASHBOARD FOR ENHANCED TRACKING OF DOMAINS.
- WORKED WITH THE CONGRESSIONAL COLORECTAL CANCER CAUCUS TO SPONSOR LEGISLATION THAT WOULD INCORPORATE CHILDREN'S ONCOLOGY GROUP RECOMMENDATIONS FOR EARLY DIAGNOSTIC SCREENING FOR CERTAIN SURVIVORS OF CHILDHOOD CANCER INTO US PREVENTIVE SERVICES TASK FORCE GUIDELINES.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 7A: THE CHNA REPORT WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL:  
[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.HTML](https://www.stjude.org/about-st-jude/financials/community-health-needs-assessment.html)

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 10A: THE HOSPITAL FACILITY'S MOST RECENTLY ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL:  
[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT.HTML](https://www.stjude.org/about-st-jude/financials/community-health-needs-assessment.html)

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 14: ST. JUDE CURRENTLY DOES NOT BILL NOR PURSUE PAYMENT FOR ANY ST. JUDE PATIENT; THEREFORE, ST. JUDE DOES NOT HAVE A BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16A: THE FAP WAS MADE WIDELY AVAILABLE AT THE FOLLOWING URL:  
[HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16B: BASED ON THE FINANCIAL ASSISTANCE STATEMENT ([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)) AND FINANCIAL ASSISTANCE POLICY ([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)), ST. JUDE DOES NOT HAVE AN APPLICATION FORM.

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16C: A PLAIN LANGUAGE SUMMARY WAS MADE WIDELY

AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT NO COST. THERE ARE NO TESTS OR THRESHOLDS APPLIED TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE. ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY. IF THE PATIENT HAS INSURANCE, ST. JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS.

PART I, LINE 7:

COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST TO CHARGES. COST-TO-CHARGE RATIO USED FOR LINE 7A FINANCIAL ASSISTANCE AT COST, LINE 7B MEDICAID, AND LINE 7C COSTS OF OTHER MEANS-TESTED GOVERNMENT PROGRAMS.

PART I, LINE 7G:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH SERVICES SUPPORT FOR SEVEN AFFILIATE CLINICS AND ONE SATELLITE CLINIC TOTALING APPROXIMATELY \$14 MILLION.

PART II, COMMUNITY BUILDING ACTIVITIES:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS DEEPLY WOVEN INTO THE MEMPHIS HEALTH COMMUNITY, CHAMPIONING COLLABORATION AND ADVOCACY TO IMPROVE HEALTH AND WELLNESS FOR ALL. THROUGH ACTIVE PARTICIPATION IN BUSINESS, EDUCATION, OUTREACH, AND CIVIC INITIATIVES, WE WORK TO STRENGTHEN COMMUNITY HEALTH OUTCOMES, SHARE KNOWLEDGE ACROSS MEDICAL AND SCIENTIFIC NETWORKS, AND EMPOWER EDUCATION THAT DRIVES HEALTHIER BEHAVIORS.

OUR LEADERSHIP PARTNERS WITH ORGANIZATIONS LIKE MEMPHIS TOMORROW AND MEMPHIS FAST FORWARD TO ADVANCE ECONOMIC GROWTH, PUBLIC SAFETY, AND QUALITY EDUCATION FOUNDATIONS FOR A THRIVING COMMUNITY. WE ALSO INVEST IN THE NEXT GENERATION OF HEALTHCARE AND RESEARCH PROFESSIONALS THROUGH PROGRAMS LIKE THE PEDIATRIC ONCOLOGY EDUCATION (POE) PROGRAM, RHODES COLLEGE SUMMER PLUS, RESEARCH IMMERSION PROGRAM FOR HIGH SCHOOL STUDENTS, AND STEMM CLUBS IN 26 AREA SCHOOLS. THESE INITIATIVES, ALONG WITH CLINICAL ROTATIONS AND INTERNSHIPS ACROSS DIVERSE FIELDS, PREPARE STUDENTS FOR CAREERS IN SCIENCE, MEDICINE, AND HEALTHCARE MANAGEMENT.

**Part VI** Supplemental Information (Continuation)

PART III, LINE 2:

BAD DEBT EXPENSE IS EQUAL TO CHARGES ON ACCOUNTS DETERMINED TO BE UNCOLLECTIBLE.

THERE WERE NO UNCOLLECTIBLE ACCOUNTS IN THE CURRENT YEAR.

ST. JUDE DOES NOT BILL PATIENTS OR PATIENT FAMILIES.

PART III, LINE 3:

ALL PATIENTS ARE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE FINANCIAL ASSISTANCE POLICY. THERE WAS NO BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS UNDER THE FINANCIAL ASSISTANCE POLICY. ST. JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER BAD DEBT EXPENSE A COMMUNITY BENEFIT.

PART III, LINE 4:

NET PATIENT SERVICE REVENUES - NET OPERATING REVENUES ARE RECORDED AT THE TRANSACTION PRICE ESTIMATED BY THE HOSPITAL TO REFLECT THE TOTAL CONSIDERATION DUE FROM THIRD-PARTY PAYORS IN EXCHANGE FOR PROVIDING GOODS AND SERVICES IN PATIENT CARE. THESE SERVICES ARE CONSIDERED TO BE A SINGLE PERFORMANCE OBLIGATION AND HAVE A DURATION OF LESS THAN ONE YEAR. REVENUES ARE RECORDED AS THESE GOODS AND SERVICES ARE PROVIDED. THE TRANSACTION PRICE, WHICH INVOLVES SIGNIFICANT ESTIMATES, IS DETERMINED BASED ON THE HOSPITAL'S STANDARD CHARGES FOR THE GOODS AND SERVICES PROVIDED, WITH A REDUCTION RECORDED FOR PRICE CONCESSIONS RELATED TO THIRD PARTY CONTRACTUAL ARRANGEMENTS AS WELL AS OTHER IMPLICIT PRICE CONCESSIONS.

PART III, LINE 8:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL DOES NOT CONSIDER THE MEDICARE SHORTFALL A COMMUNITY BENEFIT. THE COST TO CHARGE RATIO WAS USED TO DETERMINE MEDICARE ALLOWABLE COSTS OF CARE.

PART III, LINE 9B:

ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY. ST. JUDE DOES HAVE A BILLING SYSTEM, BUT PATIENTS DO NOT RECEIVE BILLS. IF THE PATIENT HAS INSURANCE, ST. JUDE BILLS THE INSURANCE PLAN OR OTHER ORGANIZATION THAT PAYS HEALTH COSTS. THIS IS SET FORTH IN OUR FINANCIAL ASSISTANCE STATEMENT ([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)) AND FINANCIAL ASSISTANCE POLICY ([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)).

PART VI, LINE 2:

ASSESSING THE HEALTHCARE NEEDS OF THE COMMUNITY AT ST. JUDE, UNDERSTANDING THE HEALTHCARE NEEDS OF OUR COMMUNITY IS ESSENTIAL AND SHAPES OUR SERVICES, OUTREACH INITIATIVES, AND ADVOCACY EFFORTS. ST. JUDE TAILORS ITS PROGRAMS BY UNDERSTANDING THE URGENT RESEARCH QUESTIONS, ANALYZING SCIENTIFIC DATA, AND COLLABORATING WITH ACADEMIC, HEALTHCARE AND PARTNER ORGANIZATIONS TO ADDRESS SPECIFIC NEEDS AS ALIGNED TO THE ST. JUDE STRATEGIC PLAN.

CANCER

PEDIATRIC CANCER IS A KEY FOCUS AT ST. JUDE. IN 2025, ABOUT 16,000 NEW U.S. CASES AND OVER 400,000 WORLDWIDE ARE EXPECTED AMONG CHILDREN. ST. JUDE DEVOTES MOST RESOURCES TO CANCER RESEARCH AND CARE, AIMING TO IMPROVE DIAGNOSIS, TREATMENT, AND REDUCE SIDE EFFECTS. AS THE ONLY NCI-DESIGNATED CANCER CENTER FOR CHILDREN, ST. JUDE LEADS GLOBAL EFFORTS TO ADDRESS

**Part VI Supplemental Information** (Continuation)

BASIC, TRANSLATIONAL AND CLINICAL RESEARCH, AND CARE AND TREATMENT FOR PATIENT FAMILIES.

CLINICAL TRIALS TARGET PEDIATRIC CANCERS, LEUKEMIA, MEDULLOBLASTOMA, NEUROBLASTOMA, LYMPHOMA, RETINOBLASTOMA, RHABDOMYOSARCOMA AND MORETHROUGH NATIONAL AND INTERNATIONAL COLLABORATIONS. SURVIVORS ARE TRACKED IN LONG-TERM STUDIES TO IMPROVE OUTCOMES.

OUTREACH PROGRAMS INCLUDE AFFILIATE NETWORKS, HPV PREVENTION, STEMM SCHOOL EDUCATION, THE TOGETHER WEBSITE, AND GLOBAL PARTNERSHIPS. PATIENT AND FAMILY COUNCILS HELP GUIDE PRIORITIES.

HEMATOLOGY

SICKLE CELL DISEASE (SCD) IS THE MOST COMMON INHERITED BLOOD DISORDER, AFFECTING OVER 100,000 PEOPLE IN THE U.S. AND MORE THAN ONE MILLION WORLDWIDE. ST. JUDE RUNS ONE OF THE LARGEST PEDIATRIC SCD RESEARCH AND TREATMENT PROGRAMS IN THE COUNTRY, CARING FOR ABOUT 900 CHILDREN WITH ABOUT 50 NEWBORNS DIAGNOSED WITH SCD EACH YEAR. GLOBALLY, WE ARE CREATING COLLABORATIONS TO ADDRESS ACCESS TO CARE AND TREATMENT.

CHILDREN WITH SCD, FROM BIRTH TO AGE 18, RECEIVE REGULAR CHECKUPS, EDUCATION, AND COORDINATED CARE FOLLOWING STANDARD GUIDELINES. WE ALSO HAVE A TRANSITION PROGRAM TO HELP TEENS MOVE SMOOTHLY TO ADULT CARE, PARTNERING WITH LOCAL HOSPITALS.

ADDITIONALLY, WE CARE FOR AROUND 800 CHILDREN EVERY YEAR WITH OTHER BLOOD DISORDERS LIKE HEMOPHILIA, APLASTIC ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE THROMBOCYTOPENIC PURPURA, WORKING CLOSELY WITH COMMUNITY DOCTORS.

HIV

THE CONNECT TO PROTECT (C2P) COALITION, LED BY THE ST. JUDE HIV TEAM, UNITES 25 LOCAL ORGANIZATIONS TO STRENGTHEN HIV PREVENTION AND YOUTH CARE IN MEMPHIS THROUGH COLLABORATIVE PROGRAMS, POLICIES AND EDUCATION.

PART VI, LINE 3:

NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. IN ADDITION, ST. JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES. WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY. FAMILIES ALSO HAVE ACCESS TO AN ONLINE EDUCATIONAL RESOURCE TITLED "GETTING INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE" AT THIS LINK:

[HTTPS://TOGETHER.STJUDE.ORG/EN-US/FOR-FAMILIES/NAVIGATING-HEALTH-CARE/AFFORDABLE-CARE-ACT.HTML](https://together.stjude.org/en-us/for-families/navigating-health-care/affordable-care-act.html). THIS ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS. WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE.

THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT

([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML](https://www.stjude.org/legal/financial-assistance-statement.html)) AND FINANCIAL ASSISTANCE POLICY

([HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML](https://www.stjude.org/legal/financial-assistance-policy.html)) ARE POSTED ON THE HOSPITAL'S WEBSITE AND AVAILABLE AT REGISTRATION. THE DOCUMENTS ARE AVAILABLE IN ENGLISH AND SPANISH. FOR FAMILIES SPEAKING OTHER LANGUAGES,

**Part VI Supplemental Information** (Continuation)

WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED INTERPRETATION AND TRANSLATION SERVICES.

PART VI, LINE 4:

ST. JUDE SERVES CHILDREN WITH CATASTROPHIC DISEASES, FOCUSING ON CANCER, BLOOD DISORDERS, HIV/AIDS, AND NEUROLOGICAL CONDITIONS. THE CATCHMENT AREA INCLUDES A 180-MILE RADIUS AROUND MEMPHIS, TN, AND EXTENDS 100 MILES FROM EACH OF THE SEVEN (7) AFFILIATE LOCATIONS: PEORIA, IL; BATON ROUGE, LA; SHREVEPORT, LA; SPRINGFIELD, MO; CHARLOTTE, NC; TULSA, OK; AND JOHNSON CITY, TN; AND ONE (1) SATELLITE LOCATION IN HUNTSVILLE, AL. ST. JUDE IS ALSO A NATIONAL AND INTERNATIONAL REFERRAL CENTER, WELCOMING PEDIATRIC PATIENTS FROM ACROSS THE U.S. AND ABROAD. NOTABLY, 65% OF NEW CANCER PATIENTS RESIDE WITHIN THE CATCHMENT AREA, ENSURING CARE IS CLOSELY MATCHED TO REGIONAL NEEDS.

TRUE TO ITS FOUNDING PHILOSOPHY, ST. JUDE PATIENTS DO NOT RECEIVE A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD. PATIENT DEMOGRAPHICS ALIGN WITH LOCAL CENSUS AND CANCER INCIDENCE DATA, CONFIRMING THE RESPONSIVENESS TO COMMUNITY NEEDS. ST. JUDE ALSO OPERATES GLOBALLY, SHARING EXPERTISE AND RESOURCES TO IMPROVE SURVIVAL RATES FOR CHILDREN WORLDWIDE THROUGH ITS GLOBAL PEDIATRIC MEDICINE INITIATIVE AND THE ST. JUDE GLOBAL ALLIANCE. THE ALLIANCE NETWORK, SPANNING OVER 90 COUNTRIES AND 400 INSTITUTIONS, EMPOWERS MEMBERS TO COLLABORATE ON RESEARCH, TRAINING, AND HEALTHCARE DELIVERY, COLLECTIVELY WORKING TO REDUCE THE BURDEN OF PEDIATRIC CANCER AND BLOOD DISORDERS.

PART VI, LINE 5:

ST. JUDE MISSION AND COMMITMENT

ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS DEDICATED TO ADVANCING CURES AND PREVENTION FOR PEDIATRIC CATASTROPHIC DISEASES, INCLUDING CANCER, BLOOD DISORDERS, AND INFECTIOUS DISEASES, THROUGH WORLD-CLASS RESEARCH AND INNOVATIVE TREATMENT. THE INSTITUTION'S MISSION IS TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES FACING LIFE-THREATENING ILLNESSES BY INTEGRATING PIONEERING SCIENTIFIC DISCOVERY WITH COMPASSIONATE, COMPREHENSIVE CLINICAL CARE. EVERY INITIATIVE AT ST. JUDE IS GUIDED BY THE FUNDAMENTAL BELIEF THAT NO CHILD SHOULD BE DENIED TREATMENT BASED ON RACE, ETHNICITY, RELIGION, OR A FAMILY'S ABILITY TO PAY.

CLINICAL PROGRESS

ST. JUDE CONTINUES TO ENHANCE ITS CLINICAL CAPABILITIES, WITH SIGNIFICANT INVESTMENTS IN INFRASTRUCTURE AND PATIENT SERVICES. CONSTRUCTION IS UNDERWAY ON TWO NEW CLINICAL OUTPATIENT AND OFFICE TOWERS, WITH MOVE-IN SCHEDULED FOR FALL 2026 AND THE FIRST PATIENTS EXPECTED IN SPRING 2027. IN JUNE 2024, ST. JUDE LAUNCHED AN IMPROVED CARE AND TREATMENT WEBSITE, PROVIDING PATIENTS AND FAMILIES WITH STREAMLINED ACCESS TO INFORMATION AND RESOURCES. THE TOGETHER BY ST. JUDE PLATFORM HAS BEEN EXPANDED TO OFFER COMPREHENSIVE CONTENT ON BLOOD DISORDERS AND INFECTIOUS DISEASES, FURTHER SUPPORTING PATIENTS, CAREGIVERS, AND HEALTHCARE PROFESSIONALS WITH RELIABLE EDUCATION AND GUIDANCE.

RESEARCH PRIORITIES AND ACHIEVEMENTS

ST. JUDE'S RESEARCH AGENDA REMAINS AT THE FOREFRONT OF PEDIATRIC MEDICINE. IN 2024, THE INSTITUTION WELCOMED NEW CHAIRS IN IMMUNOLOGY AND IMAGING SCIENCES AND APPOINTED 34 NEW FACULTY RESEARCHERS, STRENGTHENING ITS COMMITMENT TO SCIENTIFIC EXCELLENCE. THE FACULTY PUBLISHED MORE THAN 1,200 SCIENTIFIC PAPERS, AND 11 FACULTY MEMBERS WERE RECOGNIZED AS HIGHLY CITED

**Part VI Supplemental Information** (Continuation)

RESEARCHERS FOR THEIR SIGNIFICANT IMPACT ON THE FIELD. ST. JUDE'S GRANT-WRITING WORKSHOP ACHIEVED AT LEAST A 45% SUCCESS RATE IN SECURING EXTERNAL FUNDING, WHILE THE NATIONAL CANCER INSTITUTE (NCI) TRAINING GRANT PORTFOLIO HAS GROWN NEARLY TENFOLD SINCE 2018, REFLECTING THE INSTITUTION'S INVESTMENT IN DEVELOPING FUTURE LEADERS IN SCIENCE AND MEDICINE.

GLOBAL INITIATIVES

ST. JUDE'S GLOBAL REACH CONTINUES TO EXPAND THROUGH STRATEGIC PARTNERSHIPS AND CAPACITY-BUILDING PROGRAMS. THE ST. JUDE GLOBAL ALLIANCE INCLUDES OVER 400 MEMBER INSTITUTIONS ACROSS 90 COUNTRIES, COLLABORATING TO IMPROVE CHILDHOOD CANCER OUTCOMES WORLDWIDE. THE ST. JUDE CARES PATIENT REGISTRY HAS ENROLLED 12,707 PATIENTS, FACILITATING DATA-DRIVEN IMPROVEMENTS IN CARE AND RESEARCH. THE GLOBAL SCHOLARS MASTER'S PROGRAM HAS ENROLLED 60 STUDENTS SINCE ITS INCEPTION, WITH AN ADDITIONAL 10 STUDENTS THAT BEGAN IN SUMMER 2024, FOSTERING GLOBAL EXPERTISE IN PEDIATRIC MEDICINE.

COMMUNITY OUTREACH AND ENGAGEMENT

COMMUNITY OUTREACH AND ENGAGEMENT (COE) AT ST. JUDE PLAYS A PIVOTAL ROLE IN ADDRESSING CLINICAL AND RESEARCH NEEDS AT THE LOCAL AND REGIONAL LEVELS. COE PROVIDES EDUCATION ON CANCER PREVENTION, RESEARCH ADVOCACY, AND ACCESS TO CARE, AND IS SUPPORTED BY TWO ACTIVE COMMUNITY ADVISORY BOARDS AND SENIOR CENTER LEADERSHIP. THE PROGRAM PROMOTES CLINICAL TRIAL ENGAGEMENT, DRIVES RESEARCH INTO SOCIAL DETERMINANTS OF HEALTH, AND ADVANCES STEM EDUCATION FOR THE NEXT GENERATION OF SCIENTISTS AND HEALTHCARE LEADERS. ONGOING INITIATIVES INCLUDE RESEARCH AND POLICY WORK AROUND HPV VACCINATION, THE DEVELOPMENT OF PATIENT EDUCATION RESOURCES, AND GLOBAL PROGRAMMING TO IMPROVE CANCER AWARENESS AND OUTCOMES.

EDUCATION

EDUCATION INITIATIVES AT ST. JUDE DEMONSTRATE A COMMITMENT TO CULTIVATING THE NEXT GENERATION OF SCIENTIFIC AND HEALTHCARE LEADERS. THE ST. JUDE GRADUATE SCHOOL CONTINUES TO ENROLL PROMISING SCHOLARS, PREPARING THEM FOR IMPACTFUL CAREERS IN RESEARCH AND MEDICINE. THE PEDIATRIC ONCOLOGY EDUCATION (POE) PROGRAM, A COMPETITIVE UNDERGRADUATE SUMMER PROGRAM, IMMERSSES STUDENTS IN A RIGOROUS ACADEMIC ENVIRONMENT SHAPED BY DEDICATED BASIC SCIENTISTS, RESEARCH-DRIVEN PHYSICIANS, AND POSTDOCTORAL FELLOWS. IN 2024, FIFTY-TWO U.S. CITIZEN STUDENTS FROM 41 SCHOOLS ACROSS 25 STATES AND PUERTO RICO PARTICIPATED IN THE POE PROGRAM, BOASTING AN IMPRESSIVE AVERAGE UNDERGRADUATE GPA OF 3.88. ADDITIONALLY, TWENTY RECENT NURSING GRADUATES ENGAGED IN A 10-WEEK PROGRAM DESIGNED TO PROVIDE HANDS-ON EXPERIENCE ALONGSIDE EXPERT NURSING STAFF IN PEDIATRIC ONCOLOGY, WITH MANY TRANSITIONING TO FULL-TIME ROLES FOLLOWING THE PROGRAM.

GOVERNANCE AND FUNDRAISING

INSTITUTIONAL OVERSIGHT AT ST. JUDE IS MAINTAINED BY A BOARD OF GOVERNORS COMPOSED PRIMARILY OF INDIVIDUALS WHO ARE INDEPENDENT OF HOSPITAL OPERATIONS, ENSURING TRANSPARENT AND STRATEGIC DECISION-MAKING. RESEARCH ACTIVITIES UNDERGO ANNUAL REVIEW BY A SCIENTIFIC ADVISORY BOARD OF INTERNATIONALLY RENOWNED EXPERTS, AND ALL CLINICAL STUDIES ARE SUBJECT TO INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL. FUNDRAISING IS LED BY ALSAC (AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES), WHICH SUPPORTS THE HOSPITAL'S MISSION THROUGH TENS OF THOUSANDS OF NATIONWIDE EFFORTS. IN FISCAL YEAR 2025, ALSAC CONTRIBUTED \$1.88 BILLION TO ST. JUDE, SUSTAINING ITS COMMITMENT TO FINDING CURES AND SAVING CHILDREN.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LE BONHEUR CHILDRENS HOSPITAL FOUNDATION - 848 ADAMS AVE. - MEMPHIS, TN 38103	62-1872938	501(C)(3)	3,501,000.	0.			FINANCIAL SUPPORT
THE UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP ST., STE. 500 MEMPHIS, TN 38163	62-1844686	GOV'T ENTITY	125,000.	0.			SPONSORSHIP
CHURCH HEALTH 1350 CONCOURSE AVENUE, STE. 142 MEMPHIS, TN 38104	58-1716113	501(C)(3)	115,000.	0.			FINANCIAL SUPPORT
REGIONAL ONE HEALTHCARE FOUNDATION 877 JEFFERSON AVENUE MEMPHIS, TN 38120	58-1737037	501(C)(3)	8,000.	0.			SPONSORSHIP
AMER PSYCHOLOGICAL ASSOC 750 1ST ST, NE., STE. 700 WASHINGTON, DC 20002-8011	53-0205890	501(C)(3)	7,500.	0.			SPONSORSHIP
ARKANSAS IMMUNIZATION ACTION COALITION - P.O. BOX 3798 - LITTLE ROCK, AR 72203	82-1825362	501(C)(3)	7,260.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 9.
- 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 II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STATE OF TENNESSEE 710 JAMES ROBERTSON PKWY., 3RD FL. NASHVILLE, TN 37243	62-6001445	GOV'T ENTITY	6,000.	0.			SPONSORSHIP
HPV CANCERS ALLIANCE P.O. BOX 230575 NEW YORK, NY 10023	84-1950434	501(C)(3)	6,000.	0.			SPONSORSHIP
CERVIVOR, INC. 14605 ELM ST., #2942 UPPER MARLBORO, MD 20772-2942	33-1114677	501(C)(3)	6,000.	0.			SPONSORSHIP

**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:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL PERFORMS DUE DILIGENCE IN THE SELECTION PROCESS FOR ORGANIZATIONS THAT RECEIVE FINANCIAL SUPPORT AND SPONSORSHIPS, AND THE INTENDED PURPOSE OF THESE FUNDS ARE OUTLINED TO ENSURE THE SUPPORT IS USED APPROPRIATELY.

PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE:

LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. PROVIDED A CONTRIBUTION TO LE BONHEUR CHILDREN'S HOSPITAL FOUNDATION TO FUND INCREASED PURCHASE AND CONSTRUCTION COSTS FOR THE REPLACEMENT OF INTRAOPERATIVE MAGNETIC RESONANCE IMAGING (MRI) EQUIPMENT AND RELATED CONSTRUCTION DESIGNED SPECIFICALLY FOR NEUROSURGICAL APPLICATION. THIS FINANCIAL SUPPORT HELPS LE BONHEUR MAINTAIN ADVANCED NEUROSURGICAL FACILITIES FOR PEDIATRIC BRAIN TUMOR PATIENTS, INCLUDING THOSE TREATED IN COLLABORATION WITH 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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public Inspection**

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

**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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

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

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES R. DOWNING PRESIDENT/CEO	(i) 1,581,245. (ii) 0. (iii) 0.	50,250. 0. 0.	15,769. 0. 0.	37,950. 0. 0.	28,669. 0. 0.	1,713,883. 0. 0.	0. 0. 0.
(2) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR (THRU 3/25)	(i) 1,286,179. (ii) 1,029,352. (iii) 0.	0. 250. 0.	107,073. 370,907. 0.	145,310. 135,489. 0.	26,049. 22,316. 0.	1,564,611. 1,558,314. 0.	97,929. 78,977. 0.
(3) JOSEPH P. TAYLOR EVP/SCIENTIFIC DIRECTOR	(i) 1,032,874. (ii) 0. (iii) 0.	75,250. 0. 0.	25,853. 0. 0.	108,632. 0. 0.	23,334. 0. 0.	1,265,943. 0. 0.	0. 0. 0.
(4) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	(i) 996,721. (ii) 0. (iii) 0.	250. 0. 0.	146,978. 0. 0.	37,950. 0. 0.	40,336. 0. 0.	1,222,235. 0. 0.	0. 0. 0.
(5) THOMAS E. MERCHANT CHAIR	(i) 963,618. (ii) 0. (iii) 0.	75,250. 0. 0.	5,627. 0. 0.	96,762. 0. 0.	26,008. 0. 0.	1,167,265. 0. 0.	0. 0. 0.
(6) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	(i) 975,786. (ii) 0. (iii) 0.	75,250. 0. 0.	10,127. 0. 0.	37,950. 0. 0.	31,169. 0. 0.	1,130,282. 0. 0.	0. 0. 0.
(7) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	(i) 967,899. (ii) 0. (iii) 0.	250. 0. 0.	90,963. 0. 0.	37,950. 0. 0.	28,610. 0. 0.	1,125,672. 0. 0.	0. 0. 0.
(8) ANDREW DAVIDOFF CHAIR	(i) 878,772. (ii) 0. (iii) 0.	100,250. 0. 0.	1,092. 0. 0.	70,811. 0. 0.	22,416. 0. 0.	1,073,341. 0. 0.	0. 0. 0.
(9) MADAN MOHAN CHAIR	(i) 930,688. (ii) 0. (iii) 0.	250. 0. 0.	9,955. 0. 0.	37,950. 0. 0.	12,692. 0. 0.	991,535. 0. 0.	0. 0. 0.
(10) DAVID ELLISON CHAIR	(i) 691,898. (ii) 0. (iii) 0.	110,250. 0. 0.	90,058. 0. 0.	37,950. 0. 0.	37,286. 0. 0.	967,442. 0. 0.	0. 0. 0.
(11) MICHAEL DYER CHAIR	(i) 790,407. (ii) 0. (iii) 0.	250. 0. 0.	1,946. 0. 0.	105,510. 0. 0.	37,286. 0. 0.	935,399. 0. 0.	0. 0. 0.
(12) ROBYN DIAZ EVP/CHIEF LEGAL OFFICER	(i) 775,529. (ii) 0. (iii) 0.	75,250. 0. 0.	10,017. 0. 0.	37,950. 0. 0.	25,425. 0. 0.	924,171. 0. 0.	0. 0. 0.
(13) PATRICIA A. KEEL EVP/CHIEF FINANCIAL OFFICER	(i) 551,885. (ii) 0. (iii) 0.	250. 0. 0.	7,837. 0. 0.	37,950. 0. 0.	31,458. 0. 0.	629,380. 0. 0.	0. 0. 0.
(14) JAMES I. MORGAN FORMER OFFICER	(i) 29,932. (ii) 0. (iii) 0.	240,000. 0. 0.	0. 0. 0.	0. 0. 0.	1,128. 0. 0.	271,060. 0. 0.	0. 0. 0.
(15) MARIA MEGDAL EVP/CHIEF ADMINISTRATIVE OFFICER	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.

**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:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: A PAYMENT WAS ISSUED FOR  
DEPENDENT TUITION FOR TWO OFFICERS AND TWO HIGHEST COMPENSATED  
EMPLOYEES. THE APPLICABLE EXPENSE WAS GROSSED-UP AND INCLUDED IN THE  
EMPLOYEE'S W-2 AS ADDITIONAL TAXABLE COMPENSATION.

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.

NONQUALIFIED PLAN DISTRIBUTIONS WERE MADE DURING THE YEAR TO THE  
FOLLOWING LISTED PERSON IN PART VII:

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

SCHEDULE J, PART II:

RICHARD C. SHADYAC, JR. SERVED AS AN EX-OFFICIO VOTING DIRECTOR OF THE  
BOARD OF ST. JUDE. MR. SHADYAC WAS EMPLOYED AS AN OFFICER OF ALSAC, A  
RELATED ORGANIZATION TO ST. JUDE. THE COMPENSATION SHOWN IN COLUMNS  
(B), (C), (D) AND (E) WAS PAID TO MR. SHADYAC BY ALSAC FOR HIS DUTIES  
AS CEO OF ALSAC.

**SCHEDULE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public Inspection**

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number	62-0646012
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**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)													
<b>Total</b> .....							\$						

**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)				

**Part IV Business Transactions Involving Interested Persons**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSANNA DOWNING	SEE PART V	141,539.	EMPLOYMENT		X
(2) MONDIRA KUNDU	SEE PART V	516,649.	EMPLOYMENT		X
(3) DIANE ROBERTS	SEE PART V	377,637.	EMPLOYMENT		X
(4) MARC MORGAN	SEE PART V	166,505.	EMPLOYMENT		X
(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: SUSANNA DOWNING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF PRESIDENT AND CEO, JAMES R. DOWNING.

(C) AMOUNT OF TRANSACTION: \$141,539

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: MONDIRA KUNDU

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, JOSEPH P. TAYLOR.

(C) AMOUNT OF TRANSACTION: \$516,649

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: DIANE ROBERTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF OFFICER, CHARLES M. ROBERTS.

(C) AMOUNT OF TRANSACTION: \$377,637

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: MARC MORGAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY MEMBER OF FORMER OFFICER, JAMES MORGAN.

(C) AMOUNT OF TRANSACTION: \$166,505

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND  
 TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO  
 CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY  
 TO PAY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
 TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
 DISEASES, AND (3) TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND  
 HEMATOLOGY THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE  
 LEVEL AND QUALITY OF CARE DELIVERED AROUND THE GLOBE. THESE INITIATIVES  
 ARE SPEARHEADED BY ST. JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE  
 PROFESSIONALS AT OUR PARTNER SITES.

THE GLOBAL INITIATIVE FOR CHILDHOOD CANCER, LAUNCHED IN 2018 BY ST.  
 JUDE IN PARTNERSHIP WITH WHO AND GLOBAL COLLABORATORS, AIMS TO ADDRESS  
 DISPARITIES IN CHILDHOOD CANCER OUTCOMESWHERE SURVIVAL IS BELOW 30% IN  
 MANY LOW AND MIDDLE INCOME COUNTRIES COMPARED TO OVER 80% IN HIGH  
 INCOME SETTINGS. THE INITIATIVE SEEKS TO RAISE GLOBAL SURVIVAL TO AT  
 LEAST 60% BY 2030 BY STRENGTHENING COUNTRIES' ABILITY TO DELIVER  
 QUALITY CANCER CARE AND ELEVATING CHILDHOOD CANCER AS A NATIONAL AND  
 INTERNATIONAL HEALTH PRIORITY. STAKEHOLDERS ACROSS SECTORS ARE WORKING  
 TOGETHER TO IMPROVE ACCESS, CAPACITY, AND COORDINATED ACTION FOR  
 CHILDREN WITH CANCER WORLDWIDE.

THE GLOBAL PLATFORM FOR ACCESS TO CHILDHOOD CANCER MEDICINES IS A MAJOR  
 EFFORT LED BY ST. JUDE TO ENSURE LIFESAVING CANCER TREATMENTS ARE  
 AVAILABLE, ACCESSIBLE, AFFORDABLE, AND HIGH QUALITY FOR CHILDREN  
 WORLDWIDE. BACKED BY A \$200 MILLION ST. JUDE INVESTMENT AND BUILT IN  
 PARTNERSHIP WITH WHO, UNICEF, AND PAHO, THE INITIATIVE IS RESTRUCTURING  
 THE FRAGMENTED PEDIATRIC CANCER MEDICINE MARKET TO HELP ACHIEVE GLOBAL  
 SURVIVAL GOALS. PILOT DELIVERIES BEGAN IN 2025, WITH ADDITIONAL  
 COUNTRIES NOW ONBOARDING AS THE PROGRAM SCALES TOWARD REACHING 120,000  
 CHILDREN WITHIN THE NEXT SEVEN YEARS.

GRADUATE PROGRAMS AT BOTH THE MASTER'S AND DOCTORAL LEVELS ARE OFFERED  
 THROUGH A WHOLLY OWNED SUBSIDIARY, ST. JUDE CHILDREN'S RESEARCH  
 HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, LLC, TO EDUCATE THE  
 NEXT GENERATION OF BIOMEDICAL RESEARCHERS TO PROBE THE MOLECULAR BASIS  
 OF DISEASE, DEVELOP NOVEL THERAPIES AND TRAIN MEDICAL PROFESSIONALS TO  
 ADVANCE GLOBAL HEALTH FOR CHILDREN WITH CATASTROPHIC DISEASES.

FORM 990, PART VI, SECTION A, LINE 2:  
 FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J.  
 AYOUB, ESQ.

FORM 990, PART VI, SECTION B, LINE 11B:  
 IN THE FOURTH QUARTER OF THE FISCAL YEAR, THE AUDIT & COMPLIANCE COMMITTEE  
 IS 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

**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	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number	62-0646012
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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 IN CLINICAL, RESEARCH, AND SELECT ADMINISTRATIVE DEPARTMENTS, AS WELL AS EMPLOYEES IDENTIFIED AS SUPERVISORS OR WHO HAVE PURCHASING AUTHORITY. ALL SUCH EMPLOYEES COMPLETE CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE ANNUALLY. 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 IS COMPRISED 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 ORGANIZATIONS AND HEALTHCARE FUNDRAISING ORGANIZATIONS AND RECEIVES A REPORT SUMMARIZING NATIONAL AND REGIONAL MARKET DATA FOR COMPARABLE ORGANIZATIONS AND AN OPINION LETTER RELATING TO 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

Name of the organization <b>ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.</b>	<b>Employer identification number</b> 62-0646012
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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, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE FROM THE HOSPITAL'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ONLY AS REQUIRED BY APPLICABLE STATE LAW.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	135,046,061.
MANAGEMENT AND GENERAL EXPENSES	31,889,944.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	166,936,005.

REPAIRS & MAINTENANCE:

PROGRAM SERVICE EXPENSES	26,177,580.
MANAGEMENT AND GENERAL EXPENSES	4,131,782.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	30,309,362.

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	12,535,785.
MANAGEMENT AND GENERAL EXPENSES	1,259,573.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,795,358.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 211,040,725.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR RESTRICTIONS 830,259,500.

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITH DONOR RESTRICTIONS 90,918,903.

TOTAL TO FORM 990, PART XI, LINE 9 921,178,403.

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

**Open to Public Inspection**

Name of the organization: **ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.**  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.  
 Employer identification number: **62-0646012**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILDREN'S GMP, LLC - 47-4475625					
262 DANNY THOMAS PLACE	BIOTHERAPEUTICS				ST. JUDE CHILDREN'S
MEMPHIS, TN 38105-3678	MANUFACTURING	TENNESSEE	6,316.	2,980,340.	RESEARCH HOSPITAL, INC.
THANKS & GIVING, LLC - 20-1310435					
262 DANNY THOMAS PLACE	ROYALTY INCOME FROM RECORD SALES	TENNESSEE	0.	9,822.	ST. JUDE CHILDREN'S
MEMPHIS, TN 38105-3678					RESEARCH HOSPITAL, INC.
THE RIGHT WORDS, LLC - 95-4878579					
262 DANNY THOMAS PLACE	ROYALTY INCOME FROM BOOK SALES	NEW YORK	0.	0.	ST. JUDE CHILDREN'S
MEMPHIS, TN 38105-3678					RESEARCH HOSPITAL, INC.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL					
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, 262					
DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678	HIGHER EDUCATION	TENNESSEE	337,819.	4,698,039.	ST. JUDE CHILDREN'S

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. - 35-1044585, 501 ST. JUDE PLACE, MEMPHIS, TN 38105-3678	SOLICIT SUPPORT FOR OPERATION OF ST. JUDE	ILLINOIS	501(C)(3)	7	N/A		X

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

Schedule R (Form 990) (Rev. 1-2025)





**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> 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
<b>(1)</b>				
<b>(2)</b>				
<b>(3)</b>				
<b>(4)</b>				
<b>(5)</b>				
<b>(6)</b>				





**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](http://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](http://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. ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Taxpayer identification number (TIN)  62-0646012
	Number, street, and room or suite no. If a P.O. box, see instructions. 262 DANNY THOMAS PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38105-3678	

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 JULIE MEYER  
262 DANNY THOMAS PLACE - MEMPHIS, TN 38105-3678

Telephone No. (888) 278-5833 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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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