

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1962
2a Plan sponsor's name (employer, if for a single-employer plan): ST. JUDE CHILDREN'S RESEARCH HOSPITAL
2b Employer Identification Number (EIN): 62-0646012
2c Plan Sponsor's telephone number: 901-595-2339
2d Business code (see instructions): 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	10647
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	6588
	6a(2)	7015
	6b	0
	6c	4174
	6d	11189
	6e	41
	6f	11230
	6g(1)	10388
6g(2)	10957	
6h	189	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2G 2L 2M 2T 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>002</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ST. JUDE CHILDREN'S RESEARCH HOSPITAL</p>	<p>D Employer Identification Number (EIN) 62-0646012</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	405365	3782	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	137405505
5	Current value of plan's interest under this contract in separate accounts at year end.....	174592146
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 134442336
c	Additions: (1) Contributions deposited during the year	7c(1) 4533212
	(2) Dividends and credits.....	7c(2)
	(3) Interest credited during the year.....	7c(3) 5123173
	(4) Transferred from separate account	7c(4) 16906872
	(5) Other (specify below).....	7c(5) 157196
	▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS	
	(6) Total additions	7c(6) 26720453
d	Total of balance and additions (add lines 7b and 7c(6))	7d 161162789
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 9559935
	(2) Administration charge made by carrier.....	7e(2) 17360
	(3) Transferred to separate account	7e(3) 14093182
	(4) Other (specify below).....	7e(4) 86807
▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS		
	(5) Total deductions	7e(5) 23757284
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 137405505

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JUDE CHILDREN'S RESEARCH HOSPITAL	D Employer Identification Number (EIN) 62-0646012	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

TIAA

13-1624203

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	475635	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL</u>	D Employer Identification Number (EIN) <u>62-0646012</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>	
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>	
c EIN-PN <u>13-1624203-004</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9630009</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JUDE CHILDREN'S RESEARCH HOSPITAL	D Employer Identification Number (EIN) 62-0646012

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	0 4989323
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	2667944 4022928
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	10802403 9630009
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	970547470 1151760807
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	134442336 137405505
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1118460153	1307808572
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1118460153	1307808572

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	46566388	
(B) Participants.....	2a(1)(B)	49372983	
(C) Others (including rollovers).....	2a(1)(C)	11901739	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		107841110
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	271597	
(F) Other.....	2b(1)(F)	5123173	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5394770
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	40906987	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		40906987
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-435434
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		98999490
c Other income	2c		391497
d Total income. Add all income amounts in column (b) and enter total	2d		253098420

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61451391	
(2) To insurance carriers for the provision of benefits	2e(2)	2104446	
(3) Other	2e(3)	19677	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		63575514
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		200841
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	23030	
(3) Recordkeeping fees	2i(3)	399270	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	53335	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		475635
j Total expenses. Add all expense amounts in column (b) and enter total	2j		64251990

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		188846430
l Transfers of assets:			
(1) To this plan	2l(1)		501989
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL</u>	D Employer Identification Number (EIN) <u>62-0646012</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-2826183

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 08 / 07 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500954A.

St. Jude Children's Research Hospital Defined Contribution Retirement Plan

Employer ID No.: 62-0646012

Plan No.: 002

Financial Statements as of December 31, 2024 and 2023,
and for the Year Ended December 31, 2024,
Supplemental Schedule as of December 31, 2024, and
Independent Auditor's Report

ST. JUDE CHILDREN’S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
St. Jude Children's Research Hospital
Defined Contribution Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We were engaged to perform audits of the financial statements of St. Jude Children's Research Hospital Defined Contribution Retirement Plan, (the "Plan") an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of the Plan. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in Note 2 to the financial statements, the Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

As described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the

Department of Labor's Field Assistance Bulletin No. 2009-02, Annual Reporting Requirements for 403(b) Plans. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions are not reasonably determinable.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of the Plan's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter—Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer Opinion section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Deloitte & Touche LLP

October 13, 2025

**ST. JUDE CHILDREN’S RESEARCH HOSPITAL
DEFINED CONTRIBUTION RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2024 AND 2023**

	2024	2023
ASSETS:		
Participant-directed investments—at fair value	\$ 1,237,076,944	\$ 1,057,781,975
Participant-directed investments—at contract value	61,719,377	58,010,234
Notes receivable from participants	4,426,355	2,870,530
Investment income receivable	<u>4,989,323</u>	<u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 1,308,211,999</u>	 <u>\$ 1,118,662,739</u>

See notes to financial statements.

**ST. JUDE CHILDREN'S RESEARCH HOSPITAL
DEFINED CONTRIBUTION RETIREMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024**

ADDITIONS:

Contributions:

Employer contributions	\$ 46,566,388
Participant contributions	49,372,983
Rollover contributions	<u>11,901,739</u>

Total contributions	<u>107,841,110</u>
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Investment income:

Net appreciation in fair value of investments	98,561,658
Interest and dividends	<u>46,041,555</u>

Net investment income	<u>144,603,213</u>
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Interest income on notes receivable from participants	<u>262,600</u>
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Other additions	<u>391,497</u>
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DEDUCTIONS:

Benefits paid to participants	(61,451,391)
Annuity settlements	(2,104,446)
Other deductions	<u>(495,312)</u>

Total deductions	<u>(64,051,149)</u>
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INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS	189,047,271
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TRANSFER FROM OTHER ST. JUDE SPONSORED PLAN	<u>501,989</u>
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INCREASE IN NET ASSETS	189,549,260
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>1,118,662,739</u>
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End of year	<u><u>\$ 1,308,211,999</u></u>
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See notes to financial statements.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2024 AND 2023, AND FOR THE YEAR ENDED DECEMBER 31, 2024

1. PLAN DESCRIPTION

The following description of St. Jude Children's Research Hospital Defined Contribution Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's information.

General—The Plan is a defined contribution plan that operates under Section 403(b) of the Internal Revenue Code (IRC). The Plan went into effect on January 1, 1962. St. Jude Children's Research Hospital, Inc. is the Plan sponsor and the Plan administrator. The Investment Committee of the Board of Governors of the Hospital has appointed the Management Retirement Oversight Committee to control and manage the operation and administration of the Plan. Teachers Insurance and Annuity Association ("TIAA") is the recordkeeper and TIAA and College Retirement Equities Fund ("CREF") are asset custodians. TIAA also acts as an agent for TIAA Trust, N.A., an asset custodian of certain Plan assets as of December 31, 2024 and 2023, and for the year ended December 31, 2024. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility—Generally, all employees of the Plan sponsor and three of its wholly owned subsidiaries which include Children's GMP, LLC, St. Jude Children's Research Hospital Graduate School of Biomedical Sciences, LLC, and St. Jude Children's Research Hospital Home Care, LLC (collectively, the "Hospital") are eligible to receive employer contributions in the Plan, except for employees described below:

1. Any employee whose terms and conditions of employment are the subject of a collective bargaining agreement, unless and until the Hospital and the collective bargaining representative have negotiated for coverage under the Plan.
2. Any employee whose employment with the Hospital is incidental to his individual program of education; provided, however, those employees classified as "postdoctoral research fellows" shall be eligible for participation in the Plan.
3. Any employee classified as "PRN," "ECT," "temporary, or regular part-time (less than 50%)," in accordance with the Hospital's regular employment policies.
4. Any employee whose services are leased from a leasing organization.

Contributions—Each year, participants may contribute a portion of their pretax and/or post-tax (Roth) annual compensation, subject to the limitations, as defined in the Plan document. Participants who have attained age 50 before the end of the plan year as well as participants who have worked for the Hospital for at least 15 years are eligible to make catch-up contributions.

The Hospital contributes a specified percentage of an employee's base compensation to all eligible employees that have completed one year of service. This contribution percentage is based on the participant's employment classification as follows:

- Faculty, Vice Presidents, Senior Vice Presidents, and Executives—11% of base compensation
- Nonfaculty staff—7% of base compensation

Refer to the Plan document for the definitions of the employment classifications. Contributions are subject to certain IRC limitations.

Participant Accounts—Individual accounts are maintained for each Plan participant. Each participant’s account is credited with the participant’s contributions, the Hospital’s contributions, and an allocation of Plan earnings. Participant accounts are also charged with withdrawals and an allocation of Plan losses. Allocations are based on the participant earnings or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Investments—Participants may direct the investment of their contributions and the Hospital’s contributions and/or account balances into various investment options offered by the Plan and may change investments and transfer amounts between funds daily.

Vesting—Participants vest immediately in their contributions and the earnings thereon. Vesting in the Hospital’s contribution portion of their accounts is based on years of service, as follows:

Years of Vesting Service	Percentage Vested
0 to 1	- %
2	50
3 or more	100

Generally, participants earn a year of service for each 365-day period of service, whether completed consecutively or not. In determining years of service, a special service-spanning rule applies. If a participant terminates employment with the Hospital and is reemployed within 12 months following the termination date, the Plan will treat the period of separation as a period of active employment. When a participant leaves the employment of the Hospital, any part of the participant’s account, which is not vested, is forfeited.

Plan Loans—Prior to December 1, 2020, participants could borrow directly from TIAA, subject to certain limitations. Plan loans were issued from the funds owned by TIAA and loan proceeds were not removed from a participant’s account balance. When Plan loans were initiated, a portion of a participant’s TIAA annuity account balance was reserved, or held as collateral, to cover the outstanding loan amount for the period the loan is outstanding. For active loans, investments equal to 110% of the outstanding loan amount are reflected in the statements of net assets available for benefits and serve as collateral for the loan. Investments underlying defaulted loan balances are reflected in the statements of net assets available for benefits until a distribution event occurs.

At December 31, 2024 and 2023, participants had outstanding Plan loan balances due to TIAA of approximately \$468,000 and \$718,000, respectively. During 2024, two loans went into default in the amount of \$583.

Notes Receivable from Participants—As of December 1, 2020, participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of one-half of the vested account balance or \$50,000 reduced by the Participant’s highest outstanding Plan loan balance during the 12-month period ending on the date of the loan. The loans are subject to a loan origination fee and an annual administration fee. The loans are secured by an assignment of a participant’s vested interest in the Plan, and bear interest at the Federal Reserve Board Bank Prime Rate + 1%. Principal and interest are paid through ACH bank transfers. Loan terms range from 1 to 5 years; however, terms may be up to 10 years for the purchase of a primary residence. At December 31, 2024, notes receivable mature through 2034 and have interest rates between 4.25% and 9.50%.

Payment of Benefits—On termination of service, the available forms of payment of benefits in the Plan will depend on the investment alternatives that were selected by the participant. Forms of distribution may include single-life annuity, survivor annuity, minimum distribution, TIAA interest-only payments, fixed-period annuity, cash withdrawal, and repurchase. These forms of payment are described in detail in each funding vehicle’s prospectus. Effective January 1, 2023 per IRC regulations, the participant’s age for minimum required distributions increased from 72 to 73. Participants are also eligible to make hardship withdrawals from their deferred contributions in the event of certain financial hardships.

Payment of benefits to participants is recorded upon distribution. As of December 31, 2024 and 2023, there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan that had not yet been paid.

Annuity Benefits—Distributions are made through the Plan to purchase individual annuity contracts for certain participants. During the year ended December 31, 2024, approximately \$2,104,000 was paid to purchase allocated annuity contracts. These contracts are not included in Plan assets.

Forfeitures—When certain terminations of participation in the Plan occur, the nonvested portion of the participant’s account as defined by the Plan, represents a forfeiture. The Plan document permits the use of forfeitures to reduce either future Hospital contributions or Plan administrative expenses for the plan year. However, if a participant is re-employed and fulfills certain requirements, as defined in the Plan document, the account will be reinstated.

At December 31, 2024 and 2023, forfeited nonvested accounts totaled approximately \$229,000 and \$13,000 respectively. These accounts will be used to reduce future Hospital contributions. During the year ended December 31, 2024, Hospital contributions were reduced by approximately \$68,000 from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

The Plan has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009.

Accordingly, the Plan’s auditors were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements and supplemental schedule may have been affected by these conditions.

The Plan has excluded from investments in the accompanying statements of net assets available for benefits, certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor’s Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. U.S. GAAP requires that these accounts and the related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions on the financial statements are not reasonably determinable.

Use of Estimates—The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan utilizes investment instruments, including mutual funds, variable annuity accounts, pooled separate accounts, and investment contracts. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition—The Plan's investments are stated at fair value and contract value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The contract value equals the accumulated cash contributions, interest credited, and transfers in, if any, less withdrawals and transfers out, if any.

For investments at fair value, purchases and sales of securities are recorded on a trade date basis. Interest on fixed rate contracts is recorded as earned on the accrual basis. Dividends are recorded on a trade date basis. Net appreciation and depreciation includes the Plan's gains and losses on investments bought and sold, as well as, held during the year.

For investments at contract value, interest earned during the accumulation phase of the contract is included in Interest and dividends on the statement of changes in net assets available for benefits.

Notes Receivable from Participants—Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Administrative Expenses—Administrative expenses of the Plan are paid by either the Plan or the Plan sponsor, as provided in the Plan document. All investment management and transaction fees directly related to the Plan investments are paid by the Plan. Management fees and operating expenses charged to the Plan for all investments are deducted from income earned daily and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Administrative expenses paid by the Plan sponsor for the year ended December 31, 2024 were approximately \$84,000.

The Plan has a revenue-sharing agreement whereby certain investment managers return a portion of the investment fees to the recordkeeper to offset the Plan's administrative expenses. Future Plan expenses can be paid from any excess remaining revenue sharing amounts. For the year ended December 31, 2024, approximately \$23,000 was used to offset Plan expenses. The Plan held undistributed administrative revenues of approximately \$178,000 and \$191,000, at December 31, 2024 and 2023, respectively.

Transfers—Along with the Plan, the Hospital also sponsors a salary deferral plan. On June 1, 2011, the Hospital froze the salary deferral plan to new employee deferrals. The employees could elect to transfer a portion or all their account balance into the Plan. For the year ended December 31, 2024, Plan transfers received from the salary deferral plan were \$501,989.

Excess Contributions Payable—The Plan is required to return contributions received during the Plan year in excess of IRC limitations. There were no returned contributions for the years ended December 31, 2024 and 2023.

Subsequent Events—Subsequent events were evaluated through October 13, 2025, the date the financial statements were available to be issued. No events occurred that require additional disclosure or adjustment to the Plan’s financial statements.

3. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2024 and 2023, and for the year ended December 31, 2024, included in the Plan’s financial statements and supplemental schedule, that was prepared by or derived from information prepared by TIAA and CREF, as asset custodians of certain Plan assets as of December 31, 2024 and 2023 and for the year ended December 31, 2024, and as agent for TIAA Trust, N.A., an asset custodian of certain Plan assets as of December 31, 2024 and 2023 and the year ended December 31, 2024, and furnished to the Plan administrator. The Plan administrator has obtained certifications from TIAA and CREF that the following information is complete and accurate.

	2024	2023
Statements of net assets available for benefits— investments at fair value:		
Variable annuity accounts	\$ 198,917,151	\$ 178,391,375
Mutual funds	952,843,656	792,156,092
Traditional annuity	75,446,307	76,181,870
Plan loan default fund	239,821	250,235
Pooled separate account	9,630,009	10,802,403
Statements of net assets available for benefits— investments at contract value:		
Stable value	61,719,377	58,010,234
Statements of net assets available for benefits— other assets:		
Notes receivable from participants	4,426,355	2,870,530
Investment income receivable	4,989,323	-
Statement of changes in net assets available for benefits—investment gain:		
Net appreciation in fair value of investments	98,561,658	-
Interest and dividends	46,041,555	-
Interest income on notes receivable from participants	262,600	-

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year) as of December 31, 2024.

Note 4: All investment balances and investment information, except for the classification and leveling of investments.

4. VALUATION MEASUREMENTS

U.S. GAAP provides a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for

identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual Funds—Mutual funds are categorized as Level 1. They are valued at quoted prices on nationally recognized securities exchanges. The mutual funds held by the Plan are actively traded.

Variable Annuity Accounts—The variable annuity accounts are categorized as Level 1. They are valued at quoted prices on nationally recognized securities exchanges. The variable annuity accounts held by the Plan are actively traded. There are no unfunded commitments from participants in the Plan who invest in these accounts.

Pooled Separate Account—Real Estate Account—The TIAA real estate account (a pooled separate account) is categorized as Level 1. It is valued at quoted prices on nationally recognized securities exchanges. The TIAA real estate account is actively traded. There are no unfunded commitments from participants in the Plan who invest in this account.

TIAA Traditional Annuity—Investments in the TIAA traditional annuity contracts are non-benefit responsive and measured at fair value. The fair value equals the accumulated cash contributions and interest credits to the Plan's contracts, less any withdrawals. The TIAA traditional annuities are not available for sale or transfer on any security exchanges. Accordingly, transactions in similar investment instruments are not observable, and the investments are valued using unobservable inputs (Level 3). Liquidity restrictions apply to these investments that could affect the value realized upon exiting the contract. See also Note 5 for discussion of the TIAA traditional annuity.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While Plan management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

TIAA Stable Value—Investments in the TIAA stable value contracts are fully benefit responsive and measured at contract value. As these investments are contract based, observable prices for identical or similar investments do not exist and, accordingly, these investments are excluded from the fair value table. See also Note 6 for discussion of the TIAA stable value.

The summary of the Plan's investments measured at fair value on a recurring basis, set forth by level within the fair value hierarchy, at December 31, 2024 and 2023, is as follows:

	Fair Value Measurements as of December 31, 2024, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2024 Total
Variable annuity accounts:				
Domestic equity funds	\$ 72,889,893	\$ -	\$ -	\$ 72,889,893
Domestic and international equity funds	97,612,434	-	-	97,612,434
Fixed-income funds	6,844,605	-	-	6,844,605
Multi-asset fund	10,255,378	-	-	10,255,378
Money market fund	11,314,841	-	-	11,314,841
Total variable annuity accounts	198,917,151	-	-	198,917,151
Pooled separate account—real estate fund	9,630,009	-	-	9,630,009
Mutual funds:				
Domestic equity funds	173,139,336	-	-	173,139,336
Domestic and international equity funds	177,416,283	-	-	177,416,283
International equity funds	63,555,776	-	-	63,555,776
Balanced funds	455,059,528	-	-	455,059,528
Fixed-income funds	61,304,287	-	-	61,304,287
Money market fund	22,608,267	-	-	22,608,267
Total mutual funds	953,083,477	-	-	953,083,477
Traditional annuity	-	-	75,446,307	75,446,307
Total investments	\$ 1,161,630,637	\$ -	\$ 75,446,307	\$ 1,237,076,944

Fair Value Measurements as of December 31, 2023, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2023 Total
Variable annuity accounts:				
Domestic equity funds	\$ 57,899,210	\$ -	\$ -	\$ 57,899,210
Domestic and international equity funds	93,283,693	-	-	93,283,693
Fixed-income funds	6,307,470	-	-	6,307,470
Multi-asset fund	10,419,431	-	-	10,419,431
Money market fund	<u>10,481,571</u>	<u>-</u>	<u>-</u>	<u>10,481,571</u>
Total variable annuity accounts	<u>178,391,375</u>	<u>-</u>	<u>-</u>	<u>178,391,375</u>
Pooled separate account—real estate fund	<u>10,802,403</u>	<u>-</u>	<u>-</u>	<u>10,802,403</u>
Mutual funds:				
Domestic equity funds	139,334,146	-	-	139,334,146
Domestic and international equity funds	152,440,408	-	-	152,440,408
International equity funds	55,155,703	-	-	55,155,703
Balanced funds	379,485,829	-	-	379,485,829
Fixed-income funds	49,060,564	-	-	49,060,564
Money market fund	<u>16,929,677</u>	<u>-</u>	<u>-</u>	<u>16,929,677</u>
Total mutual funds	<u>792,406,327</u>	<u>-</u>	<u>-</u>	<u>792,406,327</u>
Traditional annuity	<u>-</u>	<u>-</u>	<u>76,181,870</u>	<u>76,181,870</u>
Total investments	<u>\$ 981,600,105</u>	<u>\$ -</u>	<u>\$ 76,181,870</u>	<u>\$ 1,057,781,975</u>

Transfers between Levels—We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2024 and 2023, there were no transfers between levels.

Unobservable inputs (level 3) include the discount rate applied. The following table includes the risk-adjusted discount rates that were applied in determining the fair value of TIAA Traditional investments at December 31, 2024:

Type	Valuation Technique	Significant Unobservable Inputs (Level 3)	Range
TIAA traditional Annuity	Discounted cash flow	Risk-adjusted discount rate applied	RA: 3.65% to 6.50% SRA: 3.00% to 5.75%
	Theoretical transfer (exit value)		GRA: 3.65% to 6.50% GSRA: 3.00% to 5.75% RC: 3.90% to 6.75% RCP: 3.15% to 6.00%

Unobservable inputs (level 3) include the discount rate applied. The following table includes the risk-adjusted discount rates that were applied in determining the fair value of TIAA Traditional investments at December 31, 2023:

Type	Valuation technique	Significant Unobservable Inputs (Level 3)	Range
TIAA traditional Annuity	Discounted cash flow	Risk-adjusted discount rate applied	RA: 4.00% to 6.75% SRA: 3.25% to 6.00%
	Theoretical transfer (exit value)		GRA: 4.00% to 6.75% GSRA: 3.25% to 6.00% RC: 4.25% to 7.00% RCP: 3.50% to 6.25%

5. INVESTMENT CONTRACT—TIAA TRADITIONAL ANNUITY

The TIAA traditional annuity is a guaranteed fixed annuity contract available as an investment option to Plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The TIAA traditional annuity is a non-benefit responsive contract and recorded at fair value. The traditional annuity is offered through a variety of contract types, including Retirement Annuities (RA) and Group Retirement Annuities (GRA). The type of contract through which a participant invests in the TIAA traditional annuity determines the applicability of certain account features, such as the guaranteed minimum interest rate, additional amounts paid, the degree of liquidity of the participant’s accumulation, and the options for receiving income upon retirement.

When participants choose to allocate a portion of their retirement savings to the TIAA traditional annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant’s principal, plus a specified minimum rate of interest, are guaranteed (and limited) by TIAA’s claims-paying ability. The TIAA traditional annuity also provides the potential for additional interest, if declared by TIAA’s board of trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1. Additional interest is not guaranteed for future years.

Together, the guaranteed minimum and additional amounts make up the crediting interest rate. For accumulating RA and GRA contracts, the average crediting interest rate was 4.61% and 4.85% as of December 31, 2024 and 2023, respectively.

The RA contract requires withdrawals in the form of a lifetime payout annuity or in periodic installments over a 10-year period. The GRA contract may be withdrawn in a single lump sum within 120 days of termination of employment; this transaction is subject to a 2.5% surrender charge.

Interest earned during the accumulation phase of the contract is included in the statement of changes in net assets available for benefits, Interest and dividends. When a participant’s accumulation in the TIAA traditional annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

6. INVESTMENT CONTRACT—TIAA STABLE VALUE

The TIAA stable value is a fixed rate group annuity contract issued by TIAA. The TIAA stable value is fully benefit responsive and recorded at contract value. Contributions are deposited into a non-unitized separate account. The contract provides a guaranteed minimum rate of interest between 1% and 3%. The actual interest rate as of December 31, 2024 and 2023 was 2.95% and 2.80%, respectively. Although the liability to provide contract guarantees and accumulations is backed by the assets in the separate account, any amount to be credited above the minimum guaranteed rate is determined by TIAA. Contract holders and Plan participants do not participate in, and do not receive the earnings of, the assets in the separate account. All guarantees are based upon TIAA's claims-paying ability.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents, including complete or partial Plan termination or merger with another plan, or (b) bankruptcy of the Plan sponsor or other events of the Plan sponsor, e.g., divestitures of a subsidiary, which cause a significant withdrawal from the Plan. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable.

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of group annuities contracts, guaranteed annuity contracts, and mutual funds managed by TIAA and CREF, and TIAA Trust, N.A. TIAA is the recordkeeper and TIAA, CREF and TIAA Trust, N.A. are asset custodians of certain Plan assets as of December 31, 2024 and 2023 and for the year ended December 31, 2024. Therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each investment option. The Plan issues loans to participants which are secured by the vested balances in the participants' accounts. These qualify as exempt-party-in-interest transactions.

The Plan maintains Plan assets in a revenue credit account whereby excess revenue generated by the Plan is deposited. The account is maintained by TIAA, and as a result, activity in the account qualifies as exempt part-in-interest transactions. Amounts deposited into the revenue credit account may be used to pay qualifying expenses of the Plan or may be used as plan servicing credits to Plan participants.

Amounts held in the revenue credit account were approximately \$178,000 and \$191,000 at December 31, 2024 and 2023, respectively.

8. PLAN TERMINATION

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

9. FEDERAL INCOME TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of

Section 403(b) of the IRC and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the years ended December 31, 2024 and 2023, the following is a reconciliation of notes receivable from participants per the financial statements to the Form 5500:

	2024	2023
Notes receivable from participants per the financial statements	\$ 4,426,355	\$ 2,870,530
Less deemed distributions	<u>403,427</u>	<u>202,586</u>
Total notes receivable from participants per the Form 5500	<u>\$ 4,022,928</u>	<u>\$ 2,667,944</u>

For the years ended December 31, 2024 and 2023, the following is a reconciliation of the net assets available for benefits per the financial statements to net assets per the Form 5500:

	2024	2023
Total net assets available for benefits per the financial statements	\$1,308,211,999	\$1,118,662,739
Less deemed distributions	<u>403,427</u>	<u>202,586</u>
Total net assets available for benefits per the Form 5500	<u>\$1,307,808,572</u>	<u>\$1,118,460,153</u>

For the year ended December 31, 2024, the following is a reconciliation of the increase in net assets available for benefits before plan transfers per the financial statements to net income per the Form 5500:

	2024
Increase in net assets before plan transfers	\$ 189,047,271
Less deemed distributions	<u>200,841</u>
Net income per the Form 5500	<u>\$ 188,846,430</u>

* * * * *

SUPPLEMENTAL SCHEDULE

**ST. JUDE CHILDREN’S RESEARCH HOSPITAL
DEFINED CONTRIBUTION RETIREMENT PLAN**

**EMPLOYER ID NO.: 62-0646012
PLAN NO.: 002**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) (b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
* Teachers Insurance and Annuity Association	TIAA—Plan Loan Default Fund	**	\$ 239,821
* Teachers Insurance and Annuity Association	TIAA—Traditional Annuity Funds	**	75,446,307
* Teachers Insurance and Annuity Association	TIAA—Stable Value Fund	**	61,719,377
* Teachers Insurance and Annuity Association	TIAA—Real Estate Account (QREARX)	**	9,630,009
* College Retirement Equities Fund (CREF)	CREF Stock Account R2 (QCSTPX)	**	73,020,141
* College Retirement Equities Fund (CREF)	CREF Money Market Account R2 (QCMMPX)	**	11,314,841
* College Retirement Equities Fund (CREF)	CREF Social Choice Account R2 (QCSCPX)	**	10,255,378
* College Retirement Equities Fund (CREF)	CREF Core Bond R2 (QCBMPX)	**	1,616,191
* College Retirement Equities Fund (CREF)	CREF Global Equities Account R2 (QCGLPX)	**	24,592,293
* College Retirement Equities Fund (CREF)	CREF Growth Account R2 (QCGRPX)	**	17,315,686
* College Retirement Equities Fund (CREF)	CREF Equity Index Account R2 (QCEQPX)	**	21,619,192
* College Retirement Equities Fund (CREF)	CREF Inflation-Linked Bond Account R2 (QCILPX)	**	5,228,415
American Fund	American Funds New Perspective Fund Class R6 (RNPGX)	**	110,364,536
Dimensional Fund Advisors	DFA U.S. Small Cap Portfolio Institutional (DFSTX)	**	22,973,261
John Hancock	John Hancock Funds Disciplined Value Fund Class R6 (JDVWX)	**	53,501,708
New York Life Investment Management	NYLI Winslow Large Cap Growth Fund (MLRSX)	**	33,955,015
MFS Investment Management	MFS Institutional International Equity (MIEIX)	**	36,388,088
PGIM	PGIM Total Return Bond R6 (PTRQX)	**	18,263,524
Vanguard	Vanguard Federal Money Market Fund (VMFXX)	**	22,368,446
Vanguard	Vanguard Inflation-Protected Securities Fund Institutional (VIPIX)	**	13,550,038
Vanguard	Vanguard Institutional Index Fund Institutional (VINIX)	**	115,921,670
Vanguard	Vanguard Short-Term Bond Index Fund Institutional (VBITX)	**	9,815,827
Vanguard	Vanguard Target Retirement 2020 (VTWNX)	**	13,379,742
Vanguard	Vanguard Target Retirement 2025 (VTTVX)	**	38,533,506
Vanguard	Vanguard Target Retirement 2030 (VTHRX)	**	48,836,591
Vanguard	Vanguard Target Retirement 2035 (VTTHX)	**	52,917,906
Vanguard	Vanguard Target Retirement 2040 (VFORX)	**	77,682,008
Vanguard	Vanguard Target Retirement 2045 (VTIVX)	**	82,657,123

(Continued)

**ST. JUDE CHILDREN’S RESEARCH HOSPITAL
DEFINED CONTRIBUTION RETIREMENT PLAN**

**EMPLOYER ID NO.: 62-0646012
PLAN NO.: 002**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2024**

(a) (b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
Vanguard	Vanguard Target Retirement 2050 (VFIFX)	** \$	68,983,543
Vanguard	Vanguard Target Retirement 2055 (VFFVX)	**	41,707,130
Vanguard	Vanguard Target Retirement 2060 (VTTSX)	**	16,988,063
Vanguard	Vanguard Target Retirement 2065 (VLXVX)	**	3,542,121
Vanguard	Vanguard Target Retirement 2070 (VSVNX)	**	532,316
Vanguard	Vanguard Target Retirement Income (VTINX)	**	9,299,478
Vanguard	Vanguard Total International Stock Index Fund Inst (VTSNX)	**	27,167,689
Vanguard	Vanguard Total Bond Market Index Fund Admiral (VBTLX)	**	33,224,936
Vanguard	Vanguard Extended Market Index Fund Institutional (VIEIX)	**	34,244,405
* Various participants	Participant loans (maturing 2025–2034 at an interest rate of 4.25%-9.50%***)	**	<u>4,022,928</u>
			<u>\$ 1,302,819,249</u>

* Indicates party in interest to the Plan.

** Cost information is not required for participant-directed investments and, therefore, is not included.

*** Net of deemed distributions of \$403,427

See accompanying independent auditor’s report.

(Concluded)

Plan Name	St. Jude Children's Research Hospital Defined Contribution Retirement Plan
Plan Sponsor EIN	62-0646012
ERISA Plan #	002
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	St. Jude Children's Research Hospital Defined Contribution Retirement Plan
Plan Sponsor EIN	62-0646012
ERISA Plan #	002
Plan Year Ending	December 31, 2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

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