

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. D Employer identification number 62-0646012
E Telephone number (888) 278-5833
G Gross receipts \$ 1,709,948,209.
H(a) Is this a group return for subordinates? Yes [X] No
H(b) Are all subordinates included? Yes No
I Tax-exempt status: [X] 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527
J Website: WWW.STJUDE.ORG
K Form of organization: [X] Corporation Trust Association Other L Year of formation: 1959 M State of legal domicile: TN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... 2 Check this box if the organization discontinued its operations... 3-7a Governance metrics 8-12 Revenue 13-19 Expenses 20-22 Net Assets or Fund Balances

Part II Signature Block

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

Signature of officer: PAT KEEL, EVP, CAO & CFO
Date:
Print/Type preparer's name: SHAWNA M. JANSONS
Preparer's signature: Shawna M. Jansons
Date: 05/02/2024
Check if self-employed:
PTIN: P01222873
Firm's name: DELOITTE TAX LLP
Firm's EIN: 86-1065772
Firm's address: 111 MONUMENT CIRCLE, SUITE 4200 INDIANAPOLIS, IN 46204-5108
Phone no. (317) 464-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO CHILD IS DENIED (CONTINUED ON SCHEDULE O)

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

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

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

4a (Code:) (Expenses \$ 675,380,513. including grants of \$ 350,477.) (Revenue \$) RESEARCH: THE CURRENT BASIC SCIENCE AND CLINICAL RESEARCH AT THE HOSPITAL INCLUDES WORK IN GENE THERAPY, CHEMOTHERAPY, THE BIOCHEMISTRY OF NORMAL AND CANCEROUS CELLS, RADIATION TREATMENT, BLOOD DISEASES, RESISTANCE TO THERAPY, VIRUSES, NEUROLOGICAL DISEASES, HEREDITARY DISEASES, INFLUENZA, PEDIATRIC AIDS AND PHYSIOLOGICAL EFFECTS OF CATASTROPHIC ILLNESSES.

4b (Code:) (Expenses \$ 662,358,120. including grants of \$ 10,034,532.) (Revenue \$ 159,219,617.) PATIENT CARE: THE HOSPITAL PROVIDED 18,555 INPATIENT DAYS OF CARE DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR 4,463 OR 24% OF THOSE INPATIENT DAYS. PATIENTS MADE 77,186 CLINIC REGISTRATIONS DURING THE YEAR.

4c (Code:) (Expenses \$ 72,785,631. including grants of \$ 2,499,695.) (Revenue \$) EDUCATION AND TRAINING: AS PART OF ITS MISSION, THE HOSPITAL HAS DEVELOPED A GLOBAL INITIATIVE (ST. JUDE GLOBAL) TO IMPROVE THE SURVIVAL RATES OF CHILDREN WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE GLOBAL ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL SKILLS, HELPING TO IMPLEMENT NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY, AND DEVELOPING REGIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN CHILDREN. THIS MISSION WILL BE ACHIEVED BY FOCUSING ON THREE OVERRIDING GOALS: (1) TO TRAIN THE CLINICAL WORKFORCE THAT WILL BE REQUIRED TO MEET OUR MISSION, (2) TO DEVELOP AND STRENGTHEN HEALTH SYSTEMS AND PATIENT-CENTERED INITIATIVES THAT ENCOMPASS THE ENTIRE CONTINUUM OF CARE REQUIRED FOR CHILDREN WITH CANCER AND NON-MALIGNANT HEMATOLOGICAL (CONTINUED ON SCHEDULE O)

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

4e Total program service expenses 1,410,524,264.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 6741		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	X	
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		
	If "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 37 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 35		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed TN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 JULIE MEYER - (888) 278-5833
 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH P. TAYLOR EVP/SCIENTIFIC DIRECTOR	55.00 0.00			X				2,176,046.	0.	144,648.
(2) JAMES R. DOWNING PRESIDENT/CEO	55.00 1.00	X		X				1,591,162.	0.	259,945.
(3) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR	1.00 55.00	X						0.	1,209,731.	152,180.
(4) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	55.00 0.00			X				1,182,133.	0.	111,261.
(5) MELISSA HUDSON MEMBER	55.00 0.00					X		1,159,090.	0.	60,944.
(6) THOMAS E. MERCHANT CHAIR	55.00 0.00					X		1,031,355.	0.	71,383.
(7) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	55.00 0.00			X				1,002,333.	0.	98,988.
(8) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	55.00 0.00			X				956,541.	0.	125,943.
(9) PATRICIA A. KEEL EVP, CAO & CFO	55.00 0.00			X				1,012,055.	0.	48,647.
(10) ANDREW DAVIDOFF CHAIR	55.00 0.00					X		974,841.	0.	68,824.
(11) MITCHELL WEISS CHAIR	55.00 0.00					X		885,244.	0.	71,383.
(12) MARY MCCARVILLE MEMBER	55.00 0.00					X		878,090.	0.	57,586.
(13) JAMES I. MORGAN FORMER OFFICER	55.00 0.00						X	511,677.	0.	62,963.
(14) JOYCE ABOUSSIE VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(15) STEVEN J. ALLEN, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(16) JOSEPH S. AYOUB, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(17) PAUL J. AYOUB, ESQ. VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FREDERICK M. AZAR, MD VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(19) MARTHA PERINE BEARD VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(20) ROBERT A. BREIT, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(21) TERRY L. BURMAN VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(22) ANN M. DANNER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(23) JOSEPH M. DEVIVO VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(24) LISA R. DILLER, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(25) JOSEPH E. EID, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(26) FRED P. GATTAS, III, PHARMD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
1b Subtotal								13,360,567.	1,209,731.	1,334,695.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,360,567.	1,209,731.	1,334,695.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,810

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FLINTCO, LLC 2179 HILLSHIRE CIRCLE, MEMPHIS, TN 38133	CONSTRUCTION COMPANY	39,561,456.
IMPACT ADVISORS, LLC P.O. BOX 379, NAPERVILLE, IL 60566-0379	CONSULTING SERVICES	24,853,918.
DELL MARKETING, LP P.O. BOX 534118, ATLANTA, GA 30353-4118	SOFTWARE SUPPORT	6,397,275.
UT LEBONHEUR PEDIATRIC SPECIALISTS, INC. P.O. BOX 27891, BELFAST, ME 04915-2030	MEDICAL SERVICES	4,059,501.
BELZ CONSTRUCTION SERVICES, LLC, 100 PEABODY PLACE, STE. 1400, MEMPHIS, TN	CONSTRUCTION COMPANY	3,479,935.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 90

SEE PART VII, SECTION A CONTINUATION SHEETS

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	1,367,277,418.				
	e Government grants (contributions)	1e	127,032,916.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	20,551,732.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,514,862,066.			
Program Service Revenue	2 a PATIENT CARE	Business Code					
		621110	153,766,510.	153,766,510.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			153,766,510.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,199,587.			2,199,587.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		27,714,158.			27,714,158.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,313,754.	110,208.		
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	2,021,236.	682,902.			
	c Gain or (loss)	7c	-707,482.	-572,694.			
	d Net gain or (loss)			-1,280,176.	-501,700.	-778,476.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a CHGME/CHCA	Business Code					
		900099	4,539,294.	4,539,294.			
	b CAFETERIA/VENDING		722514	3,862,130.		3,862,130.	
	c GIFT SHOP		459420	164,989.		164,989.	
	d All other revenue		900099	1,415,513.	1,415,513.		
e Total. Add lines 11a-11d			9,981,926.				
12 Total revenue. See instructions			1,707,244,071.	159,219,617.	0.	33,162,388.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	10,385,009.	10,385,009.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,499,695.	2,499,695.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,333,609.	5,843,816.	3,489,793.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	603,426.	603,426.		
7 Other salaries and wages	592,881,103.	555,302,288.	37,578,815.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	36,851,612.	34,515,832.	2,335,780.	
9 Other employee benefits	87,388,459.	81,849,482.	5,538,977.	
10 Payroll taxes	42,371,348.	39,685,708.	2,685,640.	
11 Fees for services (nonemployees):				
a Management	42,701,808.	39,027,138.	3,674,670.	
b Legal	2,723,313.	2,491,714.	231,599.	
c Accounting	293,673.	268,698.	24,975.	
d Lobbying	80,452.		80,452.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	155,911,927.	123,755,142.	32,156,785.	
12 Advertising and promotion	1,703,068.	1,558,234.	144,834.	
13 Office expenses	5,034,332.	4,748,294.	286,038.	
14 Information technology	119,072,091.	108,945,819.	10,126,272.	
15 Royalties				
16 Occupancy	54,455,652.	43,254,014.	11,201,638.	
17 Travel	20,694,298.	19,895,677.	798,621.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	2,606,694.	2,005,458.	601,236.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	112,200,523.	99,823,148.	12,377,375.	
23 Insurance	2,514,664.	1,840,444.	674,220.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PHARMACEUTICAL SUPPLIES	79,622,354.	78,070,331.	1,552,023.	
b LABORATORY SUPPLIES	65,616,870.	64,337,846.	1,279,024.	
c TELEPHONE	2,964,809.	2,628,770.	336,039.	
d ALLOCATION ADJUSTMENTS	0.	29,906,257.	-29,906,257.	
e All other expenses	68,538,384.	57,282,024.	11,256,360.	
25 Total functional expenses. Add lines 1 through 24e	1,519,049,173.	1,410,524,264.	108,524,909.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	18,590,321.	1	7,022,061.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	46,885,661.	3	41,473,083.
	4 Accounts receivable, net	22,281,798.	4	26,214,195.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,797,418.	8	16,554,556.
	9 Prepaid expenses and deferred charges	25,766,884.	9	32,072,612.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,505,013,963.		
	b Less: accumulated depreciation	10b 1,268,921,875.	1,069,114,610.	10c 1,236,092,088.
	11 Investments - publicly traded securities	3,210,526.	11	3,315,585.
	12 Investments - other securities. See Part IV, line 11	25,000.	12	25,000.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,265,584,869.	15	9,116,729,995.
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,470,257,087.	16	10,479,499,175.	
Liabilities	17 Accounts payable and accrued expenses	172,965,910.	17	183,592,110.
	18 Grants payable		18	
	19 Deferred revenue	11,486,363.	19	8,991,108.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	10,136,180.	25	84,994,101.
	26 Total liabilities. Add lines 17 through 25	194,588,453.	26	277,577,319.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,036,161,214.	27	8,909,051,856.
	28 Net assets with donor restrictions	1,239,507,420.	28	1,292,870,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	9,275,668,634.	32	10,201,921,856.
33 Total liabilities and net assets/fund balances	9,470,257,087.	33	10,479,499,175.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,707,244,071.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,519,049,173.
3	Revenue less expenses. Subtract line 2 from line 1	3	188,194,898.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,275,668,634.
5	Net unrealized gains (losses) on investments	5	5,598,506.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	732,459,818.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	10,201,921,856.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	974,758,247.	1094131374.	1130870648.	1236970064.	1514862066.	5951592399.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	974,758,247.	1094131374.	1130870648.	1236970064.	1514862066.	5951592399.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						5951592399.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	974,758,247.	1094131374.	1130870648.	1236970064.	1514862066.	5951592399.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,733,405.	9,206,868.	7,628,043.	22,090,006.	29,913,745.	83,572,067.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,873,680.	9,142,582.	6,485,751.	8,793,618.	9,981,926.	44,277,557.
11 Total support. Add lines 7 through 10						6079442023.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	97.90	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	98.02	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

PART II, SECTION B, LINE 10:

EXPLANATION FOR OTHER INCOME:

2018

\$ 4,454,476 - CAFETERIA/VENDING

\$ 2,344,673 - CHGME/CHCA

\$ 363,869 - HHMI

\$ 2,710,662 - OTHER REVENUE

\$ 9,873,680 - TOTAL OTHER INCOME

2019

\$ 3,706,979 - CAFETERIA/VENDING

\$ 2,511,652 - CHGME/CHCA

\$ 314,924 - HHMI

\$ 2,609,027 - OTHER REVENUE

\$ 9,142,582 - TOTAL OTHER INCOME

2020

\$ 1,852,003 - CAFETERIA/VENDING

\$ 2,513,042 - CHGME/CHCA

\$ 196,501 - HHMI

\$ 1,924,205 - OTHER REVENUE

\$ 6,485,751 - TOTAL OTHER INCOME

2021

\$ 3,073,670 - CAFETERIA/VENDING

\$ 2,811,538 - CHGME/CHCA

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

\$ 173,725 - HHMI

\$ 2,734,685 - OTHER REVENUE

\$ 8,793,618 - TOTAL OTHER INCOME

2022

\$ 4,539,294 - CHGME/CHCA

\$ 3,862,130 - CAFETERIA/VENDING

\$ 164,989 - GIFT SHOP

\$ 1,415,513 - OTHER REVENUE

\$ 9,981,926 - TOTAL OTHER INCOME

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,367,277,418.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number	62-0646012
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		50,462.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		22,974.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		7,016.
j Total. Add lines 1c through 1i			80,452.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LINE 1B) ST. JUDE EMPLOYS A CHIEF GOVERNMENT AFFAIRS OFFICER; LINE 1F)

AMOUNT LISTED IS CONTRIBUTION TO THE CHGME ADVOCACY CAMPAIGN; LINE 1G)

AMOUNT LISTED IS PRORATED SALARY OF CHIEF GOVERNMENT AFFAIRS OFFICER

PLUS TRAVEL EXPENSES; LINE 1I) AMOUNT LISTED IS RELATED TO PRORATED

RETAINER FEES FOR DIRECT FEDERAL AND STATE LEGISLATIVE CONTACTS AS WELL

Part IV Supplemental Information *(continued)*

AS PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING FOR THE CHGME ADVOCACY

PROGRAM.

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number 62-0646012

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,209,550,774.	1,329,927,343.	1,033,682,990.	1,055,350,944.	1,024,698,330.
b Contributions	2,023,095.	9,150,000.	7,863,768.	5,491,426.	4,864,242.
c Net investment earnings, gains, and losses	70,264,947.	-59,754,448.	357,550,674.	34,726,892.	64,664,085.
d Grants or scholarships					
e Other expenditures for facilities and programs	16,018,922.	69,772,121.	69,170,089.	61,886,272.	38,875,713.
f Administrative expenses					
g End of year balance	1,265,819,894.	1,209,550,774.	1,329,927,343.	1,033,682,990.	1,055,350,944.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 8.9000 %
 - b Permanent endowment 91.1000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,744,578,697.	800,792,043.	943,786,654.
c Leasehold improvements		4,062,222.	404,700.	3,657,522.
d Equipment		736,820,710.	455,940,708.	280,880,002.
e Other		19,552,334.	11,784,424.	7,767,910.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,236,092,088.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	8,967,114,000.
(2) OTHER ASSETS	130,107,735.
(3) RIGHT OF USE OPERATING ASSETS	19,508,260.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,116,729,995.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE	2,054,180.
(3) SELF INSURANCE LIABILITY	2,843,201.
(4) WORKERS COMPENSATION	1,212,244.
(5) OWNER CONTROLLED INSURANCE PROGRAM	614,469.
(6) LONG TERM LEASE LIABILITY	14,515,455.
(7) TECH LICENSING DISTRIBUTIONS PAYABLE - NON CURRENT	3,211,155.
(8) DEFERRED COMPENSATION	60,543,397.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	84,994,101.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,024,662,397.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,598,506.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	679,097,238.
e	Add lines 2a through 2d	2e	684,695,744.
3	Subtract line 2e from line 1	3	339,966,653.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,367,277,418.
c	Add lines 4a and 4b	4c	1,367,277,418.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,707,244,071.

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

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

1	Total expenses and losses per audited financial statements	1	1,519,049,173.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,519,049,173.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,519,049,173.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT FUNDS ARE HELD BY AMERICAN LEBANESE SYRIAN ASSOCIATED

CHARITIES, INC., A RELATED ORGANIZATION, AND ARE USED TO SUPPORT THE

FUTURE NEEDS OF ST. JUDE.

PART X, LINE 2:

AS OF JUNE 30, 2023, THE ORGANIZATION HAD NOT IDENTIFIED ANY UNCERTAIN TAX

POSITIONS UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS

COMBINED FINANCIAL STATEMENTS. IN THE EVENT THE ORGANIZATION WERE TO

RECOGNIZE INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IT

WOULD BE RECOGNIZED IN THE COMBINED FINANCIAL STATEMENTS AS A GENERAL

EXPENSE. GENERALLY, TAX YEARS ENDING 2019 THROUGH 2023 ARE OPEN TO

Part XIII Supplemental Information (continued)

EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY.

THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR

RESTRICTIONS 679,097,238.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION - SUPPORT RECEIVED FROM ALSAC 1,367,277,418.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	2,006,846.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	3,382,841.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	2	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	5,057,461.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	3,928,501.
NORTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	2,626,462.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	249,456.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1,727,185.
SOUTH ASIA	0	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	629,535.
3 a Subtotal	0	3			19,608,287.
b Total from continuation sheets to Part I	0	0			2,827,128.
c Totals (add lines 3a and 3b)	0	3			22,435,415.

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

Schedule F (Form 990) 2022

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	330,383.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		1,469,952.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		611,442.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		49,997.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		54,209.
NORTH AMERICA	0	0	GRANTMAKING		44,837.
SOUTH AMERICA	0	0	GRANTMAKING		97,194.
SOUTH ASIA	0	0	GRANTMAKING		52,664.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		116,450.
Totals					2,827,128.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	FINANCIAL SUPPORT	993,339.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	FINANCIAL SUPPORT	511,442.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	FINANCIAL SUPPORT	384,324.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	SPONSORSHIP	100,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		

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

3 Enter total number of other organizations or entities 2

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
RESEARCH GRANT	CENTRAL AMERICA AND THE CARIBBEAN	1	49,997.	ELECTRONIC FUNDS/ WIRE TRANSFER	0.		
RESEARCH GRANT	EAST ASIA AND THE PACIFIC	1	54,209.	ELECTRONIC FUNDS/ WIRE TRANSFER	0.		
RESEARCH GRANT	MIDDLE EAST AND NORTH AFRICA	2	92,289.	ELECTRONIC FUNDS/ WIRE TRANSFER	0.		
RESEARCH GRANT	NORTH AMERICA	1	44,837.	ELECTRONIC FUNDS/ WIRE TRANSFER	0.		
RESEARCH GRANT	SOUTH AMERICA	2	97,194.	ELECTRONIC FUNDS/ WIRE TRANSFER	0.		
RESEARCH GRANT	SOUTH ASIA	1	52,664.	ELECTRONIC FUNDS/ WIRE TRANSFER	0.		
RESEARCH GRANT	SUB-SAHARAN AFRICA	2	116,450.	ELECTRONIC FUNDS/ WIRE TRANSFER	0.		

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

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

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

PART I, LINE 3:

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

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			113,924,172.	1,834,213.	112,089,959.	7.38%
b Medicaid (from Worksheet 3, column a)			205,208,549.	73,930,252.	131,278,297.	8.64%
c Costs of other means-tested government programs (from Worksheet 3, column b)			15,447,716.	7,495,638.	7,952,078.	.52%
d Total. Financial Assistance and Means-Tested Government Programs			334,580,437.	83,260,103.	251,320,334.	16.54%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			60,033,623.		60,033,623.	3.95%
f Health professions education (from Worksheet 5)			24,573,132.	1,391,980.	23,181,152.	1.53%
g Subsidized health services (from Worksheet 6)			35,400,860.		35,400,860.	2.33%
h Research (from Worksheet 7)			596,935,541.	141,909,268.	455,026,273.	29.95%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			14,548,199.		14,548,199.	.96%
j Total. Other Benefits			731,491,355.	143,301,248.	588,190,107.	38.72%
k Total. Add lines 7d and 7j			1066071792.	226,561,351.	839,510,441.	55.26%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development			93,954.		93,954.	.01%
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			44,193.		44,193.	.00%
8 Workforce development						
9 Other						
10 Total			138,147.		138,147.	.01%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		0.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5		0.
6 Enter Medicare allowable costs of care relating to payments on line 5	6		2,526,125.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7		-2,526,125.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
6b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
12b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

Part V Facility Information (continued)

Billing and Collections

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

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

Policy Relating to Emergency Medical Care

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

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

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

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

Part V Facility Information (continued)

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 5: THE FISCAL YEAR 2022 CHNA BUILDS UPON THE

FISCAL YEAR 2019 CHNA AND REFLECTS THE ACTIVITIES IDENTIFIED IN THE FISCAL

YEAR 2019 COMMUNITY BENEFIT IMPLEMENTATION PLAN FOR ST. JUDE. THE FISCAL

YEAR 2022 CHNA WAS LED BY AN INTERNAL TEAM OF ST. JUDE STAFF MEMBERS. THE

LEADERSHIP OF THIS TEAM ENGAGED HEALTH RESOURCES IN ACTION (HRIA), A

NON-PROFIT PUBLIC HEALTH CONSULTANCY ORGANIZATION, TO CONDUCT THE CHNA.

TO DEVELOP A SOCIAL, ECONOMIC, AND HEALTH PORTRAIT OF THE COMMUNITY SERVED

BY ST. JUDE, HRIA REVIEWED EXISTING DATA DRAWN FROM ST. JUDE, LOCAL,

STATE, AND NATIONAL SOURCES. IN ADDITION TO ANALYZING QUANTITATIVE DATA,

HRIA CONDUCTED QUALITATIVE RESEARCH WITH INTERNAL AND EXTERNAL ST. JUDE

STAKEHOLDERS AS WELL AS FAMILY MEMBERS AND FORMER PATIENTS IN ORDER TO

SUPPLEMENT QUANTITATIVE FINDINGS WITH PERCEPTIONS OF COMMUNITY STRENGTHS

AND ASSETS, PRIORITY HEALTH CONCERNS, AND SUGGESTIONS FOR FUTURE

PROGRAMMING AND SERVICES.

FOCUS GROUPS WERE CONDUCTED WITH CURRENT AND FORMER ST. JUDE PATIENTS,

PATIENT CAREGIVERS, AND ST. JUDE CLINICAL, RESEARCH, AND ADMINISTRATIVE

STAFF. DIFFERENT TOPIC AREAS WERE EXPLORED BASED ON THE UNIQUE EXPERIENCES

OF EACH OF THE GROUPS.

HRIA CONDUCTED 27 INTERVIEWS WITH 34 INDIVIDUALS; 13 INTERVIEWS WERE

CONDUCTED WITH 19 STAFF OF ST. JUDE HOSPITAL, AND 12 INTERVIEWS WERE

CONDUCTED WITH INDIVIDUALS FROM OUTSIDE THE ORGANIZATION. INTERVIEW

PARTICIPANTS REPRESENTED A RANGE OF SECTORS, INCLUDING LEADERS IN HEALTH

Part V Facility Information (continued)

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

CARE AND HEALTH RESEARCH, GOVERNMENT, AND SOCIAL SERVICE ORGANIZATIONS

FOCUSING ON VULNERABLE POPULATIONS. ADDITIONALLY, TWO INTERVIEWS WERE

CONDUCTED WITH TWO FORMER ST. JUDE PATIENTS. EXTERNAL KEY INFORMANT

INTERVIEWS WERE CONDUCTED WITH PEDIATRICS EAST, THE UNIVERSITY OF MEMPHIS,

SCHOOL OF PUBLIC HEALTH, CHRIST COMMUNITY HEALTH SERVICES, LE BONHEUR

CHILDREN'S HOSPITAL, TENNESSEE DEPARTMENT OF HEALTH, SHELBY COUNTY HEALTH

DEPARTMENT, CHURCH HEALTH, AND SHELBY COUNTY GOVERNMENT.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 13H: NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT.

ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT

NO COST. THERE ARE NO TESTS OR THRESHOLDS APPLIED TO DETERMINE ELIGIBILITY

FOR FINANCIAL ASSISTANCE. ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT

RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 15E: NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT.

ALL PATIENTS ARE ELIGIBLE TO RECEIVE MEDICAL CARE AND SUPPORT SERVICES AT

NO COST. THERE ARE NO TESTS OR THRESHOLDS APPLIED TO DETERMINE ELIGIBILITY

FOR FINANCIAL ASSISTANCE. ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT

RECEIVE CARE REGARDLESS OF THEIR ABILITY TO PAY.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

Part V Facility Information *(continued)*

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

ACTIONS DESCRIBED IN PART V, SECTION B, LINE 19 BECAUSE ST. JUDE COVERS

ALL TREATMENTS, COPAYS, DEDUCTIBLES, COINSURANCE AND ANY OTHER COST

SHARING OBLIGATIONS THAT ARE NOT COVERED BY INSURANCE. ST. JUDE TAKES NO

ACTION TO COLLECT FROM PATIENTS OR THEIR FAMILIES AND DOES NOT REPORT TO

CREDIT AGENCIES.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 11: ST. JUDE CHILDREN'S RESEARCH HOSPITAL

CONDUCTED AND ADOPTED ITS MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT

(CHNA) DURING TAX YEAR 2021 (FYE 6/30/22). ST. JUDE WILL FOCUS EFFORTS

ON THE FOLLOWING COMMUNITY HEALTH NEEDS, LISTED IN ORDER OF PRIORITY,

WHICH WILL BE ADDRESSED DURING TAX YEARS 2022-2024:

AIM 1: IMPROVING ACCESS TO MENTAL HEALTH SUPPORTS AND SERVICES IN THE

COMMUNITY, BEYOND THOSE RELATED TO PATIENT DIAGNOSIS AND TREATMENT.

AIM 2: IMPROVING ACCESS TO PROVIDERS, RESOURCES, AND COORDINATED CARE

DURING THE TRANSITION OF CARE FROM ST. JUDE AND ITS AFFILIATES TO

COMMUNITY AND/OR ADULT CARE.

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

ITS AFFILIATES.

AIM 4: CONDUCTING CANCER PREVENTION WORK THROUGH EDUCATION AND HPV

VACCINATION.

Part V Facility Information *(continued)*

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

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

AIM 6: STRENGTHEN COMMUNITY PARTNERSHIPS IN THE GREATER MEMPHIS AREA TO
ADDRESS SOCIAL DETERMINANTS OF HEALTH FOR LOCAL PATIENTS.

ALL SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE ST. JUDE CHILDREN'S
RESEARCH HOSPITAL MOST RECENTLY CONDUCTED CHNA ARE BEING ADDRESSED. ST.
JUDE CHILDREN'S RESEARCH HOSPITAL TOOK THE FOLLOWING ACTIONS DURING TAX
YEAR 2022 WITH RESPECT TO ITS MOST RECENTLY CONDUCTED CHNA:

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

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

ACTIONS TAKEN:

- DISCUSSION RELATED TO EXPANDING SERVICES INITIATED WITH WELLNITE.

RESEARCHING PROCESS TO ACCEPT MEDICAID, WHICH WILL BE IMPORTANT FOR

CONTINUITY OF CARE OF NEW REFERRALS AFTER COVERAGE BY ST. JUDE EXPIRES.

- MEETING HELD WITH KEY STAKEHOLDERS IN HEMATOLOGY CLINIC (SOCIAL

WORKERS, PSYCHOLOGIST) WHO ESTIMATE APPROXIMATELY 12 REFERRALS PER

MONTH (CAREGIVERS AND PATIENTS).

STRATEGY 2. ENHANCE AND EXPAND AVAILABLE COMMUNITY MENTAL HEALTH

RESOURCES FOR PATIENTS AND CAREGIVERS BY LEVERAGING PARTNERSHIPS AND

Part V Facility Information (continued)

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

COLLABORATIVE EFFORTS.

ACTIONS TAKEN:

- LAUNCHED FAMILYHELP.FINDHELP.COM, THE ST. JUDE BRANDED VERSION OF
"FIND HELP", IN OCTOBER 2022.

- EDUCATED SOCIAL WORKERS FROM 6 OF THE AFFILIATE CLINICS AT THE

AFFILIATE CLINIC CONFERENCE HELD APRIL 2023 TO LEVERAGE AND ENHANCE

MENTAL HEALTH RESOURCES WITHIN THEIR OWN COMMUNITIES.

AIM 2: IMPROVING ACCESS TO PROVIDERS, RESOURCES, AND COORDINATED CARE

DURING THE TRANSITION OF CARE FROM ST. JUDE AND ITS AFFILIATES TO

COMMUNITY AND/OR ADULT CARE.

STRATEGY 1. CONTINUE TO IMPROVE TRANSITION OPPORTUNITIES FOR ST. JUDE

PATIENTS AFTER COMPLETION OF THERAPY.

ACTIONS TAKEN:

- TRANSITION TAB VERSION 1.0 AND OFF THERAPY DESIGNATION PROCESS

LAUNCHED WITH EPIC; EPIC BROUGHT MORE EFFICIENT MECHANISMS TO SHARE

INFORMATION (E.G., CARE EVERYWHERE, DIRECT FAX TO CARE TEAM MEMBERS).

- INCORPORATED PATIENT/FAMILY ADVISERS' FEEDBACK INTO PATIENT

TRANSITION GUIDE.

- INCORPORATED ST. JUDE-SPECIFIC CONTENT INTO TRANSITION READINESS

ASSESSMENT.

- COLLECTED 42 RESPONSES FROM ST. JUDE FAMILY VOICE SURVEY (SPRING

2023) REGARDING FINANCIAL BARRIERS TO HEALTHCARE.

- SELECTED, REVIEWED, AND UPDATED PATIENT AND CLINICIAN-FACING

Part V Facility Information *(continued)*

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

EDUCATIONAL RESOURCES.

- BEGAN PLANNING PILOT OF PROCESS IMPLEMENTATION.

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

ITS AFFILIATES.

STRATEGY 1. LAUNCH THE U-DECIDE TRIAL AT THE AFFILIATE CLINICS (THE

DECISION TO ENROLL IN THERAPEUTIC CLINICAL TRIALS IN A PEDIATRIC CANCER

CLINICAL NETWORK).

ACTIONS TAKEN:

- VERBAL ADMINISTRATION OF SURVEY 1 ABOUT DEMOGRAPHICS TO 70 TRIAL

PARTICIPANTS.

- VERBAL ADMINISTRATION OF SURVEY 2 ABOUT DECISION MAKING PREFERENCES

TO 28 TRIAL PARTICIPANTS.

- SEMI-STRUCTURED INTERVIEWS UNDER DEVELOPMENT.

STRATEGY 2. CONTINUE TO IMPLEMENT OPERATIONAL STRATEGIES TO INCREASE

LOCAL ACCESS TO AND ENROLLMENT IN CLINICAL TRIALS AT THE AFFILIATE

LOCATIONS.

ACTIONS TAKEN:

- IMPLEMENTATION OF NEW AFFILIATE MODEL CONTINUED WITH HUNTSVILLE,

ALABAMA AFFILIATE.

- COLLABORATIVE DISCUSSIONS AND AGREEMENTS BETWEEN KEY STAKEHOLDERS

DRAFTED.

- CLINICAL TRIALS ADMINISTRATION PROVIDED TRAINING FOR AFFILIATE

Part V Facility Information (continued)

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

CLINICAL STAFF TO ENSURE APPROPRIATE STAFFING MODELS.

AIM 4: CONDUCTING CANCER PREVENTION WORK THROUGH EDUCATION AND HPV

VACCINATION.

STRATEGY 1. STRENGTHEN PARTNERSHIPS WITH LOCAL EDUCATION AGENCIES TO

DISSEMINATE EDUCATIONAL PROGRAMS ON CANCER CONTROL AND PREVENTION.

ACTIONS TAKEN:

- EXPANDED THE AFTER-SCHOOL STEM CLUBS TO 24 SCHOOLS.
- EXPANDED THE AFTER-SCHOOL COMMUNITY HEALTH CLUB TO 4 MIDDLE SCHOOLS
- LAUNCHED THE ONLINE LEARNING INITIATIVE WITH THE ST. JUDE CLOUD WITH

COLLABORATIONS SUCH AS, UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER,

IN PROVIDING LEARNING MATERIALS SUCH AS 322 CANCER HOME KITS TO

STUDENTS.

- IMPLEMENTED THE CANCER CONTROL AND DISPARITIES SUMMER FELLOWSHIP.

STRATEGY 2. SERVE AS A LEADER, CONVENER, AND CATALYST FOR IMPLEMENTING

EVIDENCE-BASED INTERVENTIONS TO INCREASE HPV VACCINATION COVERAGE AND

PREVENT HPV-ASSOCIATED CANCERS.

ACTIONS TAKEN:

- INCREASED THE NUMBER AND NETWORK OF PARTNERS ENGAGED BY CONVENING

AND HOSTING A NUMBER OF ROUNDTABLES OF THE SOUTHEAST, RURAL THINK

TANKS, AND SMALL GROUP MEETINGS.

- CONDUCTED MULTIPLE INTERNAL MEETINGS OF THE HPV VACCINE TASK GROUP

(INTERNAL ADVISORY GROUP) WHICH CONSIST OF 35 ST. JUDE MEMBERS.

Part V Facility Information (continued)

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

- COORDINATED ENGAGEMENT ACTIVITIES IN GEOGRAPHIC COVERAGE AREAS OR
POPULATIONS OF INTEREST IN MULTIPLE INDIVIDUAL/WORKGROUP/COALITION
MEETINGS WITH PARTNERS IN TENNESSEE, MISSISSIPPI, MISSOURI, ARKANSAS
AND ALABAMA.

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

ACTIONS TAKEN:

- ESTABLISHED STRUCTURE WHERE 4 PROGRAM COORDINATORS FACILITATE
ACTIVITIES AND HOST COALITION MEETINGS IN THEIR RESPECTIVE REGIONS
ACROSS SOUTHEAST / MID-SOUTH STATES.
- DISSEMINATED INFORMATION INTERNALLY THROUGH MONTHLY PATH TO
PREVENTION E-NEWSLETTER, PATH TO BRIGHT FUTURE PARTNERS AND PLEDGE
SIGNERS AND PUBLISHED MULTIPLE BLOGS, ARTICLES, AND VIDEOS.
- HOSTED AN EXTERNAL SEMINAR SERIES, THE 2ND ANNUAL MEETING OF THE
MEMPHIS AND SHELBY COUNTY HPV CANCER PREVENTION ROUNDTABLE, AND THE HPV
CANCER SURVIVORS SCHOOL.
- HOSTED 4 VIRTUAL SEMINARS ON HPV VACCINATION.
- EXECUTED BACK TO SCHOOL VACCINATION EVENTS WITH MEMPHIS SHELBY
COUNTY SCHOOLS, SHELBY COUNTY HEALTH DEPARTMENT, LE BONHEUR CHILDREN'S
HOSPITAL, AND THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER.
- IMPLEMENTED THE TIGERS VAX NOW STUDENT AMBASSADOR PROGRAM AT THE
UNIVERSITY OF MEMPHIS.
- PARTICIPATED IN 4 VACCINATION ROAD SHOWS ACROSS THE STATE OF
TENNESSEE.

Part V Facility Information *(continued)*

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

AIM 5: INCREASING AWARENESS AND EDUCATION OF SICKLE CELL DISEASE AND

INFECTIOUS DISEASES (HIV/AIDS) IN THE COMMUNITY.

STRATEGY 1. DEVELOP ONLINE EDUCATIONAL MODULES ON SICKLE CELL TESTING

AND GENETIC COUNSELING FOR TN DEPARTMENT OF HEALTH NURSES TO ENABLE

THEM TO COMPLETE THE TRAINING AT THEIR CONVENIENCE.

ACTIONS TAKEN:

- SURVEYED 21 RURAL HEALTH DEPARTMENT NURSES IN 2021 ON GAPS IN

HEMOGLOBIN TRAIT COUNSELING DUE TO INABILITY TO PROVIDE IN PERSON

TRAINING.

- RECEIVED RESPONSES FROM 11 OF THE RHD NURSING SUPERVISORS, ANALYZED

THEMES, AND DETERMINED BARRIERS AND FACILITATORS TO CLOSE EDUCATION

GAPS.

- DEVELOPED 5 HEALTH TRAINING MODULES FOR HEMOGLOBIN TRAIT COUNSELORS.

STRATEGY 2. CREATE AND EXECUTE A COMMUNICATION CAMPAIGN THAT ADDRESSES

THE GAPS IN KNOWLEDGE AND AWARENESS OF HIV AND THE HIV PREVENTION AND

CARE PROGRAM AT ST. JUDE THAT PROVIDES RELATED PREVENTION AND

TREATMENT.

ACTIONS TAKEN:

- CONTINUED PREVIOUSLY ESTABLISHED EFFORTS: END HIV 901 SOCIAL MEDIA

CAMPAIGN, CONNECT 2 PROTECT MEMPHIS COALITION AND COMMUNITY ADVISORY

BOARD.

- VIDEO ANNOUNCEMENT RELEASED IN MARCH / APRIL OF 2023 RELEASING NEWLY

AWARDED ORGANIZATION FOR EHE FUND.

Part V Facility Information *(continued)*

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

STRATEGY 3. WITH A COALITION OF COMMUNITY STAKEHOLDERS, IDENTIFY THE

GAPS IN THE CONTINUUM OF HIV PREVENTION AND CARE AND ADDRESS THOSE GAPS

WITH A FOCUS ON STRUCTURAL CHANGE.

ACTIONS TAKEN:

- TRANSITIONED TO HYBRID VIRTUAL/IN PERSON C2P MEETINGS.

- UTILIZED STAKEHOLDER SURVEYS TO GAUGE COMMUNITY NEEDS AND PRIORITIZE

CONVERSATIONS HAPPENING IN SCHOOLS REGARDING SEXUAL HEALTH.

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

ADDRESS SOCIAL DETERMINANTS OF HEALTH FOR LOCAL PATIENTS.

STRATEGY 1. COLLABORATE WITH OTHER HEALTHCARE ORGANIZATIONS; LOCAL,

STATE, AND NATIONAL GOVERNMENT AGENCIES; AND LOCAL COMMUNITY

ORGANIZATIONS TO IMPROVE IDENTIFICATION AND UTILIZATION OF RESOURCES.

ACTIONS TAKEN:

- INITIATED THREE-MONTH PILOT REFERRAL NETWORK WITH THE WORKS, INC.

(TWI), A COMMUNITY ORGANIZATION THAT ASSISTS WITH SECURING AFFORDABLE

HOUSING AND SOCIAL SERVICES. FORMALIZED CONTRACT WITH TWI, 14 FAMILIES

REFERRED IN THE PILOT AND 22 SINCE NOVEMBER 2022.

- INITIATED PARTNERSHIP WITH METROPOLITAN INTER-FAITH ASSOCIATION

(MIFA) IN NOVEMBER 2022 TO ASSIST FAMILIES WITHIN AND BEYOND SHELBY

COUNTY WITH EMERGENCY RENT/MORTGAGE AND UTILITY PAYMENTS AND OTHER

ASSISTANCE; 15 REFERRALS TO DATE.

- HIRED A FINANCIAL NAVIGATOR TO LINK FAMILIES WITH LOCAL RESOURCE

PROGRAMS AND ASSIST IN NAVIGATING THE LONG-TERM FINANCIAL IMPACT OF

Part V Facility Information (continued)

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

ILLNESS.

- ESTABLISHED PRO BONO REFERRAL RELATIONSHIP WITH NATIONAL LAW FIRM

FOR FAMILIES TO RECEIVE REPRESENTATION IN ISSUES LIKE CONSERVATORSHIPS,

INDIVIDUAL EDUCATION PLANS, DISABILITY BENEFITS, FORECLOSURE, ETC.

- HELD ST. JUDE HPV CANCER PREVENTION "DAY ON THE HILL," HOSTED TN

COMMISSIONER OF HEALTH TO DISCUSS WAYS TO PREVENT CANCERS CAUSED BY THE

HPV VIRUS.

- SURVEYED CONGRESSIONAL OFFICES AND KEY NATIONAL STAKEHOLDERS TO

DETERMINE BEST APPROACHES TO POLICY INTERVENTIONS THAT CAN INCREASE

INSURANCE COVERAGE FOR EARLY CANCER PREVENTION SERVICES FOR ADULT

SURVIVORS OF CHILDHOOD CANCERS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 7A: THE CHNA REPORT WAS MADE WIDELY AVAILABLE

AT THE FOLLOWING URL:

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-](https://www.stjude.org/about-st-jude/financials/community-health-needs-)

ASSESSMENT.HTML

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 10A: THE HOSPITAL FACILITY'S MOST RECENTLY

ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL:

[HTTPS://WWW.STJUDE.ORG/ABOUT-ST-JUDE/FINANCIALS/COMMUNITY-HEALTH-NEEDS-](https://www.stjude.org/about-st-jude/financials/community-health-needs-)

ASSESSMENT.HTML

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 14: ST. JUDE CURRENTLY DOES NOT BILL NOR PURSUE

PAYMENT FOR ANY ST. JUDE PATIENT; THEREFORE, ST. JUDE DOES NOT HAVE A

Part V Facility Information *(continued)*

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

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16A: THE FAP WAS MADE WIDELY AVAILABLE AT THE

FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

PART V, SECTION B, LINE 16B: BASED ON THE FINANCIAL ASSISTANCE

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

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

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

JUDE DOES NOT HAVE AN APPLICATION FORM.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

AVAILABLE AT THE FOLLOWING URL:

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

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 7:

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

PART I, LINE 7G:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL INCLUDED AS SUBSIDIZED HEALTH
SERVICES SUPPORT FOR EIGHT AFFILIATE CLINICS TOTALING APPROXIMATELY \$9.9
MILLION.

Part VI Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS AN ACTIVE AND ENGAGED MEMBER OF THE MEMPHIS HEALTH COMMUNITY. EMPLOYEES PARTICIPATE IN BUSINESS, EDUCATION, OUTREACH AND CIVIC PROGRAMS AND ACTIVITIES FOSTERING COMMUNITY HEALTH IMPROVEMENT ADVOCACY, WHICH PROMOTE THE HEALTH AND WELLNESS OF THE COMMUNITIES WE SERVE. ACTIVITIES PROMOTE COLLABORATION ACROSS THE MEDICAL COMMUNITY TO BETTER SERVE INDIVIDUALS AND FAMILIES; ENHANCE COMMUNICATION TO SHARE KNOWLEDGE, EXPERIENCE AND INSIGHTS WHICH ARE ESSENTIAL FOR HEALTH ADVOCACY; AND EMPOWER EDUCATION AND AWARENESS TO FOSTER IMPROVED HEALTH BEHAVIORS INFLUENCING COMMUNITY HEALTH OUTCOMES.

THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL PRESIDENT AND CEO IS A MEMBER OF MEMPHIS TOMORROW, AN ASSOCIATION OF CHIEF EXECUTIVE OFFICERS OF MEMPHIS' LARGEST ENTERPRISES. THE PURPOSE IS TO BRING TOP BUSINESS LEADERS TOGETHER WITH GOVERNMENT AND CIVIC LEADERS TO FOSTER ECONOMIC PROSPERITY FOR ALL WHO LIVE IN OUR COMMUNITY. THEIR INITIATIVES ARE FOCUSED IN THOSE AREAS WHICH DIRECTLY IMPACT ECONOMIC GROWTH AND OPPORTUNITY, INCLUDING HUMAN CAPITAL DEVELOPMENT, INDUSTRY DEVELOPMENT, AND PUBLIC SAFETY. ST. JUDE ALSO PARTICIPATES WITH MEMPHIS FAST FORWARD WHOSE STRATEGIES ARE BASED ON THE PREMISE THAT ECONOMIC GROWTH AND PROSPERITY, AND IMPROVED QUALITY OF LIFE, WILL FOLLOW ONCE MEMPHIS AND SHELBY COUNTY SUCCESSFULLY ADDRESS THE BASICS: GOOD JOBS, QUALITY EDUCATION, SAFE STREETS AND EFFICIENT GOVERNMENT.

ST. JUDE IS A MEMBER OF THE ASPIRING FOR PURCHASING EXCELLENCE (APEX) ASSOCIATION OF MEMPHIS. APEX PROMOTES BEST PRACTICES IN SUPPLIER DIVERSITY. ST. JUDE IS GOLD SPONSOR FOR THE MID-SOUTH MINORITY BUSINESS

Part VI Supplemental Information (Continuation)

COUNCIL (MMBC) ECONOMIC DEVELOPMENT FAIR. THE MMBC HELPS TO DEVELOP A
STRONG MINORITY AND WOMEN BUSINESS COMMUNITY TO IMPACT ECONOMICALLY THE
ENTIRE MID-SOUTH REGION.

AS ST. JUDE CONSIDERS THE NEXT GENERATION OF MEDICAL AND SCIENTIFIC
PROFESSIONALS, IT IS INCUMBENT TO SUPPORT PROGRAMS TO IMPROVE ACCESS TO
HEALTH CARE SERVICES. THE PEDIATRIC ONCOLOGY EDUCATION (POE) PROGRAM
BROUGHT IN NEARLY 40 SUMMER STUDENTS FOR INTERNSHIPS IN BASIC SCIENCE OR
CLINICAL RESEARCH. THE RHODES COLLEGE SUMMER PLUS PROGRAM ACCEPTS 15
STUDENTS INTO THE HOSPITAL'S RESEARCH LABORATORIES FOR A PERIOD OF ONE
SUMMER, ONE ACADEMIC YEAR, AND A SECOND SUMMER. IN 2023, ST. JUDE HOSTED
32 SHELBY COUNTY HIGH SCHOOL STUDENTS FOR AN IMMERSIVE SUMMER LAB
INTERNSHIP PROGRAM. THESE PROGRAMS SUPPORT INCREASING THE AWARENESS OF
CAREERS IN RESEARCH SCIENCE, HEALTHCARE, OR HEALTHCARE MANAGEMENT AND
CONTRIBUTE TO PREPARING STUDENTS TO ENTER THESE CAREERS. THE CLINICAL
EDUCATION AND TRAINING OFFICE HOSTS APPROXIMATELY 50 STUDENTS ANNUALLY FOR
PATIENT CARE SHADOWING AND ROTATION EXPERIENCES. THESE STUDENTS ARE AT
DIFFERENT STAGES OF TRAINING AND ARE GENERALLY IN MEDICAL SCHOOL. THIS
PROGRAM HELPS PARTICIPANTS DETERMINE THEIR CAREER IN MEDICINE ACROSS THE
FIELDS OF ONCOLOGY, HEMATOLOGY, AND INFECTIOUS DISEASES. ST. JUDE OFFERS
EXPERIENTIAL LEARNING INTERNSHIPS ACROSS MANY AREAS FROM SCIENCE TO LEGAL,
INFORMATION SERVICES, HUMAN RESOURCES, COMMUNICATION AND ACCOUNTING.

PART III, LINE 2:

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

THERE WERE NO UNCOLLECTIBLE ACCOUNTS IN THE CURRENT YEAR.

Part VI Supplemental Information (Continuation)

ST. JUDE DOES NOT BILL PATIENTS OR PATIENT FAMILIES.

PART III, LINE 3:

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

PART III, LINE 4:

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

PART III, LINE 8:

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

PART III, LINE 9B:

ALL PATIENTS ACCEPTED FOR ST. JUDE TREATMENT RECEIVE CARE WHETHER OR NOT

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 2:

ASSESSING THE HEALTHCARE NEEDS OF THE COMMUNITY IS A CRITICAL PRIORITY FOR
ST. JUDE, INFLUENCING SERVICES, OUTREACH PROGRAMS, AND ADVOCACY
INITIATIVES. ST. JUDE EMPLOYS COMPREHENSIVE METHODOLOGIES TO UNDERSTAND
THE DIVERSE HEALTH REQUIREMENTS OF OUR POPULATION. THESE CATEGORIES
ENCOMPASS A WIDE SPECTRUM, INCLUDING DEMOGRAPHIC ANALYSIS, EPIDEMIOLOGICAL
STUDIES, COMMUNITY ENGAGEMENT, HEALTH DISPARITIES EVALUATION, AND
COLLABORATION WITH PUBLIC HEALTH AGENCIES. BY STRATEGICALLY EVALUATING
THESE ASPECTS, ST. JUDE GAINS CRUCIAL INSIGHTS INTO THE SPECIFIC HEALTH
CHALLENGES, CULTURAL CONSIDERATIONS, AND SOCIAL DETERMINANTS IMPACTING THE
COMMUNITY, ENABLING US TO EFFECTIVELY TAILOR SERVICES AND ADVOCACY
EFFORTS.

CANCER

PEDIATRIC CANCERS ARE RARE COMPARED TO ADULT CANCERS. ONLY 15,190 NEW
CASES ARE EXPECTED TO OCCUR AMONG CHILDREN AND ADOLESCENTS AGES 0-19 IN
2023. HOWEVER, CANCER IS THE LEADING CAUSE OF DISEASE-RELATED DEATH IN
U.S. CHILDREN. THE PRINCIPAL FOCUS OF ST. JUDE CHILDREN'S RESEARCH
HOSPITAL IS CANCER. SEVENTY-FIVE PERCENT OF ALL RESOURCES AT ST. JUDE ARE
INVESTED IN ELUCIDATING BASIC BIOLOGICAL MECHANISMS OF PEDIATRIC CANCERS

Part VI Supplemental Information (Continuation)

AND TRANSLATING THIS KNOWLEDGE INTO IMPROVED DIAGNOSTIC TOOLS AND CURATIVE THERAPIES, WHILE MINIMIZING LONG-TERM SIDE EFFECTS. AS THE FIRST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED COMPREHENSIVE CANCER CENTER FOCUSED EXCLUSIVELY ON CHILDREN, ST. JUDE SERVES AS A NATIONAL RESOURCE FOR RESEARCH AND TREATMENT OF PEDIATRIC CANCERS. OUR INITIATIVES ARE DESIGNED TO IMPACT PEDIATRIC CANCER TREATMENT ON A LOCAL, REGIONAL, NATIONAL AND GLOBAL SCALE.

THERE ARE NO KNOWN DIFFERENCES IN PEDIATRIC CANCER INCIDENCE BY GEOGRAPHIC REGION IN THE U.S. CONSEQUENTLY, IT IS NOT POSSIBLE TO CATER OUR CLINICAL TRIALS TO TARGET PEDIATRIC CANCERS SPECIFICALLY PREVALENT IN OUR CATCHMENT AREA. WHILE NUMEROUS ADULT CANCERS HAVE BEEN SHOWN TO HAVE HIGH VARIATION IN INCIDENCE RATES ACROSS RACES AND ETHNICITIES, THE SITUATION IS LESS CLEAR IN PEDIATRIC CANCER, WHERE FEWER DISCREPANCIES HAVE BEEN IDENTIFIED. ALTHOUGH OUR CATCHMENT AREA HAS A HIGHER PROPORTION OF AFRICAN-AMERICAN PATIENTS THAN THE GENERAL U.S. POPULATION, THERE ARE VERY FEW EXAMPLES OF PEDIATRIC CANCERS IN WHICH THE INCIDENCE IS HIGHER IN RACIAL AND/OR ETHNIC MINORITIES. CONSEQUENTLY, OUR RESEARCH AND CLINICAL TRIALS ADDRESS THE MOST PRESSING PROBLEMS IN PEDIATRIC CANCER. ST. JUDE OFFERS THERAPEUTIC TRIALS FOR THE TOP PEDIATRIC CANCERS INCLUDING ACUTE LYMPHOBLASTIC LEUKEMIA, MEDULLOBLASTOMA, NEUROBLASTOMA, HODGKIN LYMPHOMA, RETINOBLASTOMA, RHABDOMYOSARCOMA AND OTHERS. MANY OF THESE TRIALS ARE INSTITUTIONALLY SPONSORED; HOWEVER, ST. JUDE ALSO PARTICIPATES IN SEVERAL CLINICAL TRIALS CONSORTIA PROVIDING OUR CANCER PATIENTS ACCESS TO A VARIETY OF THERAPEUTIC STUDIES. PEDIATRIC CANCER PATIENTS MAY EXPERIENCE TREATMENT-RELATED SIDE EFFECTS MANY YEARS AFTER DIAGNOSIS. THE CHILDHOOD CANCER SURVIVOR STUDY AND ST. JUDE LIFE ARE TWO STUDIES, ACTIVE AT ST. JUDE, ASSESSING LATE EFFECTS OF CANCER THERAPY ON PEDIATRIC CANCER

Part VI Supplemental Information (Continuation)

SURVIVORS. INFORMATION FROM THESE STUDIES WILL BE USED TO DEFINE RISK

GROUPS FOR VARIOUS LATE EFFECTS AND ASSESS INTERVENTIONS.

COMMUNITY OUTREACH AND ENGAGEMENT (COE) AT THE ST. JUDE COMPREHENSIVE

CANCER CENTER (SJCCC) PROMOTES A COORDINATED APPROACH TO ENSURING THAT

CHILDREN WHO HAVE CANCER, CHILDREN WHO HAVE SURVIVED CANCER, AND HEALTHY

CHILDREN ALL BENEFIT FROM CUTTING-EDGE SCIENCE, CLINICAL CARE, AND

PREVENTION EFFORTS PROVIDED BY THE SJCCC. THESE COE ACTIVITIES SPAN LOCAL,

NATIONAL, AND GLOBAL GEOGRAPHIC AREAS THROUGH THE COLLECTIVE IMPACT OF THE

ST. JUDE HPV CANCER PREVENTION PROGRAM, CANCER EDUCATION AND OUTREACH

PROGRAM IN SCHOOLS, TOGETHER WEBSITE AND COMMUNITY, ST. JUDE AFFILIATE

NETWORK, AND THE ST. JUDE GLOBAL PEDIATRIC MEDICINE PROGRAM. IN THE SUMMER

OF 2023, THIRTY-TWO MEMPHIS-AREA HIGH SCHOOL STUDENTS PARTICIPATED IN

MENTORED RESEARCH PROJECTS IN ST. JUDE LABORATORY, PSYCHOLOGY,

EPIDEMIOLOGY, CLINICAL OR DATA SCIENCE RESEARCH PROGRAMS. A PRIMARY GOAL

OF THE PROGRAM WAS TO PROVIDE ACCESS AND OPPORTUNITIES TO PARTICIPATE IN A

MENTORED RESEARCH EXPERIENCE. THE ST. JUDE PATIENT FAMILY ADVISORY COUNCIL

(PFAC) PROVIDES THE OPPORTUNITY FOR COE TO ENGAGE PATIENTS AND FAMILIES. A

MEMBER OF THE COE LEADERSHIP TEAM IS ACTIVE IN THE PFAC AS A STAFF

CHAMPION, ATTENDS MONTHLY MEETINGS, FACILITATES CONNECTIONS, AND SUPPORTS

COMMUNICATION BETWEEN THE PFAC AND THE COE. THE HEALTHY CHILDREN ADVISORY

COUNCIL MEANINGFULLY ENGAGES REPRESENTATIVES OF COMMUNITIES SERVED BY THE

COMPREHENSIVE CANCER CENTER TO FUNCTION IN AN ADVISORY CAPACITY, SUCH AS

BY PROVIDING ADVICE ON IDENTIFYING, PRIORITIZING, AND COMMUNICATING NEEDS

ACROSS THE SJCCC AND TO COMMUNITIES.

HEMATOLOGY

MORE THAN 100,000 PEOPLE IN THE UNITED STATES HAVE SICKLE CELL DISEASE

Part VI Supplemental Information (Continuation)

(SCD), AND IT IS ESTIMATED THAT MORE THAN 1 MILLION PEOPLE WORLDWIDE
SUFFER FROM THE DISEASE. IT IS THE MOST FREQUENT GENETIC BLOOD DISORDER IN
THE WORLD. ST. JUDE HAS ONE OF THE LARGEST PEDIATRIC SCD PROGRAMS IN THE
COUNTRY AND PROVIDES COMPREHENSIVE TREATMENT AND EDUCATION TO ABOUT 900
CHILDREN WITH SCD IN THE GEOGRAPHIC CATCHMENT AREA. SCD IS DIAGNOSED BY
STATE-WIDE NEWBORN SCREENING IN ALL 50 STATES. ST. JUDE HAS A PARTNERSHIP
WITH NEWBORN SCREENING PROGRAMS IN TN AND MS THAT ENSURES A STABLE
RELATIONSHIP AMONG PARENTS, PATIENTS, AND PRIMARY CARE PROVIDERS. ABOUT 50
NEWBORNS WITH SCD ARE IDENTIFIED EACH YEAR IN OUR GEOGRAPHIC CATCHMENT
AREA. OUR SCD INFANT TODDLER PROGRAM CONTACTS AND ACCEPTS ALL CHILDREN
DIAGNOSED WITH THE DISEASE IN OUR CATCHMENT AREA TO ITS COMPREHENSIVE CARE
SERVICE. ADDITIONALLY, ST. JUDE PROVIDES TRAIT COUNSELING SERVICE TO
INFANTS BORN WITH SICKLE CELL TRAIT TO 21 COUNTIES IN WESTERN TN. ST. JUDE
PROVIDES CONFIRMATORY TESTING, EDUCATION AND COMPREHENSIVE CARE AND
FOLLOW-UP THROUGHOUT CHILDHOOD FOR CHILDREN WITH SCD DISEASE. FROM BIRTH
TO AGE 18 YEARS, PATIENTS ARE CLINICALLY EVALUATED AT LEAST EVERY 6
MONTHS, RECEIVE EDUCATION AND MULTI-DISCIPLINARY SERVICES ACCORDING TO
STANDARDIZED TREATMENT AND EDUCATION GUIDELINES. SERVICES ALSO INCLUDE
COMMUNITY OUTREACH AND EDUCATION OF THE LOCAL COMMUNITY. ST. JUDE HAS
ESTABLISHED A FORMAL TRANSITION PROGRAM TO ADULT CARE FOR PATIENTS WITH
SCD AND PROVIDES SUPPORT TO PATIENTS AND FAMILIES THROUGHOUT THE
TRANSITION PROCESS BY WORKING CLOSELY WITH THE ADULT SCD PROGRAMS AT
METHODIST UNIVERSITY HOSPITAL AND REGIONAL ONE HOSPITAL.

ST. JUDE ALSO PROVIDES CLINICAL SERVICES FOR APPROXIMATELY 800 CHILDREN
PER YEAR WITH OTHER NON-MALIGNANT HEMATOLOGICAL DISORDERS THROUGH A STRONG
RELATIONSHIP WITH LOCAL COMMUNITY PHYSICIANS. CHILDREN FROM THE GEOGRAPHIC
CATCHMENT AREA OF ST. JUDE WITH ILLNESSES SUCH AS HEMOPHILIA, APLASTIC

Part VI Supplemental Information (Continuation)

ANEMIA, THROMBOSIS, THALASSEMIA, SPHEROCYTOSIS, AND IMMUNE

THROMBOCYTOPENIC PURPURA AND OTHER NON-MALIGNANT HEMATOLOGIC DISORDERS ARE

REFERRED TO AND RECEIVE STATE-OF-THE-ART CARE FROM ST. JUDE PHYSICIANS AND

MEDICAL STAFF.

ST. JUDE IS ONE OF A SELECT GROUP OF FEDERALLY RECOGNIZED PEDIATRIC

HEMOPHILIA TREATMENT CENTERS AND PROVIDES STATE-OF-THE-ART COMPREHENSIVE

CARE TO APPROXIMATELY 300 CHILDREN WITH BLEEDING AND THROMBOSIS DISORDERS.

IN ADDITION TO PROVIDING AND CONTINUOUSLY IMPROVING STANDARDIZED CARE TO

THESE PATIENT POPULATIONS, ST. JUDE HEMATOLOGY DEDICATES SIGNIFICANT

RESOURCES TO CLINICAL, TRANSLATIONAL, AND BASIC RESEARCH TO IMPROVE

SURVIVAL AND DECREASE MORBIDITY OF CHILDREN WITH NON-MALIGNANT CHRONIC

BLOOD DISEASES. MOST PATIENTS PARTICIPATE IN RESEARCH STUDIES, WHICH HAVE

RESULTED IN MAJOR IMPROVEMENTS IN CLINICAL CARE. ST. JUDE IS PARTNERING

WITH SEVERAL PHARMACEUTICAL AND BIOTECHNOLOGY COMPANIES TO PROVIDE ACCESS

TO FIRST-IN-HUMAN GENETIC THERAPIES FOR SCD. ST. JUDE IS ALSO DEVELOPING

SEVERAL NOVEL GENETIC THERAPIES TO CURE SCD. IN ADDITION, AN ONGOING

CLINICAL TRIAL IS EVALUATING A NEW METHOD OF BONE MARROW TRANSPLANTATION

FOR PATIENTS WITH SICKLE CELL DISEASE.

HIV

THE CONNECT TO PROTECT (C2P) COMMUNITY COALITION LED BY MEMBERS OF THE

HOSPITAL'S COMPREHENSIVE HIV PREVENTION AND TREATMENT PROGRAM FOR CHILDREN

AND YOUTH, HAS SIGNIFICANTLY CONTRIBUTED TO THE STRONG COMMUNITY TIES THAT

ST. JUDE HAS ESTABLISHED AND STRENGTHENED. LAUNCHED IN 2008, C2P IS MADE

UP OF 25 PARTNER AGENCIES REPRESENTING A DIVERSE MIX OF STAKEHOLDERS FROM

VARIOUS SECTORS IN MEMPHIS. THIS INCLUDES THE HEALTH DEPARTMENT, FAITH-AND

COMMUNITY-BASED ORGANIZATIONS, SCHOOLS, BUSINESSES, YOUTH, AND HEALTH CARE

Part VI Supplemental Information (Continuation)

ORGANIZATIONS; ALL ALIGNED WITH THE COMMON GOAL OF OPTIMIZING HIV PREVENTION AND TREATMENT. THE STRENGTH OF THIS COALITION HAS BEEN TO PROVIDE A NON-THREATENING, COLLABORATIVE ENVIRONMENT WHERE INDIVIDUALS AND AGENCIES WITH DIFFERENT BACKGROUNDS AND PRIORITIES HAVE BEEN ABLE TO COLLABORATIVELY IMPLEMENT NEW POLICIES, PRACTICES AND PROGRAMS THAT IMPACT HIV PREVENTION AND TREATMENT IN YOUTH.

PART VI, LINE 3:

NO FAMILY EVER PAYS ST. JUDE FOR TREATMENT. IN ADDITION, ST. JUDE PROVIDES AN UNPARALLELED LEVEL OF SUPPORT SERVICES AT NO COST TO FAMILIES. WE ALSO HAVE PROGRAMS TO ASSIST FAMILIES IN ENROLLING IN VARIOUS PUBLIC ASSISTANCE PROGRAMS FOR WHICH THEY MAY QUALIFY, INCLUDING BUT NOT LIMITED TO TENNCARE/MEDICAID, COVERKIDS, CHIPS AND SOCIAL SECURITY. FAMILIES ALSO HAVE ACCESS TO AN ONLINE EDUCATIONAL RESOURCE TITLED "GETTING INSURANCE THROUGH THE HEALTH INSURANCE MARKETPLACE" AT THIS LINK:
<HTTPS://TOGETHER.STJUDE.ORG/EN-US/FOR-FAMILIES/NAVIGATING-HEALTH-CARE/AFFORDABLE-CARE-ACT.HTML>. THIS ENSURES AN APPROPRIATE SAFETY NET SHOULD THE FAMILY SEEK TREATMENT OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD STEWARDS OF DONOR DOLLARS. WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE APPLICATION ASSISTANCE.

THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT (<HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-STATEMENT.HTML>) AND FINANCIAL ASSISTANCE POLICY (<HTTPS://WWW.STJUDE.ORG/LEGAL/FINANCIAL-ASSISTANCE-POLICY.HTML>) ARE POSTED ON THE HOSPITAL'S WEBSITE AND AVAILABLE AT REGISTRATION. THE DOCUMENTS ARE AVAILABLE IN ENGLISH AND SPANISH. FOR FAMILIES SPEAKING OTHER LANGUAGES, WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED

Part VI Supplemental Information (Continuation)

INTERPRETATION AND TRANSLATION SERVICES.

PART VI, LINE 4:

THE COMMUNITY SERVED BY ST. JUDE CAN BEST BE DEFINED THROUGH THE CATCHMENT
AREA, WHICH INCLUDES A 180-MILE RADIUS FROM MEMPHIS, TN, AS WELL AS
100-MILE RADIUS FROM THE 8 AFFILIATE LOCATIONS. ADDITIONALLY, ST. JUDE
SERVES AS A NATIONAL REFERRAL CENTER FOR CHILDREN WITH CATASTROPHIC
DISEASES. THE LOCAL REFERRAL CENTER IS FOR CHILDREN WITH CANCER, BLOOD
DISORDERS, HIV/AIDS, AND NEUROLOGICAL DISORDERS. IT DOES NOT ADMIT
CHILDREN FOR ANY DIAGNOSES OUTSIDE OF THESE AREAS AND DOES NOT OFFER
MEDICAL SERVICES BEYOND THOSE NECESSARY TO CARE FOR CHILDREN WITH THESE
DISEASES.

OUR CANCER PATIENTS COME FROM ALL OVER THE UNITED STATES AND ABROAD;
HOWEVER, 65% OF THE NEW CANCER PATIENTS WE REGISTER RESIDE IN THE ST. JUDE
CATCHMENT AREA. THE EIGHT AFFILIATES ARE IN HUNTSVILLE, AL, CHARLOTTE, NC,
JOHNSON CITY, TN, BATON ROUGE, LA, SHREVEPORT, LA, TULSA, OK, SPRINGFIELD,
MO, AND PEORIA, IL. THE CATCHMENT POPULATION IS GENERALLY CHARACTERIZED BY
A HIGHER PROPORTION OF NON-HISPANIC BLACK/AFRICAN AMERICAN RACE, LOWER
PROPORTION OF HISPANIC ETHNICITY, LOWER HOUSEHOLD INCOMES AND HOME VALUES,
AND LOWER PROPORTION WITH AN EDUCATION BEYOND HIGH SCHOOL. APPROXIMATELY
4.9% OF THE POPULATION LIVE IN RURAL AREAS (BY RUCA CODE 10). TAKEN
TOGETHER, THIS DIVERSE POPULATION INCLUDES MANY WITH LIMITED RESOURCES WHO
ARE MEDICALLY UNDERSERVED. THROUGH ST. JUDE'S FOUNDING PHILOSOPHY THAT NO
PATIENT BE DENIED TREATMENT BASED ON RACE, ETHNICITY, RELIGION, OR A
FAMILY'S INABILITY TO PAY AND WITH THE PROVISION OF RESOURCES TO OFFSET
THE COSTS OF TRANSPORTATION AND HOUSING DURING CLINIC VISITS AND
TREATMENT, WE REMOVE BARRIERS IN ACCESS TO OUR CUTTING-EDGE CLINICAL

Part VI Supplemental Information (Continuation)

RESEARCH TRIALS AND EXCEPTIONAL CLINICAL CARE. ALL PEDIATRIC PATIENTS IN
OUR CATCHMENT AREA ARE ACCEPTED TO ST. JUDE FOR TREATMENT OF THEIR CANCER.

THE DEMOGRAPHICS OF THE PEDIATRIC CANCER POPULATION TREATED AT ST. JUDE
CLOSELY MATCH THOSE OF OUR CATCHMENT AREA (BASED ON 2010 DATA FROM THE US
CENSUS BUREAU) AND ALIGN WITH THE ESTIMATED INCIDENCE OF PEDIATRIC CANCER
IN REPRESENTED RACIAL AND ETHNIC GROUPS (BASED ON SURVEILLANCE
EPIDEMIOLOGY AND END RESULTS [SEER] 2009 DATA), CONFIRMING THAT ST. JUDE
IS CLOSELY ALIGNED WITH THE NEEDS OF THE POPULATION IT SERVES.

DEMOGRAPHICS FROM THE ST. JUDE PEDIATRIC CANCER COHORT ARE COMPARED WITH
THE DEMOGRAPHICS OF THE CATCHMENT AREA ANNUALLY TO MONITOR DEMOGRAPHIC
REPRESENTATION OF OUR CANCER PATIENTS IN RELATION TO THE AREA THAT WE
SERVE.

ST. JUDE ALSO OPERATES THE ST. JUDE GLOBAL INITIATIVE THROUGH GLOBAL
PEDIATRIC MEDICINE (GPM), AIMED AT IMPROVING SURVIVAL RATES OF CHILDREN
WITH CANCER AND OTHER CATASTROPHIC DISEASES WORLDWIDE. ST. JUDE
ACCOMPLISHES THIS BY SHARING KNOWLEDGE, TECHNOLOGY AND ORGANIZATIONAL
SKILLS, IMPLEMENTING NEW APPROACHES TO TREAT PEDIATRIC CANCER GLOBALLY,
AND GENERATING INTERNATIONAL NETWORKS COMMITTED TO ERADICATING CANCER IN
CHILDREN. ST. JUDE STRIVES TO ADDRESS THE NEEDS OF THOSE CHILDREN IN
COUNTRIES THAT LACK SUFFICIENT RESOURCES AND HELP THEM MANAGE THEIR OWN
BURDEN OF CASES EFFECTIVELY.

THE ST. JUDE GLOBAL ALLIANCE IS A GLOBAL NETWORK ESTABLISHED TO PURSUE THE
SHARED VISION OF IMPROVING THE QUALITY OF HEALTH CARE DELIVERY AND
INCREASING SURVIVAL RATES OF CHILDREN WITH CANCER AND BLOOD DISORDERS
WORLDWIDE. CURRENTLY, THE ALLIANCE ESTABLISHED PARTNERSHIPS WITH OVER 200

Part VI Supplemental Information (Continuation)

MEDICAL INSTITUTIONS IN 68 COUNTRIES. MEMBERS OF THE ALLIANCE ARE A PART
OF A GLOBAL COMMUNITY DEDICATED TO TRANSFORMING GLOBAL CHILD HEALTH. THEY
WILL HAVE THE OPPORTUNITY TO DEVELOP GLOBAL PROJECTS AND STUDIES, CONNECT
WITH COMMITTEES AND WORKING GROUPS AT THE REGIONAL AND GLOBAL LEVEL, AND
ENGAGE WITH ST. JUDE FACULTY AND STAFF FOR TRAINING AND DEVELOPMENT. THE
ST. JUDE GLOBAL ALLIANCE INCLUDES MEMBER INSTITUTIONS IN THE FOLLOWING
REGIONS: CENTRAL AMERICA AND THE CARIBBEAN, EAST ASIA AND THE PACIFIC,
EUROPE, MIDDLE EAST AND NORTH AFRICA, NORTH AMERICA, RUSSIA AND
NEIGHBORING STATES, SOUTH AMERICA, SOUTH ASIA, AND SUB-SAHARAN AFRICA.

PART VI, LINE 5:

INSTITUTION OPERATIONS ARE OVERSEEN BY A BOARD OF GOVERNORS, MOST OF WHICH
ARE NEITHER EMPLOYEES, INDEPENDENT CONTRACTORS, NOR THEIR FAMILY MEMBERS.
RESEARCH ACTIVITIES ARE REVIEWED ANNUALLY BY A SCIENTIFIC ADVISORY BOARD
COMPOSED OF INTERNATIONALLY PROMINENT PHYSICIANS AND SCIENTISTS. AN
INSTITUTIONAL REVIEW BOARD, OR IRB, WHICH IS A GROUP OF SCIENTISTS,
DOCTORS, OR OTHER HEALTH CARE PROFESSIONALS, REVIEWS AND APPROVES EVERY
NEW CLINICAL RESEARCH STUDY AT THE HOSPITAL BEFORE IT BEGINS. THE PRIMARY
FUNDRAISING SOURCE FOR ST. JUDE IS ALSAC (AMERICAN LEBANESE AND SYRIAN
ASSOCIATED CHARITIES), WHICH RAISES FUNDS SOLELY FOR THE HOSPITAL. BECAUSE
OF THE HOSPITAL'S MISSION, PEOPLE NATIONWIDE CONTRIBUTE VIA TENS OF
THOUSANDS OF FUNDRAISING EFFORTS. ALSAC CONTRIBUTED \$1.37 BILLION IN FY23
TO SUPPORT ST. JUDE. FINDING CURES AND SAVING CHILDREN REMAINS AT THE
FOREFRONT OF ALL WE DO. OUR FACULTY AND STAFF KNOW ALL TOO WELL THAT
CANCER AND OTHER DEADLY ILLNESSES DON'T STOP, EVEN IN THE MIDST OF A
PANDEMIC AND UPHEAVAL ON THE WORLD STAGE. AS A RESULT, WE CONTINUE TO CARE
FOR THOUSANDS OF CHILDREN WITH CANCER AND OTHER LIFE-THREATENING DISEASES.
WE ARE FOCUSED ON ENSURING PATIENTS GET THE TREATMENT THEY NEED AND

Part VI Supplemental Information (Continuation)

UNDERSTANDING THE SCIENTIFIC FOUNDATION THROUGH BASIC AND TRANSLATIONAL
RESEARCH, CLINICAL TRIALS, AND POPULATION SCIENCE FOCUSED ON CATASTROPHIC
CHILDHOOD DISEASES AND SURVIVORSHIP.

ST. JUDE IS IN YEAR THREE OF A SIX-YEAR STRATEGIC PLAN THAT WILL COMMIT
\$12.9 BILLION TO SUPPORT 2,300 ADDITIONAL JOBS AND INCREASE FUNDS FOR
CONSTRUCTION, RENOVATION AND CAPITAL NEEDS. THE PLAN IMPACTS SCIENTIFIC
OPERATIONS, CLINICAL CARE, GLOBAL MEDICINE, AND INFRASTRUCTURE. THE PLAN
INCLUDES CONSTRUCTION OF TWO, 15-STORY TOWERS DEDICATED TO PATIENT CARE
AND CLINICAL RESEARCH. A NEW HOUSING COMPLEX OPENED IN 2023 AS DID A
TREATMENT-AND-STAFF-FREE FLOOR AT THE HOSPITAL WHERE PATIENTS AND THEIR
FAMILIES CAN GATHER, RELAX, ATTEND SCHOOL, PLAY MUSIC, NAP, OR GRAB A CUP
OF COFFEE IN BETWEEN CLINIC APPOINTMENTS. ST. JUDE AND THE MEMPHIS-SHELBY
COUNTY AIRPORT AUTHORITY OFFER A ONE-OF-ITS KIND PRIVATE, COMFORTABLE
SPACE FOR PATIENTS AND THEIR FAMILIES TO WAIT FOR THEIR FLIGHT OR
TRANSPORTATION TO THE CAMPUS.

TO FOCUS ON A FEW AREAS OF IMPACT, IN 2021, ST. JUDE OPENED THE
INSPIRATION⁴ ADVANCED RESEARCH CENTER THAT HOUSES NEARLY 1,000 EMPLOYEES
FOCUSED ON TRANSFORMATIVE SCIENCE. THE STRUCTURE IS DESIGNED FOR
COLLABORATION ACROSS MANY SCIENTIFIC FIELDS, INCLUDING DEVELOPMENTAL
NEUROBIOLOGY, STRUCTURAL BIOLOGY, IMMUNOLOGY, CELL AND MOLECULAR BIOLOGY,
GENE EDITING, METABOLOMICS, ADVANCED MICROSCOPY, EPIGENETICS AND GENOMICS.
IT IS ALSO HOME SO SPECIALIZED TECHNOLOGY FOR CONDUCTING COMPUTATIONAL
BIOLOGY, USING ARTIFICIAL INTELLIGENCE, GENE EDITING AND ANALYZING CELL
SAMPLES VIA SOME OF THE WORLD'S MOST ADVANCED MICROSCOPES. A BIOREPOSITORY
ON SITE CONTAINS TUMOR SAMPLES FOR SHARING WITH RESEARCHERS AROUND THE
WORLD.

Part VI Supplemental Information (Continuation)

FURTHER, ST. JUDE OPERATED THE CYCLOTRON (PARTICLE ACCELERATOR), WHICH
ENABLES RESEARCHERS TO TRACK THE GROWTH OF CANCER CELLS, PINPOINT THE
PRODUCTION OF NEW DNA BY TUMOR CELLS AND STUDY THE HEARTS OF ADULT
CHILDHOOD CANCER SURVIVORS RETURNING TO ST. JUDE FOR LIFETIME FOLLOW-UP.
THE CYCLOTRON HELPS RESEARCHERS BETTER UNDERSTAND CHILDHOOD CANCER BY
ENABLING THEM TO PRODUCE NEW, VERY SHORT-ACTING TRACERS. ST. JUDE USES THE
SERVICES OF CHILDREN'S GMP, LLC (OF WHICH ST. JUDE IS THE SOLE MEMBER).
CHILDREN'S GMP, LLC, MANAGES AND OPERATES A GOOD MANUFACTURING PRACTICE
(GMP) FACILITY THAT ENGAGES IN THE PRODUCTION OF BIOLOGICS AND DRUGS FOR
RESEARCH. THE GMP OFFERS RESOURCES TO STUDY RARE DISEASES OVERLOOKED BY
PHARMACEUTICAL COMPANIES BECAUSE THERE IS LITTLE PROFIT IN MANUFACTURING
DRUGS FOR LESSER-KNOWN DISEASES. THE FACILITY, OPERATING ACCORDING TO
APPROVED FDA STANDARDS, ALLOWS DOCTORS TO TAILOR TREATMENTS SPECIFICALLY
FOR AN INDIVIDUAL CHILD.

MOREOVER, ST. JUDE IS HOME TO A PROTON BEAM THERAPY CENTER, DEVOTED SOLELY
TO TREATING CHILDREN WITH BRAIN TUMORS AND SEVERAL OTHER CHILDHOOD
CANCERS. PROTON THERAPY, WHICH IS LESS DAMAGING TO SURROUNDING HEALTHY
TISSUE THAN OTHER CURRENT RADIATION THERAPIES, ENABLES ST. JUDE TO PROVIDE
RADIATION IN A MORE INTEGRATED MANNER TO OUTPATIENTS AND ALLOWS RADIATION
ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TREATMENTS.

TO BETTER UNDERSTAND THE IMPACT AT ST. JUDE, SCIENTISTS CONTINUED TO
TRAVEL THEIR PATH OF INNOVATION, MAKING DISCOVERIES AND SHARING THEIR
FINDINGS WITH THE WORLD. IN 2022, ST. JUDE FACULTY AND STAFF WERE FIRST,
SENIOR OR CORRESPONDING AUTHOR ON PEER REVIEWED PAPERS. THE ARTICLES
FOCUSED ON A BROAD SWATH OF BASIC AND CLINICAL RESEARCH. PRESS RELEASES

Part VI Supplemental Information (Continuation)

FOR THE MOST IMPACTFUL DISCOVERIES CAN BE FOUND AT

[HTTPS://WWW.STJUDE.ORG/MEDIA-RESOURCES.HTML.](https://www.stjude.org/media-resources.html)

GLOBAL

ST. JUDE GLOBAL INITIATIVES WILL GROW TO \$100 MILLION ANNUALLY BY 2024 TO

FURTHER SUPPORT ST. JUDE-ESTABLISHED NETWORKS AROUND THE WORLD. BY

TRAINING DOCTORS, NURSES, RESEARCHERS AND OTHER PROFESSIONALS; DEVELOPING

AND STRENGTHENING HEALTH CARE SYSTEMS; AND ADVANCING KNOWLEDGE TO SUSTAIN

IMPROVEMENTS IN HOW MEDICINE IS PRACTICED INTERNATIONALLY, THE INSTITUTION

SEEKS TO CURE 60% OF CHILDREN WITH SIX OF THE MOST COMMON CHILDHOOD

CANCERS WORLDWIDE DURING THE NEXT DECADE.

IN 2021, ST. JUDE COMMITED AN ADDITIONAL \$200 MILLION TO ESTABLISH WITH

THE WORLD HEALTH ORGANIZATION THE FIRST OF ITS KIND GLOBAL PLATFORM FOR

ACCESS TO CHILDHOOD CANCER MEDICINES, WHICH WILL PROVIDE AN UNINTERRUPTED

SUPPLY OF QUALITY-ASSURED CHILDHOOD CANCER MEDICINES TO LOW- AND

MIDDLE-INCOME COUNTRIES.

COMMUNITY PROGRAMS AND OUTREACH

ST. JUDE PLAYS AN IMPORTANT ROLE IN HELPING THE COMMUNITY WHETHER IT'S

THROUGH MISSION-ORIENTED HEALTH PROGRAMS, GENERAL STEM EDUCATION PROGRAMS

OR PUBLIC HEALTH CAMPAIGNS.

FOR EXAMPLE, TO HELP EXPAND RESEARCH AND CLINICAL CARE FOR ADULT SICKLE

CELL DISEASE IN MEMPHIS, ST. JUDE, WHICH HAS ONE OF THE LARGEST PEDIATRIC

SICKLE CELL PROGRAMS IN THE COUNTRY, HAS COLLABORATED WITH METHODIST

UNIVERSITY HOSPITAL TO HELP TEENS AGE 18 AND OLDER, MANY OF WHOM RECEIVED

CARE AS PEDIATRIC PATIENTS AT ST. JUDE, LEARN HOW TO MAKE THEIR OWN

Part VI Supplemental Information (Continuation)

TREATMENT DECISIONS AS ADULTS. ADDITIONALLY, ST. JUDE HAS ESTABLISHED A
REMOTE TELEHEALTH HEMATOLOGY CLINIC IN NORTH MISSISSIPPI TO INCREASE
ACCESS TO CARE FOR PATIENTS IN THAT REGION WHO LIVE IN AN AREA WITH
LIMITED ACCESS TO HEMATOLOGY SERVICES. TO FURTHER PALLIATIVE SERVICES IN
THE COMMUNITY, ST. JUDE PARTICIPATED WITH LE BONHEUR CHILDREN'S HOSPITAL
IN DEVELOPING THE QUALITY OF LIFE FOR ALL KIDS PALLIATIVE PROGRAM FOR
SERIOUSLY ILL CHILDREN. HOSPICE STAFF, BOTH IN THE HOME AND IN THE HOSPICE
RESIDENCE, PROVIDES INTERDISCIPLINARY CARE TO CHILDREN THROUGHOUT THE
ILLNESS TRAJECTORY AND CONCURRENT THERAPIES. THE ST. JUDE HPV CANCER
PREVENTION PROGRAM LAUNCHED A PUBLIC AWARENESS CAMPAIGN TO BRING MORE
ATTENTION TO THE NEED FOR AND BENEFITS OF ADOLESCENTS AGES 9-12 RECEIVING
ON-TIME HUMAN PAPILOMAVIRUS (HPV) VACCINATION TO PREVENT CANCER.

VIA THE CONNECT2PROTECT PROGRAM, ST. JUDE COLLABORATES WITH CHURCHES,
OTHER HEALTH CARE ORGANIZATIONS AND CIVIC GROUPS TO RAISE AWARENESS ABOUT
PREVENTING THE SPREAD OF HIV/AIDS. THE PRIMARY TARGET IS
THEAFRICAN-AMERICAN COMMUNITY, ALTHOUGH OTHER ETHNIC GROUPS ARE ALSO
SERVED INCLUDING ASIAN, CAUCASIAN AND HISPANIC.

ADDITIONALLY, ST. JUDE FOCUSES ON EDUCATING AND TRAINING THE NEXT
GENERATION OF DOCTORS, NURSES, RESEARCHERS AND ACADEMIC LEADERS. FROM HIGH
SCHOOL STUDENTS TO THE POSTDOCTORAL LEVEL, THE HOSPITAL PLAYS A MAJOR ROLE
IN PREPARING FUTURE LEADERS OF SCIENCE AND MEDICINE THROUGH OUR K-12
EDUCATION OUTREACH, PEDIATRIC ONCOLOGY EDUCATION PROGRAM, CANCER EDUCATION
AT HOME/CLASSROOM KITS, A HIGH SCHOOL AND COLLEGE RESEARCH IMMERSION
PROGRAM, ST. JUDE AFTERSCHOOL STEM CLUBS, ST. JUDE COMMUNITY HEALTH CLUBS,
BIOSTEM IN CANCER EDUCATION COLLABORATIVE, VIRTUAL SCIENCE JOURNAL CLUBS,
CANCER CONTROL AND DISPARITIES FELLOWSHIP, AND ST. JUDE GRADUATE SCHOOL.

Part VI Supplemental Information (Continuation)

FURTHERMORE, ST. JUDE GLOBAL PROVIDES AN EDUCATION AND COLLABORATION WEB

SITE, CURE4KIDSTM (WWW.CURE4KIDS.ORG).

THE TOGETHER WEBSITE, A PATIENT EDUCATION RESOURCE FOR ANYONE AFFECTED BY

CHILDHOOD AND ADOLESCENT CANCER IS NOW AVAILABLE IN 12 LANGUAGES: ARABIC,

BURMESE, CHINESE (SIMPLIFIED), FRENCH, HINDI, POLISH, PORTUGUESE, RUSSIAN,

SPANISH, UKRAINIAN AND URDU. THE TOGETHER TEENS & 20S MINI-SITE OFFERS

ADOLESCENT AND YOUNG ADULT CANCER PATIENTS AND SURVIVORS AGES 13-25 YEARS

INFORMATION SPECIFIC TO THEIR STAGE OF LIFE.

LASTLY, THE INSTITUTION VALUES ITS COMMUNITY VOLUNTEER PROGRAM WHICH

ENHANCES THE QUALITY OF PATIENT CARE BY PARTNERING VOLUNTEERS WITH

CLINICAL STAFF TO PROVIDE AN ADDITIONAL PERSONAL TOUCH. THEY LEND

ASSISTANCE AND PROVIDE COMPASSIONATE CONCERN BY OFFERING A LISTENINGEAR TO

FAMILIES AT A TIME WHEN THEY NEED IT MOST. THEY ARE VITAL AMBASSADORS FOR

THE HOSPITAL AND COMMUNITY.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Employer identification number
62-0646012

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LE BONHEUR CHILDRENS HOSPITAL FOUNDATION - 848 ADAMS AVE. - MEMPHIS, TN 38103	62-1872938	501(C)(3)	10,013,269.	0.			FINANCIAL SUPPORT
CERVIVOR, INC. 14605 ELM ST., #2942 UPPER MARLBORO, MD 20772-2942	90-1896857	501(C)(3)	60,000.	0.			SPONSORSHIP
AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES, INC. - 2318 MILL RD., STE. 1300 - ALEXANDRIA, VA 22314	23-7067770	501(C)(6)	60,000.	0.			SPONSORSHIP
GORDON RESEARCH CONFERENCES 5586 POST ROAD, UNIT 2 EAST GREENWICH, RI 02818	26-0150662	501(C)(3)	55,000.	0.			SPONSORSHIP
BELMONT UNIVERSITY 1900 BELMONT BLVD. NASHVILLE, TN 37212-3757	62-0465076	501(C)(3)	22,700.	0.			SPONSORSHIP
UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP, STE. 103 MEMPHIS, TN 38163	62-6001636	GOVERNMENTAL ENTITY	16,600.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) 2022

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

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

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
62-0646012

Part I Questions Regarding Compensation

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

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

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH P. TAYLOR EVP/SCIENTIFIC DIRECTOR	(i)	733,853.	1,411,018.	31,175.	128,800.	15,848.	2,320,694.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES R. DOWNING PRESIDENT/CEO	(i)	1,328,031.	254,200.	8,931.	232,550.	27,395.	1,851,107.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,123,515.	0.	86,216.	125,869.	26,311.	1,361,911.	77,072.
(4) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	(i)	927,857.	225,200.	29,076.	97,055.	14,206.	1,293,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MELISSA HUDSON MEMBER	(i)	430,199.	28,200.	700,691.	33,550.	27,394.	1,220,034.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMAS E. MERCHANT CHAIR	(i)	901,755.	18,200.	111,400.	33,550.	37,833.	1,102,738.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	(i)	772,049.	225,200.	5,084.	86,391.	12,597.	1,101,321.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	(i)	876,123.	75,200.	5,218.	93,740.	32,203.	1,082,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) PATRICIA A. KEEL EVP, CAO & CFO	(i)	760,776.	200.	251,079.	33,550.	15,097.	1,060,702.	214,448.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANDREW DAVIDOFF CHAIR	(i)	875,006.	18,200.	81,635.	33,550.	35,274.	1,043,665.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MITCHELL WEISS CHAIR	(i)	597,706.	18,200.	269,338.	33,550.	37,833.	956,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) MARY MCCARVILLE MEMBER	(i)	629,041.	18,200.	230,849.	33,550.	24,036.	935,676.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES I. MORGAN FORMER OFFICER	(i)	504,491.	200.	6,986.	33,550.	29,413.	574,640.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: A PAYMENT WAS ISSUED FOR

DEPENDENT TUITION FOR TWO OFFICERS AND TWO HIGHEST COMPENSATED EMPLOYEES.

THE APPLICABLE EXPENSE WAS GROSSED-UP AND INCLUDED IN THE EMPLOYEE'S W-2 AS

ADDITIONAL TAXABLE COMPENSATION.

PART I, LINE 4B:

THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN

PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN

AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE

ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

NONQUALIFIED PLAN DISTRIBUTIONS WERE MADE DURING THE YEAR TO THE

FOLLOWING LISTED PERSONS IN PART VII:

MARY MCCARVILLE \$682,710

PATRICIA A. KEEL \$242,289

MITCHELL WEISS \$260,537

MELISSA HUDSON \$1,188,353

**SCHEDULE L
(Form 990)**

Transactions With Interested Persons

OMB No. 1545-0047

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

2022

Attach to Form 990 or Form 990-EZ.

**Open To Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
62-0646012

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

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUSANNA DOWNING	SEE PART V	101,444.	EMPLOYMENT		X
DIANE ROBERTS	SEE PART V	336,352.	EMPLOYMENT		X
CHRISTOPHER ROBERTS	SEE PART V	12,772.	EMPLOYMENT		X
LYNN RODRIGUEZ	SEE PART V	201,137.	EMPLOYMENT		X
MONDIRA KUNDU	SEE PART V	497,484.	EMPLOYMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

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

(A) NAME OF INTERESTED PERSON: SUSANNA DOWNING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PRESIDENT AND CEO, JAMES R. DOWNING.

(C) AMOUNT OF TRANSACTION: \$101,444

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: DIANE ROBERTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, CHARLES M. ROBERTS.

(C) AMOUNT OF TRANSACTION: \$336,352

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: CHRISTOPHER ROBERTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, CHARLES M. ROBERTS.

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION: \$12,772

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: LYNN RODRIGUEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, CARLOS RODRIGUEZ-GALINDO.

(C) AMOUNT OF TRANSACTION: \$201,137

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(A) NAME OF INTERESTED PERSON: MONDIRA KUNDU

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER, JOSEPH P. TAYLOR

(C) AMOUNT OF TRANSACTION: \$497,484

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number	62-0646012
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND
TREATMENT. CONSISTENT WITH THE VISION OF OUR FOUNDER DANNY THOMAS, NO
CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY
TO PAY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S ABILITY TO PAY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DISEASES, AND (3) TO ADVANCE KNOWLEDGE IN GLOBAL PEDIATRIC ONCOLOGY AND
HEMATOLOGY THROUGH RESEARCH TO SUSTAIN A CONTINUOUS IMPROVEMENT IN THE
LEVEL AND QUALITY OF CARE DELIVERED AROUND THE GLOBE. THESE INITIATIVES
ARE SPEARHEADED BY ST. JUDE EXPERTS WHO WORK CLOSELY WITH HEALTHCARE
PROFESSIONALS AT OUR PARTNER SITES. IN ADDITION, GRADUATE PROGRAMS AT
BOTH THE DOCTORAL AND MASTER'S LEVELS ARE OFFERED THROUGH A WHOLLY
OWNED SUBSIDIARY, ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL
OF BIOMEDICAL SCIENCES, LLC, TO EDUCATE AND TRAIN FUTURE GENERATIONS OF
BIOMEDICAL RESEARCHERS AND MEDICAL PROFESSIONALS SEEKING TO PROBE THE
MOLECULAR BASIS OF DISEASE, DEVELOP THERAPIES AND ADVANCE GLOBAL HEALTH
FOR CHILDREN WITH PEDIATRIC CATASTROPHIC DISEASES.

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

FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J.
AYOUB, ESQ.; ROBERT A. BREIT, MD, AND JOSEPH G. SHAKER; JOSEPH C. SHAKER
AND JOSEPH G. SHAKER.

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

Schedule O (Form 990) 2022

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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BUSINESS RELATIONSHIP AMONG DIRECTORS: JOSEPH C. SHAKER AND JOSEPH G.

SHAKER; ANN M. DANNER AND CHRISTINA M. RASHID.

FORM 990, PART VI, SECTION B, LINE 11B:

IN THE THIRD QUARTER OF THE FISCAL YEAR, THE AUDIT & COMPLIANCE COMMITTEE

ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES.

THE AUDIT & COMPLIANCE COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE

DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY THE

COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE

COMPENSATION SECTIONS OF THE FORM 990, AND THE CONFLICT OF INTEREST

COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE

CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE

FINALIZED DOCUMENT IS FILED WITH THE IRS. EACH VOTING MEMBER OF THE BOARD

IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES

BEFORE IT IS FILED WITH THE IRS.

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

NEW BOARD MEMBERS ARE GIVEN A COPY OF THE BOARD OF GOVERNOR'S CONFLICT OF

INTEREST POLICY AND COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM. IN

ADDITION, ALL BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE

UPDATE AT LEAST ANNUALLY. THERE IS A CONFLICT OF INTEREST COMMITTEE OF THE

BOARD THAT REVIEWS THE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS

THAT ARE COMPLETED BY EACH BOARD MEMBER AND DISCUSSES AND RESOLVES

CONFLICTS OF INTEREST, WITH OPPORTUNITY FOR APPEAL TO THE FULL BOARD. IN

ADDITION, THE ORGANIZATION HAS A CHIEF COMPLIANCE OFFICER AND COMPLIANCE

DEPARTMENT, WHICH ADMINISTER THE CONFLICT OF INTEREST DISCLOSURE PROCESS

FOR ALL EMPLOYEES IN CLINICAL, RESEARCH, AND SELECT ADMINISTRATIVE

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number	62-0646012
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DEPARTMENTS, AS WELL AS EMPLOYEES IDENTIFIED AS SUPERVISORS OR WHO HAVE PURCHASING AUTHORITY. ALL SUCH EMPLOYEES COMPLETE CONFLICT OF INTEREST TRAINING AND A CONFLICT OF INTEREST DISCLOSURE ANNUALLY. THE COMPLIANCE OFFICER ENSURES EMPLOYEES MEET THESE REQUIREMENTS AND REVIEWS SUBMITTED DISCLOSURES. DISCLOSURES IDENTIFIED AS AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE OFFICE WITH INVOLVEMENT OF THE INSTITUTIONAL CONFLICT OF INTEREST COMMITTEE AS APPROPRIATE. DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY BE MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

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

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

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number	62-0646012
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ORGANIZATIONS AND AN OPINION LETTER RELATING TO THE REASONABLENESS OF EACH

REVIEWED EMPLOYEE'S TOTAL COMPENSATION AND BENEFITS. ADDITIONALLY, A SENIOR

MEMBER OF THE CONSULTING FIRM ATTENDS THE COMMITTEE'S MEETINGS AS NECESSARY

TO PROVIDE INFORMATION AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE

COMMITTEE. THE COMMITTEE'S PROCESS IS INTENTIONALLY STRUCTURED TO QUALIFY

FOR THE REBUTTABLE PRESUMPTION UNDER SECTION 4958 OF THE INTERNAL REVENUE

CODE OF 1986. THE COMPENSATION APPROVED BY THE COMMITTEE IS REPORTED IN

EXECUTIVE SESSION TO THE FULL BOARD BY THE CHAIR AND VICE CHAIR OF THE

COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS ARE AVAILABLE FROM THE HOSPITAL'S WEBSITE. GOVERNING

DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE ONLY AS

REQUIRED BY APPLICABLE STATE LAW.

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

PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	94,791,103.
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MANAGEMENT AND GENERAL EXPENSES	24,630,711.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	119,421,814.
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REPAIRS & MAINTENANCE:

PROGRAM SERVICE EXPENSES	19,568,842.
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MANAGEMENT AND GENERAL EXPENSES	5,084,807.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	24,653,649.
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Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
INC.

Employer identification number
62-0646012

PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES 9,395,197.

MANAGEMENT AND GENERAL EXPENSES 2,441,267.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 11,836,464.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 155,911,927.

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

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR

RESTRICTIONS 679,097,238.

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITH DONOR

RESTRICTIONS 53,362,580.

TOTAL TO FORM 990, PART XI, LINE 9 732,459,818.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHILDREN'S GMP, LLC - 47-4475625 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	VACCINE MANUFACTURER	TENNESSEE	-11,546.	963,035.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
THANKS & GIVING, LLC - 20-1310435 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	ROYALTY INCOME FROM RECORD SALES	TENNESSEE	0.	10,542.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
THE RIGHT WORDS, LLC - 95-4878579 262 DANNY THOMAS PLACE MEMPHIS, TN 38105-3678	ROYALTY INCOME FROM BOOK SALES	NEW YORK	0.	0.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.
ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL OF BIOMEDICAL SCIENCES, 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105-3678	HIGHER EDUCATION	TENNESSEE	475,395.	1,508,985.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

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

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

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

Schedule R (Form 990) 2022

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ST. JUDE CHILDREN'S RESEARCH HOSPITAL HOME CARE, LLC - 85-2379541, 595 DANNY THOMAS PLACE, SUITE K-1250, MEMPHIS, TN 31805	HOME HEALTH SERVICE PROVIDER	TENNESSEE	2,681.	359,592.	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Taxpayer identification number (TIN) 62-0646012
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 262 DANNY THOMAS PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38105-3678	

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

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

JULIE MEYER

- The books are in the care of ▶ 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105-3678

Telephone No. ▶ (901) 595-3007 Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

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

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

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

St. Jude Children's Research Hospital, Inc. and Subsidiaries

Consolidated Financial Statements as of and for
the Years Ended June 30, 2023 and 2022, and
Independent Auditor's Report

ST. JUDE CHILDREN’S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

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Statements of Activities	4
Statements of Functional Expenses	5
Statements of Cash Flows	6
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INDEPENDENT AUDITOR'S REPORT

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

Opinion

We have audited the consolidated financial statements of St. Jude Children's Research Hospital and Subsidiaries (the "Company"), which comprise the consolidated statements of financial position as of June 30, 2023 and 2022, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively referred to as the "financial statements").

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as of June 30, 2023 and 2022, and the changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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.

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 Company's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute

assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deloitte + Touche LLP

March 26, 2024

ST. JUDE CHILDREN’S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2023 AND 2022 (In 000s)

	2023	2022
ASSETS		
CURRENT ASSETS:		
Cash	\$ 7,022	\$ 18,590
Accounts receivable:		
Patient care services—net	15,090	15,584
Grants and contracts	41,473	46,886
Other	11,124	6,698
Inventories	16,555	18,797
Prepaid expenses	<u>32,073</u>	<u>25,767</u>
Total current assets	123,337	132,322
ASSETS LIMITED AS TO USE	3,340	3,235
RIGHT OF USE OPERATING ASSET—Net	19,508	-
OTHER ASSETS—Net	130,108	30,931
INTEREST IN NET ASSETS OF ALSAC	8,967,114	8,234,654
PROPERTY AND EQUIPMENT—Net	<u>1,236,092</u>	<u>1,069,115</u>
TOTAL	<u>\$ 10,479,499</u>	<u>\$ 9,470,257</u>
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES:		
Accounts payable	\$ 106,500	\$ 91,911
Accrued expenses and other liabilities	71,184	75,419
Employee health liability costs	<u>5,908</u>	<u>5,636</u>
Total current liabilities	183,592	172,966
DEFERRED REVENUES FROM GRANTS AND CONTRACTS	8,991	11,486
OTHER LONG-TERM LIABILITIES	<u>84,994</u>	<u>10,136</u>
Total liabilities	<u>277,577</u>	<u>194,588</u>
NET ASSETS:		
Without donor restrictions	8,909,052	8,036,162
With donor restrictions	<u>1,292,870</u>	<u>1,239,507</u>
Total net assets	<u>10,201,922</u>	<u>9,275,669</u>
TOTAL	<u>\$ 10,479,499</u>	<u>\$ 9,470,257</u>

See notes to consolidated financial statements.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2023 AND 2022 (In 000s)

	2023			2022		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
REVENUES, GAINS, AND OTHER SUPPORT:						
Net patient service revenue	\$ 153,766	\$ -	\$ 153,766	\$ 118,236	\$ -	\$ 118,236
Research grants and contracts	147,585	-	147,585	153,205	-	153,205
Other	44,787	-	44,787	30,889	-	30,889
Total revenues, gains, and other support	<u>346,138</u>	<u>-</u>	<u>346,138</u>	<u>302,330</u>	<u>-</u>	<u>302,330</u>
EXPENSES:						
Program services:						
Patient care services	662,358	-	662,358	551,616	-	551,616
Research	675,380	-	675,380	585,569	-	585,569
Education, training, and community services	72,786	-	72,786	49,068	-	49,068
Total program services	1,410,524	-	1,410,524	1,186,253	-	1,186,253
Supporting services—administrative and general	108,525	-	108,525	92,317	-	92,317
Total expenses	<u>1,519,049</u>	<u>-</u>	<u>1,519,049</u>	<u>1,278,570</u>	<u>-</u>	<u>1,278,570</u>
CHANGE IN INTEREST IN NET ASSETS OF ALSAC	679,097	-	679,097	311,261	-	311,261
LOSS FROM DISPOSAL OF PROPERTY AND EQUIPMENT	(573)	-	(573)	(596)	-	(596)
(EXPENSES IN EXCESS OF REVENUES, GAINS AND OTHER SUPPORT)	(494,387)	-	(494,387)	(665,575)	-	(665,575)
NET SUPPORT RECEIVED FROM ALSAC	1,367,277	-	1,367,277	1,083,765	-	1,083,765
CHANGE IN INTEREST IN NET ASSETS OF ALSAC	-	53,363	53,363	-	(116,074)	(116,074)
CHANGES IN NET ASSETS	872,890	53,363	926,253	418,190	(116,074)	302,116
NET ASSETS—Beginning of year	<u>8,036,162</u>	<u>1,239,507</u>	<u>9,275,669</u>	<u>7,617,972</u>	<u>1,355,581</u>	<u>8,973,553</u>
NET ASSETS—End of year	<u>\$8,909,052</u>	<u>\$1,292,870</u>	<u>\$10,201,922</u>	<u>\$8,036,162</u>	<u>\$1,239,507</u>	<u>\$9,275,669</u>

See notes to consolidated financial statements.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF FUNCTIONAL EXPENSES FOR THE YEARS ENDED JUNE 30, 2023 AND 2022 (In 000s)

	2023			2022		
	Program Services	Supporting Services— Administrative and General	Total Program and Supporting Services	Program Services	Supporting Services— Administrative and General	Total Program and Supporting Services
SALARIES AND BENEFITS	\$ 724,764	\$ 44,665	\$ 769,429	\$ 637,376	\$37,681	\$ 675,057
PROFESSIONAL FEES AND CONTRACT SERVICES	300,312	27,913	328,225	233,358	19,240	252,598
SUPPLIES	192,261	3,822	196,083	165,557	3,615	169,172
TELEPHONE	2,651	314	2,965	1,885	250	2,135
OCCUPANCY	39,171	10,145	49,316	33,719	8,733	42,452
TRAVEL AND MEETINGS	20,213	481	20,694	9,595	160	9,755
MISCELLANEOUS	<u>30,879</u>	<u>9,257</u>	<u>40,136</u>	<u>12,567</u>	<u>8,621</u>	<u>21,188</u>
TOTAL BEFORE DEPRECIATION	1,310,251	96,597	1,406,848	1,094,057	78,300	1,172,357
DEPRECIATION	<u>100,273</u>	<u>11,928</u>	<u>112,201</u>	<u>92,196</u>	<u>14,017</u>	<u>106,213</u>
TOTAL FUNCTIONAL EXPENSES	<u>\$1,410,524</u>	<u>\$108,525</u>	<u>\$1,519,049</u>	<u>\$1,186,253</u>	<u>\$92,317</u>	<u>\$1,278,570</u>

See notes to consolidated financial statements.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2023 AND 2022 (In 000s)

	2023	2022
CASH FLOWS FROM OPERATING ACTIVITIES:		
Changes in net assets	\$ 926,253	\$ 302,116
Adjustments to reconcile changes in net assets to net cash used in operating activities:		
Support received from ALSAC	(1,367,277)	(1,083,765)
Change in interest in net assets of ALSAC	(732,460)	(195,187)
Depreciation	112,201	106,213
Net realized and unrealized investment gain	(7,091)	(26)
Loss from disposal of property and equipment	573	596
Other	(4,681)	-
Changes in operating assets and liabilities:		
Accounts receivable	1,481	(8,783)
Inventories	2,242	(1,095)
Prepaid expenses and other assets	(33,273)	(23,700)
Accounts payable and other accrued liabilities	(6,014)	14,664
Deferred revenues from grants and contracts	(2,495)	(5,777)
Net cash used in operating activities	<u>(1,110,541)</u>	<u>(894,744)</u>
CASH FLOWS FROM INVESTING ACTIVITIES:		
Capital expenditures	(268,414)	(174,312)
Proceeds from the sale of property and equipment	<u>110</u>	<u>16</u>
Net cash used in investing activities	<u>(268,304)</u>	<u>(174,296)</u>
CASH FLOWS FROM FINANCING ACTIVITIES—Support received from ALSAC		
	<u>1,367,277</u>	<u>1,083,765</u>
Net cash provided by financing activities	<u>1,367,277</u>	<u>1,083,765</u>
NET CHANGE IN CASH	(11,568)	14,725
CASH—Beginning of year	<u>18,590</u>	<u>3,865</u>
CASH—End of year	<u>\$ 7,022</u>	<u>\$ 18,590</u>
NON-CASH INVESTING AND FINANCING ACTIVITIES—Capital expenditures, on account	<u>\$ 11,447</u>	<u>\$ (2,469)</u>

See notes to consolidated financial statements.

ST. JUDE CHILDREN’S RESEARCH HOSPITAL, INC. AND SUBSIDIARIES

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED JUNE 30, 2023 AND 2022

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

St. Jude Children’s Research Hospital, Inc. and its wholly owned subsidiaries (collectively, the “Hospital”) is a research, treatment, and education center whose mission is to save children’s lives by finding the causes of catastrophic illnesses, improving related treatments, and finding cures for their diseases. No family ever pays the Hospital for the care their child receives. More than 8,300 patients are seen at the Hospital yearly, most of whom are treated on a continuing outpatient basis as part of ongoing research programs and account for approximately 77,000 hospital visits per year. The current basic science and clinical research at the Hospital includes work in gene therapy, chemotherapy, the biochemistry of normal and cancerous cells, radiation treatment, blood diseases, resistance to therapy, viruses, hereditary diseases, influenza, pediatric AIDS, and physiological effects of catastrophic illnesses.

The accompanying consolidated financial statements do not include the individual accounts of the Hospital’s affiliate, American Lebanese Syrian Associated Charities, Inc. (“ALSAC”), a not-for-profit corporation established to build awareness and raise funds to support the operations of the Hospital. The bylaws of ALSAC provide that all funds raised, except for funds required for its operations and funds restricted as to other uses by donors, be distributed to or held for the exclusive benefit of the Hospital.

Hospital operations are overseen by a board of governors (the “Board”). The research activities of the Hospital are reviewed annually by a scientific advisory board composed of internationally prominent physicians and scientists.

Basis of Presentation—The Hospital’s consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Principles of Consolidation—The consolidated financial statements include the accounts of St. Jude Children’s Research Hospital, Inc. and its wholly owned subsidiaries, Children’s GMP, LLC (“CGL”), St. Jude Children’s Research Hospital Graduate School of Biomedical Sciences, LLC (“SJGS”), and St. Jude Children’s Research Hospital Home Care, LLC (“SJHC”). The purpose of CGL is to lease, manage, and operate a facility that engages in the production of biologics and drugs to be used in research by St. Jude Children’s Research Hospital, Inc. and by other leading biomedical research institutions. The purpose of SJGS is to train and equip the next generation of academic researchers in a multidisciplinary environment. SJHC is a home health agency serving St. Jude Children’s Research Hospital patients in the Memphis area or staying in St. Jude Children’s Research Hospital’s housing facilities. All intercompany transactions have been eliminated in consolidation.

Cash—The Hospital deposits its cash in financial institutions that are federally insured, although cash deposits generally exceed insured levels. The Hospital also has a cash management arrangement with ALSAC, generally providing for ALSAC’s reimbursement of Hospital funds when Hospital expenditures are presented for payment.

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

Assets Limited as to Use—Assets limited as to use include assets set aside by the Board for self-insurance funding, over which the Board retains control and may, at its discretion, subsequently use for other purposes.

Other Assets—The Hospital applies the provisions of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 350, *Intangibles—Goodwill and Other*. This standard provides guidance on the accounting for implementation costs incurred in a cloud computing arrangement (CCA) that is a service contract, and requires entities to account for such costs consistent with the guidance on capitalizing costs associated with developing or obtaining internal-use software. Capitalized costs are amortized on a straight-line basis over contractual terms of 3 to 8 years. Costs capitalized, net of amortization of \$49.9 million and \$24.7 million in 2023 and 2022, respectively are included in Other assets—net in the accompanying consolidated statements of financial position.

Interest in Net Assets of ALSAC—The Hospital applies the provisions of ASC Topic 958, *Not-for-Profit Entities*. Because of the Hospital’s relationship as ALSAC’s sole beneficiary and the overall financial inter-relationship of the Hospital and ALSAC, ASC Topic 958 requires that the Hospital report its interest in the net assets of ALSAC in the consolidated statements of financial position, with corresponding changes in those net assets reported in a “quasi-equity-method” fashion in the accompanying consolidated statements of activities.

For purposes of classification as net assets without donor restrictions or net assets with donor restrictions, the change in the interest in ALSAC’s net assets is reported in the accompanying consolidated statements of activities consistent with the reporting of such changes in ALSAC’s financial statements.

Property and Equipment—Equipment and computer software are recorded at cost and depreciated on a straight-line basis over estimated useful lives of 3 to 20 years, and 3 to 10 years, respectively. Leasehold interests are recorded at cost and are depreciated on a straight-line basis over the term of their lease or their estimated useful lives, whichever is shorter. The Hospital evaluates the carrying value of its property and equipment under the provisions of ASC Topic 360, *Property, Plant, and Equipment*. Under ASC Topic 360, when events, circumstances, and operating results indicate that the carrying value of property and equipment assets may be impaired, the Hospital prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition. If the projections indicate that the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. There was no impairment in 2023 or 2022.

Deferred Compensation—The Hospital maintains three non-qualified deferred compensation plans that allow participants to defer receipt of a portion of their compensation. One of the plans vests immediately, one vests generally after 5 years, and the remaining plan specific to faculty vests over 10–20 years or attainment of the age 65. The non-qualified deferred compensation plans include a mix of mutual funds with Teachers Insurance and Annuity Association of America, American Funds, and Vanguard. The investments are classified as level 1 investments See Note 6 for the definition of level 1 investments.

The Hospital applies the provisions of ASC Topic 710, *Compensation—General*. This standard provides guidance on the accounting for deferred compensation including funds held in rabbi trusts. The investments associated with deferred compensation plans are approximately \$72.2 million as of June 30, 2023 and are included in Other assets—net in the consolidated statements of financial position. The liability for deferred compensation plans was \$60.5 million as of June 30, 2023 and is included in Other long-term liabilities in the consolidated statements of financial position.

Net Assets—Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

Net Assets without Donor Restrictions—Net assets available for use in general operations and not subject to donor restrictions. The governing board has not designated from net assets without donor restrictions, other than the board-designated endowment fund and board-designated self-insurance funding, any other net assets to be restricted for specific purposes.

Net Assets with Donor Restrictions—Net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity.

Net Patient Service Revenues—Net patient service revenues are recorded at the transaction price estimated by the Hospital to reflect the total consideration due from third-party payors in exchange for providing goods and services in patient care. These services are considered to be a single performance obligation and have a duration of less than one year. Revenues are recorded as these goods and services are provided. The transaction price, which involves significant estimates, is determined based on the Hospital’s standard charges for the goods and services provided, with a reduction recorded for price concessions related to third party contractual arrangements as well as other implicit price concessions.

The Hospital’s net patient service revenues for the years ended June 30, 2023 and 2022 have been presented in the following table based on an allocation of the estimated transaction price with the third-party payor between the primary classification of insurance coverage:

(In 000s)	2023	2022
Medicaid	\$ 82,198	\$ 48,745
Commercial insurance	37,464	33,404
Blue Cross	30,214	32,577
Other third-party payors	<u>3,890</u>	<u>3,510</u>
Total	<u>\$ 153,766</u>	<u>\$ 118,236</u>

The Hospital received a one-time provider program settlement of \$33.7 million during 2023 which is included in the Medicaid classification above.

The Hospital has agreements with governmental and other third-party payors that provide for reimbursement to the Hospital at amounts different from its established rates. The differences between the estimated reimbursement rates and the standard billing rates are accounted for as contractual adjustments, which are deducted from gross revenues to arrive at net patient service revenue. Final settlements under certain programs are subject to adjustment based on administrative review and audit by third parties. Adjustments to the estimated billings are recorded in the periods when such adjustments become known. Adjustments to previous reimbursement estimates are accounted for as contractual allowance adjustments and reported in the period in which final settlements are determined. In addition, the Hospital is reimbursed by non-governmental payors using a variety of payment methodologies.

A summary of the basis for reimbursement with major third-party payors follows:

Commercial—The Hospital has entered into reimbursement arrangements providing for payment methodologies, which include prospectively determined rates per discharge, per diem amounts, case rates, fee schedules, and discounts from established charges.

Medicaid—Inpatient and outpatient services rendered to Medicaid program beneficiaries are generally paid based upon prospective reimbursement methodologies established by the beneficiaries' state of residence.

Blue Cross—All acute care services rendered to Blue Cross subscribers are reimbursed at prospectively determined rates.

Accounts Receivable, Patient Care Services—The Hospital reports accounts receivable from patient care services at net realizable value based on certain assumptions determined for each major third-party payor type. For third-party payors the net realizable value is based on the estimated contractual reimbursement percentage, which is based on current contract prices or historical paid claims data by payor. These estimates are adjusted for expected recoveries and any anticipated changes in trends. As no family ever pays for the care their child receives at the Hospital, there are no self-pay accounts receivable.

Accounts receivable, patient care services and their net realizable value can be impacted by significant changes in payor mix, business office operations, economic conditions, or trends in federal and state governmental healthcare coverage. The Hospital continually reviews the net realizable value of accounts receivable by monitoring historical cash collections as a percentage of trailing net operating revenues, as well as by analyzing current period net revenue, aged accounts receivable by third-party payor and other related factors.

Accounts receivable, patient care services has been reduced by estimated provisions for contractual adjustments and uncollectible accounts of \$146.7 million and \$97.9 million in 2023 and 2022, respectively.

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

As a result, charges foregone, based on established rates, totaled approximately \$141.4 million and \$90.5 million in 2023 and 2022, respectively. Management's estimate of costs incurred to provide charity care were \$134.1 million and \$86.5 million in 2023 and 2022, respectively.

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

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

The mix of accounts receivable from third-party payors, net of contractual allowances, as of June 30, 2023 and 2022, is as follows:

	2023	2022
Commercial insurance	45 %	39 %
Medicaid	30	30
Blue Cross	25	30
Other third-party payors	-	1
	<u> </u>	<u> </u>
Total	<u>100 %</u>	<u>100 %</u>

Research Grants and Contracts—The Hospital records revenues related to research grants and contracts in two portfolio categories based on the source of the funds:

Government Sponsors—provide funding for research largely to advance knowledge for public or academic benefit in direct support of the Hospital’s mission. The Hospital primarily considers these sponsored research agreements to be contributions (nonreciprocal transactions). The Hospital recognizes grant and contract revenue associated with contributions from government sponsors as earned when the conditions are met (allowable expenses have been incurred). Additionally, a small portion of government-sponsored awards qualify as exchange (reciprocal) transactions. The transaction price for exchange transactions is the stated amount of the award. The Hospital recognizes grants and contracts revenue related to these exchange transactions at the time services are provided.

Government sponsored research grants and contracts revenues were approximately \$127.0 million and \$129.2 million for the years ended June 30, 2023 and 2022, respectively.

Private Sponsors—consist of private agencies, professional associations, private foundations, corporate foundations and corporations. The Hospital recognizes revenue associated with contributions from private sponsors as the conditions are met. Additionally, some private sponsor awards qualify as exchange (reciprocal) transactions. The transaction price for exchange transactions is the stated amount of the award. The Hospital recognizes grants and contracts revenue related to these exchange transactions at the time services are provided. Private sponsored research grants and contracts revenues were approximately \$20.5 million and \$24.0 million for the years ended June 30, 2023 and 2022, respectively.

Facilities and Administrative (F&A) Costs Recovery—The Hospital recognizes F&A costs recovery as revenue. This activity represents reimbursement, primarily from the federal government, of F&A costs on government sponsored activities. Federal F&A cost recovery rates were either 79.5% or 82% in 2023 and varied based on the date of the award. F&A cost recovery on research grants and contracts was approximately \$45.8 million and \$43.6 million for the years ended June 30, 2023 and 2022, respectively.

Other Revenue—Other revenue includes technology licensing, net of payouts to inventors, gains and losses on investments, and other miscellaneous revenue. The Hospital recognizes revenue from other sources as the related services are provided and/or amounts are otherwise earned upon satisfaction of the performance obligation in accordance with the terms of the underlying agreements. Technology licensing included in other revenue was approximately \$27.7 million and \$22.1 million for the years ended June 30, 2023 and 2022, respectively. Gains and losses on investments included in other revenue were approximately \$7.1 million and less than \$0.1 million for the years ended June 30, 2023 and 2022, respectively.

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

Functional Expenses—The costs of providing program and other activities have been summarized on a functional basis in the consolidated statements of functional expenses. Accordingly, certain costs have been allocated among program services and supporting services benefited. Such allocations are determined by management on an equitable basis using the following methods:

Expense Category	Method of Allocation
Salaries and benefits	Gross salaries
Professional fees and contract services	Nature of activity
Supplies	Purchase requisitions
Telephone	Full time equivalent
Occupancy	Square footage
Travel and meetings	Travel expenses
Miscellaneous	Nature of activity
Depreciation	Square footage/cost center assignment

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

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

New Accounting Standards Adopted—In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. This standard requires all leases that have a term of more than 12 months to be recognized on the statement of financial position with the liability for lease payments and the corresponding right-of-use (“ROU”) asset initially measured at the present value of amounts expected to be paid over the term. Recognition of the costs of these leases on the statement of activities will be dependent upon their classification as either an operating or a financing lease. Costs of an operating lease will continue to be recognized as a single operating expense on a straight-line basis over the lease term. Costs for a financing lease will be disaggregated and recognized as both an operating expense (for the amortization of the right-of-use asset) and interest expense (for interest on the lease liability).

The Hospital adopted this standard for the year ended June 30, 2023, utilizing the modified retrospective method using a simplified transition approach, and, therefore, no adjustments were made to prior period financial statements. The Hospital elected the package of practical expedients for transition which are permitted in the new standard. Accordingly, the Hospital did not reassess whether (i) any expired or existing contracts are or contain leases under the new standard, (ii) classification of leases as operating leases or finance leases would be different under the new standard, or (iii) any

initial direct costs would have met the definition of initial direct costs under the new standard. Additionally, the Hospital did not elect to use hindsight in determining the lease term for existing leases as of July 1, 2022. As a result of the adoption of ASC 842, the Hospital recorded noncurrent ROU assets of \$17.9 million, and current and noncurrent operating lease liabilities of \$17.9 million as of July 1, 2022. Adoption of the standard did not have a material impact on our consolidated statements of activities, consolidated statements of functional expenses, or consolidated statements of cash flows for the year ended June 30, 2023. Refer to Note 11 for additional information and related disclosures.

Subsequent Events—The Hospital has evaluated the impact of significant subsequent events through March 26, 2024, the date the consolidated financial statements were available to be issued, that require recognition or disclosure. On October 5, 2023, the Hospital entered into a Memorandum of Understanding (MoU) with a designated procurement agency for fiscal years 2024 through 2027. The Hospital's total estimated contributions for the duration of the MoU are \$107 million. On October 25, 2023, the Hospital provided the initial contribution of \$12 million in accordance with the MoU.

Recent Accounting Pronouncements—In June 2016, the FASB issued ASU 2016-13, *Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, which requires a financial asset measured at amortized cost basis to be presented at the net amount expected to be collected. The new rules eliminate the probable initial recognition threshold and, instead, reflect an entity's current estimate of all expected credit losses. This ASU is effective for fiscal years beginning after December 15, 2022. The Hospital expects the new rules to apply to its trade receivables but does not expect the adoption of the new accounting rules to have a material impact on the consolidated statements of activities, consolidated statements of functional expenses, or consolidated statements of cash flows; however, it anticipates changes to controls and procedures, as applicable, to ensure compliance with the new accounting rules.

In March 2023, the FASB issued ASU 2023-01, *Leases (Topic 842): Common Control Arrangements*. The amendments in this Update allow the use of the written terms and conditions of a common control arrangement to determine whether a lease exists and the classification of and accounting for that lease. The amendments also address the amortization of leasehold improvements associated with common control leases and accounting for transfers between entities under common control. These amendments are effective for fiscal years beginning after December 15, 2023, with early adoption permitted. Management is evaluating the impact of these amendments on the Hospital's consolidated financial statements.

2. LIQUIDITY AND AVAILABILITY

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following:

(In 000s)

Financial assets at year end:	
Cash	\$ 7,022
Accounts receivable:	
Patient-care services—net	15,090
Grants and contracts	41,473
Other	11,124
Assets limited as to use	<u>3,340</u>
Total financial assets	78,049
Less amounts not available to be used within one year—assets limited as to use	<u>(3,340)</u>
Financial assets available within one year	<u>\$ 74,709</u>

Additionally, the Hospital has a cash management arrangement with ALSAC, generally providing for ALSAC's reimbursement of Hospital funds when Hospital expenditures are presented for payment. ALSAC provided approximately \$1.4 billion for the year ended June 30, 2023 to support the Hospital's expenditures. ALSAC has approximately \$5.9 billion available to support hospital operations over the next twelve months.

3. ASSETS LIMITED AS TO USE

Assets limited as to use under self-insurance funding arrangements represent the Hospital's ownership of a percentage of assets in a diversified pooled investment portfolio (the "Portfolio") based on the market value after adjusting for the time-weighted holding period of any contributions and withdrawals to the Portfolio. The Portfolio is administered by a third-party custodian and maintained for the exclusive use of the Hospital. Assets limited as to use were approximately \$3.3 million and \$3.2 million for the years ended June 30, 2023 and 2022, respectively.

4. PROPERTY AND EQUIPMENT

A summary of property and equipment as of June 30, 2023 and 2022, is as follows:

(In 000s)	2023	2022
Leasehold interests:		
Land improvements	\$ 19,552	\$ 19,891
Buildings and improvements	1,497,446	1,468,747
Owned property:		
Equipment	558,526	509,511
Computer software	126,905	73,263
Construction in progress	<u>302,585</u>	<u>174,401</u>
	2,505,014	2,245,813
Less accumulated depreciation	<u>(1,268,922)</u>	<u>(1,176,698)</u>
Total	<u>\$ 1,236,092</u>	<u>\$ 1,069,115</u>

All land improvements, buildings, and building improvements are leased from ALSAC. The major terms of the lease are described in Note 11. The Hospital has reported land improvements and buildings under lease from ALSAC as a finance lease. Land improvements and buildings have been capitalized at cost, which the Hospital estimates approximated the fair value at the inception of the lease.

Construction in progress at June 30, 2023, includes \$114.6 million related to the construction of a patient and family housing facility and \$79.7 million of costs related to the construction of outpatient facilities. The total estimated cost of the patient and family housing facility is \$117 million and was substantially completed in calendar year 2023. The total estimated cost of the outpatient facilities is \$1 billion and is expected to be substantially complete in calendar year 2026.

5. EMPLOYEE RETIREMENT BENEFIT PLAN

The Hospital sponsors a defined contribution retirement annuity plan, generally covering all employees who have completed one year of service. The plan requires that the Hospital make annual contributions based on participants' base compensation and employment classification. The plan allows individuals to begin making contributions to the plan as a pretax deferral as soon as administratively feasible after the hire date. Hospital contributions are 50% vested after two years of service and 100% vested after three years of service. Employee contributions are 100% vested immediately. Total cash contributions by the Hospital to the plan were approximately \$38.5 million and \$32.4 million for the years ended June 30, 2023 and 2022, respectively.

6. ALSAC

The accompanying consolidated financial statements do not include the individual accounts of ALSAC. Because of the Hospital's relationship as ALSAC's sole beneficiary and the overall financial inter-relationship of the Hospital and ALSAC, the Hospital's interest in the net assets of ALSAC is reported in its statements of financial position, with corresponding changes in those net assets reported in a "quasi-equity method" in the statements of activities. A summary of the financial statements of ALSAC as of June 30, 2023 and 2022, and for the years then ended is as follows:

(In 000s)	2023	2022
Assets:		
Cash and investments	\$ 8,769,310	\$ 8,028,639
Other assets	<u>340,110</u>	<u>330,587</u>
Total assets	<u>\$ 9,109,420</u>	<u>\$ 8,359,226</u>
Total liabilities	<u>\$ 142,306</u>	<u>\$ 124,572</u>
Net assets:		
Without donor restrictions	\$ 7,674,244	\$ 6,995,147
With donor restrictions	<u>1,292,870</u>	<u>1,239,507</u>
Total net assets	<u>8,967,114</u>	<u>8,234,654</u>
Total liabilities and net assets	<u>9,109,420</u>	<u>8,359,226</u>
Revenues, gains, and other support	<u>2,952,081</u>	<u>2,029,302</u>
Expenses:		
Hospital support	1,367,277	1,083,765
Other program services	238,865	207,210
Supporting services	<u>613,518</u>	<u>543,212</u>
Total expenses	<u>2,219,660</u>	<u>1,834,187</u>
Gain from disposal of property and equipment	<u>39</u>	<u>72</u>
Changes in net assets	732,460	195,187
Net assets—beginning of year	<u>8,234,654</u>	<u>8,039,467</u>
Net assets—end of year	<u>\$ 8,967,114</u>	<u>\$ 8,234,654</u>

Investments—The composition of investments as of June 30, 2023 and 2022, is as follows:

(In 000s)	2023	2022
Global equity	\$ 3,206,604	\$ 2,356,571
Marketable alternative	1,969,662	2,252,243
Real assets	295,806	306,233
Private equity	1,887,197	1,821,437
Fixed income	891,749	769,381
Cash	<u>89,211</u>	<u>115,090</u>
 Total	 <u>\$ 8,340,229</u>	 <u>\$ 7,620,955</u>

The composition of net investment income (loss) for the years ended June 30, 2023 and 2022, is as follows:

(In 000s)	2023	2022
Net realized and unrealized investment gain (loss)	\$ 428,273	\$ (435,249)
Interest and dividend income	55,074	49,899
Investment expenses	<u>(4,051)</u>	<u>(2,242)</u>
 Net investment income (loss)	 <u>\$ 479,296</u>	 <u>\$ (387,592)</u>

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

The guidance enables the reader of the financial statements to assess the inputs used to develop those measurements by establishing a hierarchy for ranking the quality and reliability of the information used to determine fair values. The fair value of cash, receivables, accounts payable, accrued expenses, and annuity obligations approximate their carrying values. ALSAC considers the carrying amounts of all working capital to approximate fair value because of the short-term and/or nature of the instrument.

Investments with readily available actively quoted prices, or for which fair value can be measured from actively quoted prices, generally, will have a higher degree of market price observability and a lesser degree of judgment used in measuring fair value. In the absence of actively quoted prices and observable inputs, ALSAC estimates prices based on available historical data and near-term future pricing information that reflects its market assumptions.

The following describes the hierarchy of inputs used to measure fair value and the primary valuation methodologies used by ALSAC for investments measured at fair value on a recurring basis:

Level 1—Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities that the reporting entity can access at the measurement date.

Level 2—Inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

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

Net Asset Value (NAV)—For these assets, ASU No. 2015-07, *Fair Value Measurement—Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or Its Equivalent)*, eliminated the requirement that investments for which fair value is measured at NAV per share (or its equivalent) using the practical expedient be categorized in the fair value hierarchy.

Most investments classified within the NAV categories consist of the shares/units (or equivalent ownership interest in partner’s capital) in investment funds rather than direct ownership in the funds’ underlying assets.

The investments in investment funds (in partnership format) by major category as of June 30, 2023 and 2022, were fully funded and the fair value was as follows:

(In 000s)	2023			
	Level 1	Level 2	Net Asset Value	Total
Global equity	\$ 755,065	\$ -	\$ 2,451,539	\$ 3,206,604
Marketable alternative	5,340	-	1,964,322	1,969,662
Real assets	1,090	-	294,716	295,806
Private equity	-	-	1,887,197	1,887,197
Fixed income	726,440	165,309	-	891,749
Cash	<u>89,211</u>	<u>-</u>	<u>-</u>	<u>89,211</u>
Total	<u>\$ 1,577,146</u>	<u>\$ 165,309</u>	<u>\$ 6,597,774</u>	<u>\$ 8,340,229</u>

(In 000s)	2022			
	Level 1	Level 2	Net Asset Value	Total
Global equity	\$ 575,436	\$ -	\$ 1,781,135	\$ 2,356,571
Marketable alternative	6,861	-	2,245,382	2,252,243
Real assets	1,060	-	305,173	306,233
Private equity	-	-	1,821,437	1,821,437
Fixed income	607,469	161,912	-	769,381
Cash	<u>115,090</u>	<u>-</u>	<u>-</u>	<u>115,090</u>
Total	<u>\$ 1,305,916</u>	<u>\$ 161,912</u>	<u>\$ 6,153,127</u>	<u>\$ 7,620,955</u>

During the year ended June 30, 2023, six investments classified as NAV for \$426 million were terminated and the remaining balance of this investment as of June 30, 2023, was \$199 million. During the year ended June 30, 2022, three investments classified as NAV for \$689 million were terminated and the remaining balance of this investment as of June 30, 2022, was immaterial. There were no material transfers during the year ended June 30, 2023, and no material purchases or issuances of Level 3 investments during the years ended June 30, 2023 and 2022.

Private equity and private real assets do not have a readily determinable market value. Fair values are based on information provided by the fund managers along with audited financial information using either the market approach or an income approach, each of which requires a significant degree of judgment. There is no active trading market for these investments, and they are for the most part illiquid.

ALSAC uses fund NAV as a practical expedient to estimate the fair value of ALSAC ownership interest for funds which (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

The investments in investment funds (in partnership format) by major category as of June 30, 2023 and 2022, were as follows:

(In 000s)	2023	2022	Redemption Frequency	Redemption Notice Period
Global equity ^(a)	\$ 2,451,539	\$ 1,781,135	Daily, monthly, quarterly, greater than one year	0–60 days
Marketable alternatives ^(b)	1,964,322	2,245,382	Monthly, quarterly, annually greater than one year	30–180 days
Real assets ^(c)	294,716	305,173	Manager Initiated Distributions	N/A
Private equity ^(d)	<u>1,887,197</u>	<u>1,821,437</u>	Manager Initiated Distributions	N/A
Total	<u>\$ 6,597,774</u>	<u>\$ 6,153,127</u>		

For the Global equity and Marketable alternatives there is approximately \$210 million across 12 funds undergoing full redemption from which ALSAC receives regular distributions, as stated in the funds' liquidity terms, or through liquidation by fund managers of underlying, illiquid securities. Liquidation of approximately \$84 million, \$39 million, and \$9 million are expected to be completed within the next one, two, and three years, respectively. Illiquid balances expected to be distributed in the longer term remain from funds terminated in 2023 and prior years which total approximately \$78 million. There were no unfunded commitments related to investments valued at NAV in either 2023 or 2022.

Real assets and Private equity categories are invested in partnerships and illiquid. ALSAC is obligated under these investment contracts to periodically advance funding up to contractual levels. Such commitments were approximately \$1.0 billion and \$1.1 billion at June 30, 2023 and 2022, respectively.

^(a) Includes investments in global equity and long/short equity hedge funds. The long/short equity funds include short positions as well as long positions and use leverage. Managers in this allocation pursue diversified strategies covering multiple capitalizations, styles, and geographic focus. Some funds may be subject to lock-up provisions.

^(b) Includes hedge fund strategies such as hedged equity, multi-strategy, arbitrage, global macro, distressed securities, and open mandate strategies. Underlying investments are primarily liquid instruments and their derivatives in fixed income, asset-backed securities, currencies, trade claims, commodities, and equities. The funds include short positions as well as long positions and use leverage. It also includes side pockets (a separate share class) which are not available for redemption until the investment is liquidated by the managers.

^(c) Includes investments in a variety of real assets held in partnership funds. These assets include private real estate, real estate related debt and securities, oil and gas and other energy-related investments, timber, commodities, precious metals, and mining companies. The funds in this category do not permit redemptions.

^(d) Includes investments in venture capital, leverage buyouts, growth equity, and distressed investments. The funds in this category do not permit redemptions.

7. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions as of June 30, 2023 and 2022, are restricted for the following purposes:

(In 000s)	2023	2022
Endowments:		
Subject to spending policy and appropriation:		
Future needs of the hospital	\$ 732,457	\$ 694,808
Endowed chairs	382,500	363,539
Treatment and research	<u>38,189</u>	<u>37,754</u>
Total endowments	1,153,146	1,096,101
Subject to the passage of time	113,228	103,599
Net assets restricted to purpose	<u>26,496</u>	<u>39,807</u>
Total net assets with donor restrictions	<u>\$ 1,292,870</u>	<u>\$ 1,239,507</u>

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purpose or by occurrence of the passage of time or other events specified by the donors as follows for the years ended June 30, 2023 and 2022:

(In 000s)	2023	2022
Spending from donor-restricted endowment funds under an endowment spending policy	\$ 8,659	\$ 61,960
Expiration of split interest agreements	<u>18,532</u>	<u>4,276</u>
Total	<u>\$ 27,191</u>	<u>\$ 66,236</u>

8. NET ASSETS WITHOUT DONOR RESTRICTIONS

The composition of net assets without donor restrictions as of June 30, 2023 and 2022 is as follows:

(In 000s)	2023	2022
Cash and cash equivalents	\$ 409,366	\$ 386,384
Receivables	121,025	156,005
Investments	6,962,928	6,309,707
Inventories	16,555	18,797
Board-designated endowments	112,674	113,448
Board-designated self-insurance funding	3,340	3,235
Property and equipment—net	1,477,845	1,291,328
Deferred expenses and other assets	<u>225,202</u>	<u>76,418</u>
Total assets without donor restrictions	9,328,935	8,355,322
Liabilities	<u>(419,883)</u>	<u>(319,160)</u>
Net assets without donor restrictions	<u>\$ 8,909,052</u>	<u>\$ 8,036,162</u>

9. FINANCIAL INSTRUMENTS

The carrying amounts of all applicable asset and liability financial instruments reported in the consolidated statements of financial position approximate their estimated fair values due to their short-term nature, in all significant respects, as of June 30, 2023 and 2022.

10. SELF-INSURANCE PROGRAMS

The Hospital is self-insured for the following:

- Comprehensive general and professional liability coverage up to \$2 million per claim and \$6 million in the aggregate, with \$100 million of excess claims-made coverage above the self-insured retentions. The reserve for the estimated ultimate costs of both reported claims and claims incurred, but not reported was approximately \$2.8 million and \$2.7 million as of June 30, 2023 and 2022, respectively. The reserve is included in the consolidated statements of financial position as other long-term liabilities.
- Workers' compensation liabilities up to a specific retention of \$0.5 million, with excess coverage at statutory limits. The reserve for the estimated ultimate costs of both reported claims and claims incurred, but not reported was approximately \$1.2 million as of June 30, 2023 and 2022. The reserve is included in the consolidated statements of financial position as other long-term liabilities.
- Employee health coverage (medical and prescription drug) up to \$0.45 million per covered individual per year with no lifetime limit. The reserve for the estimated ultimate costs of both reported claims and claims incurred, but not reported, was approximately \$5.9 million and \$5.6 million as of June 30, 2023 and 2022, respectively. The reserve is included in the consolidated statements of financial position as employee health liability costs.

The Hospital also has substantial excess liability coverage available under the provisions of certain claims-made policies. To the extent that any claims-made coverage is not renewed or replaced with equivalent insurance, claims based on occurrences during the term of such coverage, but reported subsequently, would be uninsured. Management believes, based on incidents identified through the Hospital's incident reporting system, that any such claims would not have a material effect on the Hospital's consolidated statements of activities or financial position. In any event, management anticipates that the claims-made coverage currently in place will be renewed or replaced with equivalent insurance as the term of such coverage expires. Excess policies for professional liability coverage, workers' compensation coverage, and employee health coverage expire on May 1, 2024, January 1, 2025, and December 31, 2024, respectively.

11. LEASES

The Hospital leases real estate, equipment, and vehicles for use in operations. Lease terms typically range from 1 to 10 years, with various renewal options exercisable solely at the Hospital's discretion. ROU assets represent the Hospital's right to use an underlying asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The current portion of the lease liability is included in Accrued expenses and other liabilities, and the non-current portion is included in Other long-term liabilities in the consolidated statement of financial position. As most of the Hospital's leases do not provide an implicit rate, the risk-free rate is used in determining the present value of future payments.

Total lease costs presented in the accompanying consolidated statements of activities and statements of functional expenses as of June 30, 2023 are as follows:

	(In 000s)
Operating lease cost	\$ 5,881
Short-term lease cost	2,938
Sublease income	<u>(495)</u>
Total lease cost	<u>\$8,324</u>

Other information with respect to cash and noncash activities related to leases is as follows:

	(In 000s)
Cash paid for amounts included in the measurements of lease liabilities:	
Operating cash flows from operating leases	\$ 5,615
Supplemental non-cash information:	
ROU assets obtained in exchange for new operating lease liabilities	\$ 7,314
Weighted-average remaining lease term in years for operating leases	3.61
Weighted-average discount rate for operating leases	3.09 %

The following maturity analysis of the annual undiscounted cash flows reconciled to the carrying value of the operating lease liabilities as of June 30, 2023:

Years Ending June 30	(In 000s)
2024	\$ 6,275
2025	5,797
2026	4,996
2027	3,949
2028	415
Thereafter	<u>-</u>
Total undiscounted lease payments	21,432
Less: Imputed interest	<u>1,170</u>
Present value minimum lease payments	20,262
Less: Current portion	<u>5,746</u>
Noncurrent portion	<u>\$ 14,516</u>

The Hospital conducts its operations from leased property and facilities, which include certain land, administration facilities, three parking garages, patient care facilities, and research facilities. The term of the lease, which includes all new and existing land improvements and buildings and improvements, between the Hospital and ALSAC is 100 years, commencing December 31, 1998, and expiring December 31, 2098. This lease is classified as a finance lease by the Hospital.

An analysis of leased property under the Hospital's finance lease by major classes as of June 30, 2023 and 2022, is as follows:

(In 000s)	2023	2022
Land improvements	\$ 19,552	\$ 19,891
Buildings and improvements	<u>1,497,446</u>	<u>1,468,747</u>
	1,516,998	1,488,638
Less accumulated depreciation	<u>(812,981)</u>	<u>(762,149)</u>
Total	<u>\$ 704,017</u>	<u>\$ 726,489</u>

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

12. COMMITMENTS AND CONTINGENCIES

Claims and Litigation—The Hospital is involved in various claims and matters of litigation that arise in the normal course of business. Although the outcome of these proceedings and claims cannot be determined with certainty, the Hospital's management is of the opinion that the outcome will not have a material adverse effect on the consolidated financial statements.

Health Care Industry—The health care industry is subject to numerous laws and regulations of federal, state, and local governments. These laws and regulations include, but are not necessarily limited to, matters, such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare fraud and abuse. Recently, government activity has increased with respect to investigators and/or allegations concerning possible violations of fraud and abuse statutes and/or regulation by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in compliance with fraud and abuse statutes, as well as other applicable government laws and regulations.

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