

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

OMB No. 1545-0047

2023Open to Public
Inspection**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.		D Employer identification number 62-0646012	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 262 DANNY THOMAS PLACE		E Telephone number (888) 278-5833	
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105-3678		G Gross receipts \$ 2,011,010,826.	
	F Name and address of principal officer: JAMES R DOWNING SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes X No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL IS TO ADVANCE CURES, AND MEANS OF		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	36
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	7374
	6 Total number of volunteers (estimate if necessary)	6	396
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,514,862,066.	1,840,997,693.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	153,766,510.	126,053,527.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	919,411.	3,349,819.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,696,084.	39,452,878.
		1,707,244,071.	2,009,853,917.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	12,884,704.	5,299,920.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	769,429,557.	935,470,881.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	736,734,912.	831,907,622.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,519,049,173.	1,772,678,423.
19 Revenue less expenses. Subtract line 18 from line 12	188,194,898.	237,175,494.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,479,499,175.	11,651,284,051.
	22 Net assets or fund balances. Subtract line 21 from line 20	277,577,319.	328,077,153.
		10,201,921,856.	11,323,206,898.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	PAT KEEL, EVP & CFO & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN W. SADOFF, JR.	Preparer's signature <i>John W. Sadoff Jr.</i>	Date 5/6/2025	Check if self-employed <input type="checkbox"/>	PTIN P00540589
	Firm's name DELOITTE TAX LLP	Firm's EIN 86-1065772		Phone no. 714-436-7100	
	Firm's address 695 TOWN CENTER DRIVE, SUITE 1000 COSTA MESA, CA 92606				

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations 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 \$ 823,242,799. including grants of \$ 267,998.) (Revenue \$ 1,568,264.)
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 \$ 695,612,476. including grants of \$ 12,500.) (Revenue \$ 131,592,234.)
PATIENT CARE: THE HOSPITAL PROVIDED 17,449 INPATIENT DAYS OF CARE
DURING THE YEAR. OUR BONE MARROW TRANSPLANTATION PROGRAM ACCOUNTED FOR
3,187 OR 18% OF THOSE INPATIENT DAYS. PATIENTS MADE 72,606 CLINIC
REGISTRATIONS DURING THE YEAR.
- 4c** (Code:) (Expenses \$ 113,586,397. including grants of \$ 5,019,422.) (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 1,632,441,672.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4 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>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d 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>	11e 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>	11f 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>	12a 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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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>	14b 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>	15 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>	16 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	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b 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>	21 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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	1510
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 7374		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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>	3b		
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)?	4a		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?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		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?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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?	12a		
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?	13a		
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?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	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?	16		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?	17		
If "Yes," complete Form 6069.			

Form 990 (2023)

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	1a 36		
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	1b 34		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	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	9		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?	10a 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?	10b X	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 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	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 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	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 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	15a X	
b Other officers or key employees of the organization	15b 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?	16a	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?	16b	

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

Form 990 (2023)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES R. DOWNING PRESIDENT/CEO	55.00 1.00	X		X				2,368,582.	0.	65,608.
(2) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR	1.00 55.00	X						0.	1,295,514.	166,273.
(3) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	55.00 0.00			X				1,251,455.	0.	68,108.
(4) MICHAEL DYER CHAIR	55.00 0.00				X			1,163,148.	0.	74,225.
(5) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	55.00 0.00			X				1,078,877.	0.	126,952.
(6) JOSEPH P. TAYLOR EVP/SCIENTIFIC DIRECTOR	55.00 0.00			X				974,146.	0.	219,307.
(7) PATRICIA A. KEEL EVP, CAO & CFO	55.00 0.00			X				1,086,065.	0.	60,275.
(8) THOMAS E. MERCHANT CHAIR	55.00 0.00				X			1,068,890.	0.	76,725.
(9) ANDREW DAVIDOFF CHAIR	55.00 0.00				X			1,010,679.	0.	72,011.
(10) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	55.00 0.00			X				896,171.	0.	105,110.
(11) DAVID ELLISON CHAIR	55.00 0.00				X			897,273.	0.	50,526.
(12) AMAR GAJJAR CHAIR	55.00 0.00				X			868,746.	0.	56,898.
(13) JAMES I. MORGAN FORMER OFFICER	55.00 0.00					X		531,527.	0.	67,640.
(14) JOYCE A. 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) JOSEPH M. DEVIVO VOTING DIRECTOR (THRU 11/23)	4.00 4.00	X						0.	0.	0.
(23) LISA R. DILLER, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(24) JOSEPH E. EID, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(25) FRED P. GATTAS, III, PHARMD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(26) JUDY A. HABIB VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
1b Subtotal								13,195,559.	1,295,514.	1,209,658.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,195,559.	1,295,514.	1,209,658.

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

2,098

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 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? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3	X	
4	X	
5		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	126,497,574.
IMPACT ADVISORS, LLC P.O. BOX 379, NAPERVILLE, IL 60566-0379	CONSULTING SERVICES	18,529,403.
ACCENTURE, LLP 500 W. MADISON ST., CHICAGO, IL 60661-2592	CONSULTING SERVICES	18,124,550.
BELZ CONSTRUCTION SERVICES, LLC, 100 PEABODY PLACE, STE. 1400, MEMPHIS, TN	CONSTRUCTION COMPANY	7,760,202.
DELL MARKETING, LP P.O. BOX 534118, ATLANTA, GA 30353-4118	SOFTWARE SUPPORT	5,708,960.

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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2023)

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) GABRIEL G. HADDAD, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(28) CHARLES C. HAJJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(29) FOUAD A. HAJJAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(30) FREDERICK R. HARRIS, JR., MD VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
(31) J. DAVID KARAM, II VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(32) SCOTT A. KUPOR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(33) SHARON L. MCCOLLAM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(34) SAMIA MELHEM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(35) ROBERT T. MOLINET, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(36) NEELA M. MONTGOMERY VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(37) RAMZI N. NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(38) THOMAS J. 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) KATHRYNE G. REEVES VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(41) CAMILLE F. SARROUF, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(42) JOSEPH C. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(43) JOSEPH G. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(44) GEORGE A. SIMON, II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(45) MICHAEL C. SIMON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(46) TONY THOMAS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

(F)
Estimated
amount of
other
compensation
from the
organization
and related
organizations

0.

0.

Part VIII Statement of RevenueCheck 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	1,677,081,481.			
	e	Government grants (contributions)	1e	142,430,747.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	21,485,465.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		1,840,997,693.			
Program Service Revenue	2 a	PATIENT CARE	Business Code	621110	126,053,527.	126,053,527.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		126,053,527.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,640,711.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties			27,897,560.		27,897,560.
6 a		Gross rents	(i) Real	(ii) Personal			
b		Less: rental expenses ...					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)			709,108.	231,853.	477,255.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b		Less: direct expenses					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	CAFETERIA/VENDING	Business Code	722514	4,486,967.		4,486,967.
	b	CHGME/CHCA		900099	3,792,561.	3,792,561.	
	c	OTHER CONTRACT REVENUE		900099	1,175,000.	1,175,000.	
	d	All other revenue		900099	2,100,790.	1,907,557.	193,233.
	e	Total. Add lines 11a-11d			11,555,318.		
	12	Total revenue. See instructions			2,009,853,917.	133,160,498.	0.

Part IX Statement of Functional Expenses

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

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 ...	280,498.	280,498.		
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	5,019,422.	5,019,422.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,052,975.	4,637,382.	3,415,593.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	623,577.	623,577.		
7 Other salaries and wages	698,476,450.	641,864,466.	56,611,984.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,975,088.	40,290,926.	2,684,162.	
9 Other employee benefits	136,045,089.	126,882,709.	9,162,380.	
10 Payroll taxes	49,297,702.	45,962,249.	3,335,453.	
11 Fees for services (nonemployees):				
a Management	55,299,372.	49,563,104.	5,736,268.	
b Legal	2,684,595.	2,406,726.	277,869.	
c Accounting	244,262.	218,835.	25,427.	
d Lobbying	104,894.		104,894.	
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.)	193,397,089.	155,154,244.	38,242,845.	
12 Advertising and promotion	2,205,394.	1,977,125.	228,269.	
13 Office expenses	6,236,750.	5,843,476.	393,274.	
14 Information technology	123,306,795.	110,543,941.	12,762,854.	
15 Royalties				
16 Occupancy	56,652,467.	45,041,927.	11,610,540.	
17 Travel	27,121,786.	25,680,907.	1,440,879.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,997,103.	2,736,102.	1,261,001.	
20 Interest	55,189.	42,431.	12,758.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	120,365,142.	108,884,216.	11,480,926.	
23 Insurance	3,301,307.	2,257,184.	1,044,123.	
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 LABORATORY SUPPLIES	88,588,940.	87,181,104.	1,407,836.	
b PHARMACEUTICAL SUPPLIES	78,326,558.	77,081,809.	1,244,749.	
c TELEPHONE	2,303,334.	2,231,847.	71,487.	
d ALLOCATION ADJUSTMENTS	0.	33,115,082.	-33,115,082.	
e All other expenses	67,716,645.	56,920,383.	10,796,262.	
25 Total functional expenses. Add lines 1 through 24e	1,772,678,423.	1,632,441,672.	140,236,751.	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 SheetCheck 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	7,022,061.	1	3,420,283.
	2 Savings and temporary cash investments		2	7,374,875.
	3 Pledges and grants receivable, net	41,473,083.	3	50,967,811.
	4 Accounts receivable, net	26,214,195.	4	32,331,999.
	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	16,554,556.	8	17,213,755.
	9 Prepaid expenses and deferred charges	32,072,612.	9	35,628,569.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,832,353,193.		
	b Less: accumulated depreciation	10b 1,341,682,411.		
		1,236,092,088.	10c	1,490,670,782.
	11 Investments - publicly traded securities	3,315,585.	11	3,666,296.
	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	9,116,729,995.	15	10,009,984,681.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,479,499,175.	16	11,651,284,051.	
Liabilities	17 Accounts payable and accrued expenses	183,592,110.	17	209,211,393.
	18 Grants payable		18	
	19 Deferred revenue	8,991,108.	19	7,658,758.
	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	84,994,101.	25	111,207,002.
	26 Total liabilities. Add lines 17 through 25	277,577,319.	26	328,077,153.
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	8,909,051,856.	27	9,944,661,557.
	28 Net assets with donor restrictions	1,292,870,000.	28	1,378,545,341.
	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	10,201,921,856.	32	11,323,206,898.
	33 Total liabilities and net assets/fund balances	10,479,499,175.	33	11,651,284,051.

Form **990** (2023)

Part XI Reconciliation of Net AssetsCheck 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	2,009,853,917.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,772,678,423.
3	Revenue less expenses. Subtract line 2 from line 1	3	237,175,494.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,201,921,856.
5	Net unrealized gains (losses) on investments	5	7,382,719.
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	876,726,829.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,323,206,898.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form **990** (2023)

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

2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1094131374.	1130870648.	1236970064.	1514862066.	1840997693.	6817831845.
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	1094131374.	1130870648.	1236970064.	1514862066.	1840997693.	6817831845.
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.						6817831845.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1094131374.	1130870648.	1236970064.	1514862066.	1840997693.	6817831845.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	9,206,868.	7,628,043.	22,090,006.	29,913,745.	30,538,271.	99,376,933.
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.)	9,142,582.	6,485,751.	8,793,618.	9,981,926.	11,555,318.	45,959,195.
11 Total support. Add lines 7 through 10						6963167973.
12 Gross receipts from related activities, etc. (see instructions)					12	126,053,527.

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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.91	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.90	%
16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
1		
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? 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.		
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)? 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).		
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?		
1		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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? 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.			
2a			
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? 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.			
2b			
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? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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:

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

\$ 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

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.)

\$ 164,989 - GIFT SHOP

\$ 1,415,513 - OTHER REVENUE

\$ 9,981,926 - TOTAL OTHER INCOME

2023

\$ 4,486,967 - CAFETERIA/VENDING

\$ 3,792,561 - CHGME/CHCA

\$ 1,175,000 - OTHER CONTRACT REVENUE

\$ 2,100,790 - OTHER REVENUE

\$ 11,555,318 - TOTAL OTHER INCOME

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
INC.

Employer identification number

62-0646012

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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).

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

Schedule B (Form 990) (2023)

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		\$ 1,677,081,481.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

62-0646012

Part II

[illegible]

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

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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
----------------------	--	--------------------------------	------------

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) 2023

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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					

Schedule C (Form 990) 2023

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		50,584.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		46,182.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		8,128.
j Total. Add lines 1c through 1i			104,894.
2a Did the activities in line 1 cause the organization to not be 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 1A) VOLUNTEERS CONSISTED OF A ST. JUDE SURVIVOR AND FAMILY MEMBER

WHO PARTICIPATED IN THE CHA FAMILY ADVOCACY DAY; LINE 1B) ST. JUDE

EMPLOYS AN OFFICE OF GOVERNMENT AFFAIRS; LINE 1F) AMOUNT LISTED IS

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

PRORATED SALARY OF CHIEF GOVERNMENT AFFAIRS OFFICER AND STAFF PLUS

Part IV

Supplemental Information (continued)

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

FEES FOR DIRECT FEDERAL AND STATE LEGISLATIVE CONTACTS AS WELL AS

PROFESSIONAL DUES ATTRIBUTABLE TO LOBBYING FOR THE CHGME ADVOCACY

PROGRAM.

SCHEDULE D
(Form 990)

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

2023

Open to Public
Inspection

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

Employer identification number
62-0646012

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1265819894	1209550774	1329927343	1033682990	1055350944
b Contributions	11394005.	2,023,095.	9,150,000.	7,863,768.	5,491,426.
c Net investment earnings, gains, and losses	130976228.	70264947.	-59754448.	357550674.	34726892.
d Grants or scholarships					
e Other expenditures for facilities and programs	44658585.	16018922.	69772121.	69170089.	61886272.
f Administrative expenses					
g End of year balance	1363531542	1265819894	1209550774	1329927343	1033682990

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 8.7000 %

b Permanent endowment 91.3000 %

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:

(i) Unrelated organizations?

(ii) Related organizations?

	Yes	No
3a(i)		X
3a(ii)	X	
3b	X	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,928,827,464.	746,934,938.	1,181,892,526.
c Leasehold improvements		4,221,973.	1,359,018.	2,862,955.
d Equipment		872,956,123.	578,398,683.	294,557,440.
e Other		26,347,633.	14,989,772.	11,357,861.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,490,670,782.

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, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) INTEREST IN NET ASSETS OF AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC	9,843,840,829.
(2) OTHER ASSETS	140,382,966.
(3) RIGHT OF USE OPERATING ASSETS	25,760,886.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	10,009,984,681.

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE	2,054,180.
(3) SELF INSURANCE LIABILITY	3,479,738.
(4) WORKERS COMPENSATION	1,220,490.
(5) OWNER CONTROLLED INSURANCE PROGRAM	388,948.
(6) LONG TERM LEASE LIABILITY	18,134,261.
(7) TECH LICENSING DISTRIBUTIONS PAYABLE - NON CURRENT	3,639,431.
(8) DEFERRED COMPENSATION	82,289,954.
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	111,207,002.

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	1,131,206,641.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	7,382,717.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	791,051,488.
e	Add lines 2a through 2d	2e	798,434,205.
3	Subtract line 2e from line 1	3	332,772,436.
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	1,677,081,481.
c	Add lines 4a and 4b	4c	1,677,081,481.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,009,853,917.

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	1,772,678,423.
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	1,772,678,423.
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	1,772,678,423.

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, 2024, 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 2020 THROUGH 2022 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 791,051,488.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

NET SUPPORT RECEIVED FROM ALSAC 1,677,081,481.

**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

2023Open to Public
Inspection

Name of the organization

ST. JUDE CHILDREN'S RESEARCH HOSPITAL,
INC.

Employer identification number

62-0646012

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	3	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1470087.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	4595851.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	5	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	5059727.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	4935086.
NORTH AMERICA	0	1	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	1778995.
RUSSIA AND NEIGHBORING STATES	0	2	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	371,311.
SOUTH AMERICA	0	4	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	2312800.
SOUTH ASIA	0	4	PROGRAM SERVICES	RESEARCH / EDUCATION AND TRAINING	807,821.
3 a Subtotal	0	20			21331678
b Total from continuation sheets to Part I	0	0			5612788.
c Totals (add lines 3a and 3b)	0	20			26944466

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

Schedule F (Form 990) 2023

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	593,366.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		48,611.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		56,439.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		500,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		3150385.
NORTH AMERICA	0	0	GRANTMAKING		264,800.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		665,464.
SOUTH AMERICA	0	0	GRANTMAKING		160,142.
SOUTH ASIA	0	0	GRANTMAKING		51,870.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		121,711.
Totals					5612788.

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	FINANCIAL SUPPORT	500,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA	FINANCIAL SUPPORT	3102699.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		RUSSIA AND NEIGHBORING STATES	FINANCIAL SUPPORT	665,464.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		EAST ASIA AND THE PACIFIC	SPONSORSHIP	20,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		NORTH AMERICA	SPONSORSHIP	212,420.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SOUTH AMERICA	SPONSORSHIP	57,000.	ELECTRONIC FUND/WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA	SPONSORSHIP	15,000.	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 3

3 Enter total number of other organizations or entities 6

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	48,611.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	EAST ASIA AND THE PACIFIC	1	36,439.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	MIDDLE EAST AND NORTH AFRICA	1	47,686.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	NORTH AMERICA	1	52,380.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	SOUTH AMERICA	2	103,142.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	SOUTH ASIA	1	51,870.	ELECTRONIC FUND/WIRE TRANSFER	0.		
RESEARCH GRANT	SUB-SAHARAN AFRICA	2	106,711.	ELECTRONIC FUND/WIRE TRANSFER	0.		

Part IV Foreign Forms

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

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

2023

Open to Public
Inspection

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

Employer identification number
62-0646012

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</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		X
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
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)			144,401,964.	2,307,323.	142,094,641.	8.02%
b Medicaid (from Worksheet 3, column a)			215,871,558.	45,668,647.	170,202,911.	9.60%
c Costs of other means-tested government programs (from Worksheet 3, column b)			12,882,174.	2,385,756.	10,496,418.	.59%
d Total. Financial Assistance and Means-Tested Government Programs			373,155,696.	50,361,726.	322,793,970.	18.21%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			113,578,600.	263,700.	113,314,900.	6.39%
f Health professions education (from Worksheet 5)			26,730,091.	1,341,273.	25,388,818.	1.43%
g Subsidized health services (from Worksheet 6)			40,164,911.	0.	40,164,911.	2.27%
h Research (from Worksheet 7)			749,149,750.	185,125,100.	564,024,650.	31.82%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,853,081.	0.	4,853,081.	.27%
j Total. Other Benefits			934,476,433.	186,730,073.	747,746,360.	42.18%
k Total. Add lines 7d and 7j			1307632129.	237,091,799.	1070540330.	60.39%

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?	1	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	2	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	3	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: 20 21		
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	5	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	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	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): SEE PART V, SECTION C		
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	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): SEE PART V, SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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?	13	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?	14	X
15 Explained the method for applying for financial assistance?	15	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 their application		
b <input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their 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?	16	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): SEE PART V, SECTION C		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V, SECTION C		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V, SECTION C		
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)		

Schedule H (Form 990) 2023

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
<div>17</div> <div>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?</div>	X	
<div>18</div> <div>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:</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>Reporting to credit agency(ies)</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>Selling an individual's debt to another party</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>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</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Actions that require a legal or judicial process</div> </div> <div> <div>e</div> <div><input type="checkbox"/></div> <div>Other similar actions (describe in Section C)</div> </div> <div> <div>f</div> <div><input checked="" type="checkbox"/></div> <div>None of these actions or other similar actions were permitted</div> </div>		
<div>19</div> <div>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?</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged:</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>Reporting to credit agency(ies)</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>Selling an individual's debt to another party</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>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</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Actions that require a legal or judicial process</div> </div> <div> <div>e</div> <div><input type="checkbox"/></div> <div>Other similar actions (describe in Section C)</div> </div>		X
<div>20</div> <div>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):</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>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)</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>Processed incomplete and complete FAP applications (if not, describe in Section C)</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Made presumptive eligibility determinations (if not, describe in Section C)</div> </div> <div> <div>e</div> <div><input checked="" type="checkbox"/></div> <div>Other (describe in Section C)</div> </div> <div> <div>f</div> <div><input type="checkbox"/></div> <div>None of these efforts were made</div> </div>		

Policy Relating to Emergency Medical Care

<div>21</div> <div>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?</div> <div>If "No," indicate why:</div> <div> <div>a</div> <div><input type="checkbox"/></div> <div>The hospital facility did not provide care for any emergency medical conditions</div> </div> <div> <div>b</div> <div><input type="checkbox"/></div> <div>The hospital facility's policy was not in writing</div> </div> <div> <div>c</div> <div><input type="checkbox"/></div> <div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div> </div> <div> <div>d</div> <div><input type="checkbox"/></div> <div>Other (describe in Section C)</div> </div>	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

Schedule H (Form 990) 2023

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 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 2023 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:

- INITIATED THE PROCESS TO ACCEPT MEDICAID, WHICH WILL BE IMPORTANT FOR

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

- LAUNCHED REFERRALS FOR PATIENTS AND CAREGIVERS IN HEMATOLOGY CLINIC

IN FEBRUARY 2024.

STRATEGY 2. ENHANCE AND EXPAND AVAILABLE COMMUNITY MENTAL HEALTH

RESOURCES FOR PATIENTS AND CAREGIVERS BY LEVERAGING PARTNERSHIPS AND

COLLABORATIVE EFFORTS.

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 TAKEN:

- ST. JUDE OFFICE OF GOVERNMENT AFFAIRS CONTINUES TO ENGAGE AND

ADVOCATE WITH STATE-LEVEL PUBLIC POLICY MAKERS FOR INTERSTATE COMPACTS

THAT EXPAND MENTAL HEALTH PRACTICE (E.G., PSYPACT AND SOCIAL WORK

INTERSTATE COMPACTS.

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

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

COMMUNITY AND/OR ADULT CARE.

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

PATIENTS AFTER COMPLETION OF THERAPY.

ACTIONS TAKEN:

- SUCCESSFULLY IMPLEMENTED THE PATIENT TRANSITION GUIDE AND THE

PATIENT TRANSITION TAB IN THE HEALTH RECORD WITHIN THREE PRIMARY

ONCOLOGY CLINICS AS PART OF THE SUMMER 2024 PILOT.

- DEVELOPED AN INTRANET SITE WITH TRAINING MATERIALS AND ALL PATIENT

EDUCATION MATERIALS TOGETHER THAT INCREASED ACCESSIBILITY FOR

CLINICIANS.

- THE INSTITUTIONAL ROLLOUT OF STANDARDIZED TRANSITION PROCESSES

BEGAN.

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

AFFILIATES.

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

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.

DECISION TO ENROLL IN THERAPEUTIC CLINICAL TRIALS IN A PEDIATRIC CANCER

CLINICAL NETWORK).

ACTIONS TAKEN:

- ENROLLED APPROXIMATELY 175 PATIENTS IN THE U-DECIDE TRIAL.

- TWO AIMS OF THE STUDY ARE ENROLLING PATIENTS, THIRD AIM IS OPEN FOR

ENROLLMENT.

- VERBAL ADMINISTRATION OF SURVEY 1 REGARDING DEMOGRAPHICS TO 103 TRIAL

PARTICIPANTS.

- VERBAL ADMINISTRATION OF SURVEY 2 REGARDING DECISION MAKING

PREFERENCES TO 18 TRIAL PARTICIPANTS.

STRATEGY 2. CONTINUE TO IMPLEMENT OPERATIONAL STRATEGIES TO INCREASE

LOCAL ACCESS TO AND ENROLLMENT IN CLINICAL TRIALS AT THE AFFILIATE

LOCATIONS.

ACTIONS TAKEN:

- AFFILIATE PROVIDERS UTILIZING TOGETHER WEBSITE AS WELL AS THE ST.

JUDE CARE AND TREATMENT SITE FOR CLINICAL TRIALS AVAILABLE.

- ANNUAL AFFILIATE PHYSICIAN CONFERENCE HELD ON MARCH 22, 2024 FOCUSED

ON PATIENT ENROLLMENTS.

- ENHANCED CLINICAL OUTREACH AND EDUCATION COORDINATING COMMITTEE (COE)

TO AUGMENT EDUCATIONAL ACTIVITIES FOCUSED ON CLINICAL RESEARCH

AWARENESS AND PARTICIPATION.

- CREATED NEW VOTING MEMBER OF CLINICAL TRIAL SCIENTIFIC REVIEW

COMMITTEE.

- IMPROVED UNDERREPRESENTED POPULATIONS IN CLINICAL RESEARCH.

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.

- ESTABLISHED SUBCOMMITTEE OF THE CANCER CENTER ADVISORY COMMITTEE.

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 TWO ADDITIONAL SCHOOLS.

- PILOTED THE VIRTUAL STEMM ACADEMY IN ONE HIGH SCHOOL.

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:

- DEVELOPED AND IMPLEMENTED A LOCAL HPV VACCINATION ACTION PLAN FOR

MEMPHIS, SHELBY COUNTY WITH APPROXIMATELY 150 LOCAL MEMBERS.

- HOSTED 86 LEADERS ACROSS THE SOUTHEAST TO PRIORITIZE THREE EVIDENCE

BASED INTERVENTIONS.

STRATEGY 3. ENGAGE IN STRATEGIC IMPLEMENTATION OF EVIDENCE-BASED

INTERVENTIONS TO INCREASE HPV VACCINATION COVERAGE.

ACTIONS TAKEN:

- DEVELOPED AND DISSEMINATED COMMUNICATIONS AT THE NATIONAL AND LOCAL

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.

LEVEL FOCUSED ON HPV CANCERS.

- 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.

- ORGANIZED AND HOSTED A VARIETY OF SEMINARS AND CONFERENCES TO

EDUCATE AND RAISE AWARENESS OF HPV AND CANCER VACCINES.

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

INFECTIOUS DISEASES (HIV/AIDS) IN THE COMMUNITY.

STRATEGY 1. DEVELOP ONLINE EDUCATIONAL MODULES ON SICKLE CELL TESTING

AND GENETIC COUNSELING FOR TN DEPARTMENT OF HEALTH NURSES TO ENABLE

THEM TO COMPLETE THE TRAINING AT THEIR CONVENIENCE.

ACTIONS TAKEN:

- LAUNCHED ONLINE EDUCATIONAL MODULE, 31 WEST TENNESSEE RURAL HEALTH

DEPARTMENT NURSES COMPLETED TRAINING WITH INCREASES IN ASSESSMENT

SCORES.

- DISSEMINATED OF TRAIT MODULES AT ST. JUDE NURSING AND PSYCHOLOGY

SYMPOSIUM, BLACK NURSES ASSOCIATION CONFERENCE IN ATLANTA, GA, AND AT

THE ANNUAL SICKLE CELL AND THALASSEMIA CONFERENCE IN LONDON.

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.

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 TAKEN:

- IMPROVED MANAGEMENT OF SOCIAL MEDIA AND ACHIEVED INCREASES IN

FOLLOWERS ACROSS SOCIAL MEDIA CHANNELS.

- PRESENTED 4 TIMES ON HIV TO VARIOUS GROUPS IN SHELBY COUNTY WITH

EFFORTS COVERED BY THE DAILY MEMPHIAN.

- HOSTED TABLES AT 52 EVENTS AND MET WITH 15 COMMUNITY PARTNERS TO

SHARE INFORMATION ABOUT HIV PREVENTION AND TREATMENT PROGRAMS AT ST.

JUDE.

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:

- IMPLEMENTED A FRESH START WITH THE 18 MEMBER END HIV 901 COMMUNITY

ADVISORY BOARD (CAB) TO RE-ENGAGE SUBCOMMITTEES.

- CAB MEMBERS ATTENDED TECHNICAL ASSISTANCE TRAINING AS PART OF

MEMBERSHIP RESPONSIBILITIES.

- REINSTATED IN-PERSON CONNECT TO PROTEST (C2P) MEETING TO INCREASE

PRODUCTIVITY AND INPUT FROM THE COMMUNITY.

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.

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 TAKEN:

- CONTINUED CONTRACT WITH THE WORKS, INC. (TWI), A COMMUNITY

ORGANIZATION THAT ASSISTS WITH SECURING AFFORDABLE HOUSING AND SOCIAL
SERVICES.

- CONTINUED PARTNERSHIP WITH METROPOLITAN INTER-FAITH ASSOCIATION

(MIFA) TO ASSIST FAMILIES WITHIN AND BEYOND SHELBY COUNTY WITH

EMERGENCY RENT/MORTGAGE AND UTILITY PAYMENTS AND OTHER ASSISTANCE.

- CONTINUED PRO BONO REFERRAL RELATIONSHIP WITH NATIONAL LAW FIRM FOR

FAMILIES TO RECEIVE REPRESENTATION IN ISSUES LIKE CONSERVATORSHIPS,

INDIVIDUAL EDUCATION PLANS, DISABILITY BENEFITS, FORECLOSURE, ETC.

- IMPLEMENTED FORMAL ASSESSMENT OF DOMAINS OF FOOD SECURITY, FINANCIAL

SECURITY AND INCOME STABILITY IN THE PSYCHOSOCIAL ASSESSMENT AND

REASSESSMENT OF EVERY PATIENT.

- WORKED WITH THE CONGRESSIONAL COLORECTAL CANCER CAUCUS TO SPONSOR

LEGISLATION THAT WOULD INCORPORATE CHILDREN'S ONCOLOGY GROUP

RECOMMENDATIONS FOR EARLY DIAGNOSTIC SCREENING FOR CERTAIN SURVIVORS OF

CHILDHOOD CANCER INTO US PREVENTIVE SERVICES TASK FORCE GUIDELINES.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

AT THE FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

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.

ADOPTED IMPLEMENTATION STRATEGY IS AVAILABLE AT THE FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

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

BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS.

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

FOLLOWING URL:

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

ST. JUDE CHILDREN'S RESEARCH HOSPITAL:

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

STATEMENT

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

FINANCIAL ASSISTANCE POLICY

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

JUDE DOES NOT HAVE AN APPLICATION FORM.

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 \$10
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 AND SCIENTIFIC COMMUNITIES 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.

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

Part VI Supplemental Information (Continuation)

BROUGHT IN NEARLY 40 SUMMER STUDENTS FOR INTERNSHIPS IN BASIC SCIENCE OR
CLINICAL RESEARCH. THE RHODES COLLEGE SUMMER PLUS PROGRAM ACCEPTS 15
STUDENTS INTO ST. JUDE RESEARCH LABORATORIES FOR A PERIOD OF ONE SUMMER,
ONE ACADEMIC YEAR, AND A SECOND SUMMER. ST. JUDE EXPANDED THE AFTER SCHOOL
STEM CLUB TO 26 AREA SCHOOLS. 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 MEDICAL
STUDENTS ANNUALLY FOR PATIENT CARE SHADOWING AND ROTATION EXPERIENCES.
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.

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 VI Supplemental Information (Continuation)

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
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 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. ABOUT 16,000 NEW

CASES ARE EXPECTED TO OCCUR AMONG CHILDREN AND ADOLESCENTS AGES 0-19 IN

CALENDAR YEAR 2024 IN THE U.S. WITH OVER 400,000 GLOBALLY. 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 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.

Part VI Supplemental Information (Continuation)

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. 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 ACTIVE STUDIES, ASSESSING LATE EFFECTS OF CANCER
THERAPY ON PEDIATRIC CANCER SURVIVORS. INFORMATION FROM THESE STUDIES IS
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, ST. JUDE AFFILIATE NETWORK, AND THE
ST. JUDE GLOBAL PEDIATRIC MEDICINE PROGRAM. 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

Part VI Supplemental Information (Continuation)

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
(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

Part VI Supplemental Information (Continuation)

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
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.

Part VI Supplemental Information (Continuation)

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
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/AFFOR
DABLE-CARE-ACT.HTML](https://together.stjude.org/en-us/for-families/navigating-health-care/affordable-care-act.html). THIS ENSURES AN APPROPRIATE SAFETY NET SHOULD THE
FAMILY SEEK TREATMENT OUTSIDE OF ST. JUDE AND IT ALLOWS US TO BE GOOD
STEWARDS OF DONOR DOLLARS. WE UTILIZE AN OUTSIDE CONTRACTOR TO PROVIDE

Part VI Supplemental Information (Continuation)

APPLICATION ASSISTANCE.

THE HOSPITAL'S FINANCIAL ASSISTANCE STATEMENT

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

FINANCIAL ASSISTANCE POLICY

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

ON THE HOSPITAL'S WEBSITE AND AVAILABLE AT REGISTRATION. THE DOCUMENTS ARE

AVAILABLE IN ENGLISH AND SPANISH. FOR FAMILIES SPEAKING OTHER LANGUAGES,

WE UTILIZE ONSITE INTERPRETER SERVICES AND/OR PROFESSIONAL CONTRACTED

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. THROUGH ST. JUDE'S FOUNDING PHILOSOPHY THAT NO PATIENT

BE DENIED TREATMENT BASED ON RACE, ETHNICITY, RELIGION, OR A FAMILY'S

Part VI Supplemental Information (Continuation)

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 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.

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 300

MEDICAL INSTITUTIONS AND FOUNDATIONS IN MORE THAN 80 COUNTRIES. MEMBERS OF

Part VI Supplemental Information (Continuation)

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, EASTERN EUROPE 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 (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 \$1.68 BILLION IN FY24
TO SUPPORT ST. JUDE. FINDING CURES AND SAVING CHILDREN REMAINS AT THE
FOREFRONT OF ALL WE DO. WE CARE FOR THOUSANDS OF CHILDREN WITH CANCER AND
OTHER LIFE-THREATENING DISEASES. WE ARE FOCUSED ON ENSURING PATIENTS
RECEIVE THE TREATMENT THEY NEED, AND UNDERSTANDING THE SCIENTIFIC
FOUNDATION THROUGH BASIC AND TRANSLATIONAL RESEARCH, CLINICAL TRIALS, AND
POPULATION SCIENCE FOCUSED ON CATASTROPHIC CHILDHOOD DISEASES AND

Part VI Supplemental Information (Continuation)

SURVIVORSHIP.

ST. JUDE IS IN YEAR FOUR 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. IN 2023, ST. JUDE OPENED A NEW HOUSING COMPLEX AS WELL AS 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.

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 VERY RARE DISEASES. THE FACILITY, OPERATING ACCORDING TO APPROVED FDA STANDARDS, ALLOWS DOCTORS TO TAILOR TREATMENTS SPECIFICALLY FOR AN INDIVIDUAL CHILD.

ST. JUDE IS HOME TO A PROTON BEAN 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

Part VI Supplemental Information (Continuation)

IN A MORE INTEGRATED MANNER TO OUTPATIENTS AND ALLOWS RADIATION

ONCOLOGISTS TO LEAD THE DEVELOPMENT OF NEW TREATMENTS.

IN CALENDAR YEAR 2023, ST. JUDE FACULTY AND STAFF WERE FIRST, LAST,

SENIOR, OR CORRESPONDING ON 105 PUBLISHED SCIENTIFIC PAPERS WITH AN IMPACT

FACTOR GREATER THAN 10 (HIGH IMPACT PUBLICATIONS). THE ARTICLES FOCUSED ON

A BROAD SWATH OF BASIC AND CLINICAL RESEARCH. PRESS RELEASES 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 FINANCIAL SUPPORT WILL GROW TO \$100 MILLION

ANNUALLY BY 2024 TO FURTHER ENHANCE 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 INCREASE CURE RATES TO 60% OF

CHILDREN WITH SIX OF THE MOST COMMON CHILDHOOD CANCERS WORLDWIDE DURING

THE NEXT DECADE.

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.

TO HELP EXPAND RESEARCH AND CLINICAL CARE FOR ADULT SICKLE CELL PATIENTS

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

PROGRAMS IN THE COUNTRY, HAS COLLABORATED WITH METHODIST UNIVERSITY

Part VI Supplemental Information (Continuation)

HOSPITAL TO HELP YOUNG ADULTS, AGES 18 AND OLDER, MANY OF WHOM RECEIVED

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

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 WITH LIMITED ACCESS TO

HEMATOLOGY SERVICES.

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 PAPILLOMAVIRUS (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 THE

AFRICAN-AMERICAN COMMUNITY, ALTHOUGH OTHER ETHNIC GROUPS ARE ALSO SERVED,

INCLUDING ASIAN, CAUCASIAN AND HISPANIC.

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,

INCLUDING CANCER EDUCATION AT HOME/CLASSROOM KITS, ST. JUDE AFTERSCHOOL

STEM CLUBS, ST. JUDE COMMUNITY HEALTH CLUBS, BIOSTEM IN CANCER EDUCATION

COLLABORATIVE, VIRTUAL SCIENCE JOURNAL CLUBS, AND A HIGH SCHOOL AND COLLEGE

RESEARCH IMMERSION (HRSI) PROGRAM; PLUS OUR POST-SECONDARY PROGRAMS,

INCLUDING THE PEDIATRIC ONCOLOGY EDUCATION (POE) PROGRAM FOR UNDERGRADUATE

STUDENTS, ST. JUDE GRADUATE SCHOOL FOR MASTER'S AND PHD DEGREES; NURSING

EXTERNSHIP PROGRAMS FOR NEW NURSES; AND NUMEROUS POST-DOCTORAL AND

Part VI Supplemental Information (Continuation)

CLINICAL FELLOWSHIP OPPORTUNITIES.

FURTHERMORE, ST. JUDE PROVIDES ONLINE EDUCATION AND COLLABORATION

OPPORTUNITIES FOR CLINICAL AND PATIENT FAMILY EDUCATION. ST. JUDE GLOBAL

OFFERS A WEB SITE, CURE4KIDSTM (WWW.CURE4KIDS.ORG), TO HELP TRAIN CLINICAL

STAFF AROUND THE WORLD. THE TOGETHER WEBSITE (TOGETHER.STJUDE.ORG), A

PATIENT EDUCATION RESOURCE FOR ANYONE AFFECTED BY CHILDHOOD AND ADOLESCENT

CANCER AND OTHER CATASTROPHIC DISEASES IS 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 LISTENING EAR

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

2023

**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
CHURCH HEALTH 1350 CONCOURSE AVENUE, STE. 142 MEMPHIS, TN 38104	58-1716113	501(C)(3)	115,000.	0.			FINANCIAL SUPPORT
CHILDRENS HOSPITAL OF PHILADELPHIA 3401 CIVIC CENTER BLVD. PHILADELPHIA, PA 19104-4318	23-1352166	501(C)(3)	27,000.	0.			SPONSORSHIP
GORDON RESEARCH CONFERENCES 5586 POST ROAD, UNIT 2 EAST GREENWICH, RI 02818	26-0150662	501(C)(3)	20,000.	0.			SPONSORSHIP
BLUFF CITY MEDICAL SOCIETY P.O. BOX 17924 MEMPHIS, TN 38187	93-1746107	501(C)(3)	20,000.	0.			SPONSORSHIP
HPV CANCERS ALLIANCE P.O. BOX 230575 NEW YORK, NY 10023	84-1950434	501(C)(3)	13,000.	0.			SPONSORSHIP
THE UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP ST., STE. 500 MEMPHIS, TN 38163	62-1844686	GOVERNMENTAL ENTITY	10,000.	0.			SPONSORSHIP

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10.
- 3** Enter total number of other organizations listed in the line 1 table 10.

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL ONE HEALTHCARE FOUNDATION 877 JEFFERSON AVENUE MEMPHIS, TN 38120	58-1737037	501(C)(3)	8,000.	0.			SPONSORSHIP
INTERNATIONAL SOCIETY FOR EXPERIMENTAL HEMATOLOGY - P.O. BOX 778831 - CHICAGO, IL 60677-8831	23-7282003	501(C)(3)	7,500.	0.			SPONSORSHIP
NATIONAL CIVIL RIGHTS MUSEUM 450 MULBERRY ST. MEMPHIS, TN 38103-4214	58-1484027	501(C)(3)	6,300.	0.			SPONSORSHIP
INDIANA IMMUNIZATION COALITION, INC. - 6919 E. 10TH ST. #C-2 - INDIANAPOLIS, IN 46219	20-0484362	501(C)(3)	5,500.	0.			SPONSORSHIP

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

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

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

PART I, LINE 2:

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

**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

2023

Open to Public
Inspection

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

Employer identification number
62-0646012

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b X

2 X

4a X

4b X

4c X

5a X

5b X

6a X

6b X

7 X

8 X

9

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES R. DOWNING PRESIDENT/CEO	(i)	1,489,108.	45,250.	834,224.	36,300.	29,308.	2,434,190.	597,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RICHARD C. SHADYAC, JR. EX-OFFICIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,246,368.	0.	49,146.	140,480.	25,793.	1,461,787.	40,002.
(3) ELLIS NEUFELD EVP/CLINICAL DIRECTOR	(i)	924,653.	75,250.	251,552.	36,300.	31,808.	1,319,563.	229,738.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL DYER CHAIR	(i)	652,748.	110,250.	400,150.	36,300.	37,925.	1,237,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CHARLES M. ROBERTS EVP/DIRECTOR CANCER CENTER	(i)	978,926.	75,250.	24,701.	102,980.	23,972.	1,205,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSEPH P. TAYLOR EVP/SCIENTIFIC DIRECTOR	(i)	971,012.	250.	2,884.	196,352.	22,955.	1,193,453.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PATRICIA A. KEEL EVP, CAO & CFO	(i)	776,292.	300,250.	9,523.	36,300.	23,975.	1,146,340.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) THOMAS E. MERCHANT CHAIR	(i)	952,668.	250.	115,972.	36,300.	40,425.	1,145,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREW DAVIDOFF CHAIR	(i)	923,458.	250.	86,971.	36,300.	35,711.	1,082,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CARLOS RODRIGUEZ-GALINDO EVP/CHAIR	(i)	815,485.	75,250.	5,436.	91,784.	13,326.	1,001,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) DAVID ELLISON CHAIR	(i)	887,548.	250.	9,475.	36,300.	14,226.	947,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) AMAR GAJJAR CHAIR	(i)	783,717.	10,250.	74,779.	36,300.	20,598.	925,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) JAMES I. MORGAN FORMER OFFICER	(i)	523,763.	250.	7,514.	36,300.	31,340.	599,167.	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:

RICHARD C. SHADYAC, JR. \$40,002

JAMES R. DOWNING \$824,596

ELLIS NEUFELD \$241,921

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.

SCHEDULE J, PART II:

RICHARD C. SHADYAC, JR. SERVES AS AN EX-OFFICIO VOTING DIRECTOR OF THE

BOARD OF ST. JUDE. MR. SHADYAC IS EMPLOYED AS AN OFFICER OF ALSAC, A

RELATED ORGANIZATION TO ST. JUDE. THE COMPENSATION SHOWN IN COLUMNS

(B), (C), (D) AND (E) WAS PAID TO MR. SHADYAC BY ALSAC FOR HIS DUTIES

AS CEO OF ALSAC.

SCHEDULE L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

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

Employer identification number
62-0646012

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

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

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

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

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

Part II Loans to and/or From Interested Persons

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

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

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

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

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SUSANNA DOWNING	SEE PART V	116,164.	EMPLOYMENT		X
(2) MONDIRA KUNDU	SEE PART V	503,882.	EMPLOYMENT		X
(3) DIANE ROBERTS	SEE PART V	352,501.	EMPLOYMENT		X
(4) LYNN RODRIGUEZ	SEE PART V	143,784.	EMPLOYMENT		X
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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

(A) NAME OF INTERESTED PERSON: SUSANNA DOWNING

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF PRESIDENT AND CEO, JAMES R. DOWNING.

(C) AMOUNT OF TRANSACTION: \$116,164

(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: \$503,882

(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.

Part V **Supplemental Information**

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

(C) AMOUNT OF TRANSACTION: \$352,501

(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: \$143,784

(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

2023

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 MASTER'S AND DOCTORAL LEVELS ARE OFFERED THROUGH A WHOLLY

OWNED SUBSIDIARY, ST. JUDE CHILDREN'S RESEARCH HOSPITAL GRADUATE SCHOOL

OF BIOMEDICAL SCIENCES, LLC, TO EDUCATE AND TRAIN FUTURE GENERATIONS OF

BIOMEDICAL RESEARCHERS AND MEDICAL PROFESSIONALS SEEKING TO PROBE THE

MOLECULAR BASIS OF DISEASE, DEVELOP NOVEL 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.

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

Schedule O (Form 990) 2023

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

Employer identification number
62-0646012

BUSINESS RELATIONSHIP AMONG DIRECTORS: JOSEPH C. SHAKER AND JOSEPH G.
SHAKER.

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

IN THE FOURTH QUARTER OF THE FISCAL YEAR, THE AUDIT & COMPLIANCE COMMITTEE
ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES.
THE AUDIT & COMPLIANCE COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE
DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY, THE
COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE
COMPENSATION SECTIONS OF THE FORM 990, AND THE CONFLICT-OF-INTEREST
COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE
CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE
FINALIZED DOCUMENT IS FILED WITH THE IRS. EACH VOTING MEMBER OF THE BOARD
IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES
BEFORE IT IS FILED WITH THE IRS.

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

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

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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THE ORGANIZATION HAS A CHIEF COMPLIANCE OFFICER AND COMPLIANCE DEPARTMENT,
WHICH ADMINISTER THE CONFLICT-OF-INTEREST DISCLOSURE PROCESS FOR ALL
EMPLOYEES IN CLINICAL, RESEARCH, AND SELECT ADMINISTRATIVE DEPARTMENTS, AS
WELL AS EMPLOYEES IDENTIFIED AS SUPERVISORS OR WHO HAVE PURCHASING
AUTHORITY. ALL SUCH EMPLOYEES COMPLETE CONFLICT OF INTEREST TRAINING AND A
CONFLICT-OF-INTEREST DISCLOSURE ANNUALLY. DISCLOSURES IDENTIFIED AS AN
ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARE ADDRESSED BY THE COMPLIANCE
OFFICE WITH INVOLVEMENT OF THE INSTITUTIONAL CONFLICT-OF-INTEREST COMMITTEE
AS APPROPRIATE. DEPENDING ON THE FACTS AND CIRCUMSTANCES, THE ACTIVITY MAY
BE MANAGED PURSUANT TO A MANAGEMENT PLAN, OR PROHIBITED.

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

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

Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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FUNDRAISING ORGANIZATIONS AND RECEIVES A REPORT SUMMARIZING NATIONAL AND

REGIONAL MARKET DATA FOR COMPARABLE ORGANIZATIONS AND AN OPINION LETTER

RELATING TO THE REASONABLENESS OF EACH REVIEWED EMPLOYEE'S TOTAL

COMPENSATION AND BENEFITS. ADDITIONALLY, A SENIOR MEMBER OF THE CONSULTING

FIRM ATTENDS THE COMMITTEE'S MEETINGS AS NECESSARY TO PROVIDE INFORMATION

AND TO RESPOND TO QUESTIONS BY THE MEMBERS OF THE COMMITTEE. THE

COMMITTEE'S PROCESS IS INTENTIONALLY STRUCTURED TO QUALIFY FOR THE

REBUTTABLE PRESUMPTION UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE OF

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	122,165,249.
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MANAGEMENT AND GENERAL EXPENSES	32,956,571.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	155,121,820.
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REPAIRS & MAINTENANCE:

PROGRAM SERVICE EXPENSES	24,188,616.
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MANAGEMENT AND GENERAL EXPENSES	4,270,225.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	28,458,841.
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Name of the organization	ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.	Employer identification number 62-0646012
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PHYSICIAN FEES:

PROGRAM SERVICE EXPENSES	8,800,379.
MANAGEMENT AND GENERAL EXPENSES	1,016,049.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,816,428.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	193,397,089.

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

CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITHOUT DONOR RESTRICTIONS	791,051,488.
CHANGE IN INTEREST IN NET ASSETS OF ALSAC WITH DONOR RESTRICTIONS	85,675,341.
TOTAL TO FORM 990, PART XI, LINE 9	876,726,829.

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

2023

**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	BIOTHERAPEUTICS MANUFACTURER	TENNESSEE	1,183,446.	2,784,943.	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.	10,182.	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	462,328.	1,952,110.	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) 2023

(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	

(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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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.

[illegible]

Part VII Supplemental Information

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

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

OMB No. 1545-0047

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

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

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

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

Part I — Identification**Type or
Print**File by the
due date for
filing your
return. See
instructions.

Name of exempt organization, employer, or other filer, see instructions.

St. Jude Children's Research Hospital, Inc.

Taxpayer identification number (TIN)

62-0646012

Number, street, and room or suite no. If a P.O. box, see instructions.

262 Danny Thomas Place

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Memphis, TN 38105Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

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

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

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

Plan Name

Plan Number

Plan Year Ending (MM/DD/YYYY)

Part II — Automatic Extension of Time To File for Exempt Organizations (see instructions)The books are in the care of Julie Meyer, 262 Danny Thomas Place - Memphis, TN 38105Telephone 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, 20 25, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 ____ or☒ tax year beginning July 1, 20 23, and ending June 30, 20 24.

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	\$	<u>0</u>
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	\$	<u>0</u>
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	\$	<u>0</u>