

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1962</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>62-0646012</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>901-595-2339</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1962</u>		2b Employer Identification Number (EIN) <u>62-0646012</u>		2c Plan Sponsor's telephone number <u>901-595-2339</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>										
1c Effective date of plan <u>01/01/1962</u>											
2b Employer Identification Number (EIN) <u>62-0646012</u>											
2c Plan Sponsor's telephone number <u>901-595-2339</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL</u> <u>262 DANNY THOMAS PLACE</u> <u>MEMPHIS, TN 38105</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2022	DANA BOTTENFIELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2022	DANA BOTTENFIELD
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	8254
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	4898
a(2) Total number of active participants at the end of the plan year		6a(2)	5374
b Retired or separated participants receiving benefits.....		6b	0
c Other retired or separated participants entitled to future benefits		6c	3524
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	8898
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	37
f Total. Add lines 6d and 6e		6f	8935
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	8845
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	93
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2G 2L 2M 2T 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JUDE CHILDREN'S RESEARCH HOSPITAL	D Employer Identification Number (EIN) 62-0646012

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	405365	3900	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	125530230
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	187395478

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	123436847
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c	Additions: (1) Contributions deposited during the year	7c(1)	3903461	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	3618013	
	(4) Transferred from separate account.....	7c(4)	14610846	
	(5) Other (specify below)	7c(5)	106556	

▶ MISCELLANEOUS CREDITS, INCLUDING INVESTMENT GAINS AND TRANSFERS FROM FULLY ALLOCATED CONTRACTS

(6) Total additions	7c(6)	22238876
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	145675723
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	6600095	
	(2) Administration charge made by carrier.....	7e(2)	24181	
	(3) Transferred to separate account.....	7e(3)	13487256	
	(4) Other (specify below)	7e(4)	33961	

▶ MISCELLANEOUS DEBITS, INCLUDING INVESTMENT LOSSES AND TRANSFERS TO FULLY ALLOCATED CONTRACTS

(5) Total deductions	7e(5)	20145493
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	125530230
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Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 ST. JUDE CHILDREN'S RESEARCH HOSPITAL	D Employer Identification Number (EIN) 62-0646012	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

TIAA

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 17 27 28 38 50 52 54 64 66	NONE	528360	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. JUDE CHILDREN'S RESEARCH HOSPITAL</u>	D Employer Identification Number (EIN) <u>62-0646012</u>	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	108352	1079759
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	12361400	13824760
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	747467497	896200288
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	123436847	125530230
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	883374096 1036635037
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	883374096 1036635037

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	31699691
	(B) Participants	2a(1)(B)	33450341
	(C) Others (including rollovers).....	2a(1)(C)	5811724
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	70961756
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	23658
	(F) Other	2b(1)(F)	3618013
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3641671
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	31332564
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	31332564
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		2117745
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		85182883
c Other income.....	2c		1136235
d Total income. Add all income amounts in column (b) and enter total.....	2d		194372854
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	40396817	
(2) To insurance carriers for the provision of benefits.....	2e(2)	911319	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		41308136
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		2798
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	528360	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		528360
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		41839294
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		152533560
l Transfers of assets:			
(1) To this plan.....	2l(1)		727381
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

d The opinion of an independent qualified public accountant is **not attached** because:

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 82-2826183		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

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

Employer ID No.: 62-0646012

Plan No.: 002

Financial Statements as of December 31, 2021 and 2020,
and for the Year Ended December 31, 2021, Supplemental
Schedule as of December 31, 2021, and
Independent Auditor's Report

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

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

Independent Auditor's Report

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

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

We were engaged to perform an audit of the financial statements of St. Jude Children's Research Hospital Defined Contribution Retirement Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion

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

Basis for Disclaimer of Opinion

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

As described in Note 2 to the financial statements, the Plan has excluded from investments in the accompanying statement of net assets available for benefits, certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements. The effects of these excluded contracts and custodial accounts and the related income and distributions are not reasonably determinable.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. Further, the Plan has not maintained sufficient accounting records and supporting documents relating to certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying 2020 financial statements may have been affected by these conditions.

The Plan has excluded from investments in the 2020 financial statements certain contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income and distributions related to such accounts have also been excluded from the 2020 financial statements. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the 2020 financial statements. The effect of these excluded contracts and custodial accounts and the related income and distributions are not reasonably determinable.

In our report dated July 29, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

Other Matter — Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Deloitte + Touche LLP

August 1, 2022

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2021 AND 2020

	2021	2020
ASSETS:		
Participant-directed investments—at fair value	\$1,035,555,278	\$ 883,265,744
Notes receivable from participants	<u>1,082,557</u>	<u>108,352</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$1,036,637,835</u>	<u>\$ 883,374,096</u>

See notes to financial statements.

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2021

ADDITIONS:

Contributions:

Employer contributions	\$ 31,699,691
Participant contributions	33,450,341
Rollover contributions	<u>5,811,724</u>

Total contributions	<u>70,961,756</u>
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Investment income:

Net appreciation in fair value of investments	87,296,463
Interest and dividends	<u>34,954,742</u>

Net Investment income	<u>122,251,205</u>
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Interest income on notes receivable from participants	<u>23,658</u>
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Other additions	<u>1,136,235</u>
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DEDUCTIONS:

Benefits paid to participants	(39,704,710)
Annuity settlements	(911,319)
Other deductions	<u>(1,220,467)</u>

Total deductions	<u>(41,836,496)</u>
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INCREASE IN NET ASSETS BEFORE PLAN TRANSFERS	152,536,358
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TRANSFER FROM OTHER ST. JUDE SPONSORED PLAN	<u>727,381</u>
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INCREASE IN NET ASSETS	153,263,739
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NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>883,374,096</u>
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End of year	<u><u>\$ 1,036,637,835</u></u>
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ST. JUDE CHILDREN'S RESEARCH HOSPITAL DEFINED CONTRIBUTION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2021 AND 2020, AND FOR THE YEAR ENDED DECEMBER 31, 2021

1. PLAN DESCRIPTION

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

General—The Plan is a defined contribution plan that operates under Section 403(b) of the Internal Revenue Code (IRC). The Plan went into effect on January 1, 1962. St. Jude Children's Research Hospital is the Plan sponsor and the Plan administrator. Teachers Insurance and Annuity Association (TIAA) is the recordkeeper and asset custodian. TIAA also acts as agent for TIAA, FSB, an asset custodian of certain Plan assets as of December 31, 2021 and 2020 and for the year ended December 31, 2021. The Plan is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

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

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

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

- Faculty—11% of base compensation
- Nonfaculty—7% of base compensation
- Closed group—9% of base compensation

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

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

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

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

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

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

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

At December 31, 2021 and 2020, participants had outstanding Plan loan balances due to TIAA of approximately \$1,978,000 and \$2,992,000, respectively. During 2021, five loans went into default in the amount of \$23,616.

Notes Receivable from Participants—As of December 1, 2020, participants may borrow from their accounts a minimum of \$1,000 up to a maximum of the lesser of one-half of the vested account balance or \$50,000. The loans are subject to a loan origination fee and an annual administration fee that benefit the Plan. The loans are secured by an assignment of a participant's vested interest in the Plan, and bear interest at the Wall Street Journal Prime Rate + 1%. Principal and interest are paid through ACH bank transfers. Loan terms range from 1 to 5 years; however, terms may be up to 10 years for the purchase of a primary residence. At December 31, 2021, notes receivable mature through 2031 and have an interest rate of 4.25%.

Payment of Benefits—On termination of service, the available forms of payment of benefits in the Plan will depend on the investment alternatives that were selected by the participant. Forms of distribution may include single-life annuity, survivor annuity, minimum distribution, TIAA interest-only payments, fixed-period annuity, cash withdrawal, and repurchase. These forms of payment are described in detail in each funding vehicle's prospectus. Effective January 1, 2020 per IRC regulations, the participant's age for minimum required distributions increased from 70 ½ to 72.

Payment of benefits to participants is recorded upon distribution. As of December 31, 2021 and 2020, there were no amounts allocated to accounts of persons who have elected to withdraw from the Plan that had not yet been paid.

Annuity Benefits—Distributions are made through the Plan to purchase individual annuity contracts for certain participants. During the year ended December 31, 2021, approximately \$911,000 was paid to purchase allocated annuity contracts. These contracts are not included in Plan assets.

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

At December 31, 2021 and 2020, forfeited nonvested accounts totaled approximately \$170,000 and \$47,000 respectively. These accounts will be used to reduce future Hospital contributions. During the year ended December 31, 2021, Hospital contributions were reduced by approximately \$7,000 from forfeited nonvested accounts.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

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

CARES Act—On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. The CARES Act provides immediate and temporary relief for retirement plan sponsors and their participants respective to employer contributions, distributions, and loans.

Utilization of the provisions included within the CARES Act are optional and may be effective and operationalized immediately, prior to amending the Plan document. The Plan has elected to implement the CARES Act provisions related to distributions and loans and will amend the Plan document by December 31, 2022.

Investment Valuation and Income Recognition—The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales of securities are recorded on an effective date basis. Interest on fixed rate contracts is recorded as earned on the accrual basis. Dividends are recorded on an effective date basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as, held during the year.

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

Administrative Expenses—Administrative expenses of the Plan are paid by either the Plan or the Plan sponsor, as provided in the Plan document. All investment management and transaction fees directly related to the Plan investments are paid by the Plan. Management fees and operating expenses charged to the Plan for all investments are deducted from income earned daily and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments. Administrative expenses for the year ended December 31, 2021 were approximately \$57,000.

Transfers—Along with the Plan, the Hospital also sponsors a salary deferral plan. On June 1, 2011, the Hospital froze the salary deferral plan to new employee deferrals. The employees could elect to transfer a portion or all their account balance into the Plan. For the year ended December 31, 2021, Plan transfers received from the salary deferral plan were \$727,381.

Excess Contributions Payable—The Plan is required to return contributions received during the Plan year in excess of IRC limitations.

Subsequent Events—Subsequent events were evaluated through August 1, 2022, the date the financial statements were available to be issued.

3. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of December 31, 2021 and 2020, and for the year ended December 31, 2021, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by TIAA, as an asset custodian of certain Plan assets as of December 31, 2021 and 2020 and for the year ended December 31, 2021, and as agent for TIAA, FSB, an asset custodian of certain Plan assets as of December 31, 2021 and 2020 and for the year ended December 31, 2021, and furnished to the Plan administrator. The Plan administrator has obtained certifications from TIAA that the following information is complete and accurate.

	2021	2020
Statements of net assets available for benefits— investments at fair value:		
Variable annuity accounts	\$ 199,745,401	\$ 176,350,128
Mutual funds	696,454,887	571,117,369
Traditional annuity	75,942,275	78,622,681
Stable value	49,324,890	44,556,251
Plan loan default fund	263,065	257,915
Pooled separate account	13,824,760	12,361,400
Participant loan fund	1,082,557	108,352
Statement of changes in net assets available for benefits—investment income:		
Net appreciation in fair value of investments	87,296,463	
Interest and dividends	34,954,742	
Interest income on notes receivable from participants	23,658	

Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year) as of December 31, 2021.

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

4. FAIR VALUE MEASUREMENTS

U.S. GAAP provides a framework for measuring fair value. The framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market, but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—The following are descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments. There have been no changes in the methodologies used at December 31, 2021 and 2020.

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

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

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

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

TIAA Stable Value—Investments in the TIAA stable value contract are measured at contract value, which approximates fair value. The contract value equals the accumulated cash contributions, interest credited, and transfers in, if any, less withdrawals and transfers out, if any. As these investments are contract based, observable prices for identical or similar investments do not exist and, accordingly, these investments are valued using unobservable inputs (Level 3). See also Note 6 for discussion of the TIAA stable value.

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

The summary of the Plan's investments measured at fair value on a recurring basis, set forth by level within the fair value hierarchy, at December 31, 2021 and 2020, is as follows:

	Fair Value Measurements as of December 31, 2021, Using			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2021 Total
Variable annuity accounts:				
Domestic equity funds	\$ 67,325,980	\$ -	\$ -	\$ 67,325,980
Domestic and international equity funds	106,174,947	-	-	106,174,947
Fixed-income funds	7,194,063	-	-	7,194,063
Multi-asset fund	11,626,332	-	-	11,626,332
Money market fund	<u>7,424,079</u>	<u>-</u>	<u>-</u>	<u>7,424,079</u>
Total variable annuity accounts	<u>199,745,401</u>	<u>-</u>	<u>-</u>	<u>199,745,401</u>
Pooled separate account—real estate fund	<u>13,824,760</u>	<u>-</u>	<u>-</u>	<u>13,824,760</u>
Mutual funds:				
Domestic equity funds	114,489,631	-	-	114,489,631
Domestic and international equity funds	155,976,244	-	-	155,976,244
International equity funds	40,336,897	-	-	40,336,897
Balanced funds	331,093,611	-	-	331,093,611
Fixed-income funds	42,717,298	-	-	42,717,298
Money market fund	<u>12,104,271</u>	<u>-</u>	<u>-</u>	<u>12,104,271</u>
Total mutual funds	<u>696,717,952</u>	<u>-</u>	<u>-</u>	<u>696,717,952</u>
Traditional annuity	-	-	75,942,275	75,942,275
Stable value	<u>-</u>	<u>-</u>	<u>49,324,890</u>	<u>49,324,890</u>
Total investments	<u>\$910,288,113</u>	<u>\$ -</u>	<u>\$125,267,165</u>	<u>\$ 1,035,555,278</u>

Fair Value Measurements as of December 31, 2020, Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	2020 Total
Variable annuity accounts:				
Domestic equity funds	\$ 56,396,096	\$ -	\$ -	\$ 56,396,096
Domestic and international equity funds	93,662,334	-	-	93,662,334
Fixed-income funds	7,091,818	-	-	7,091,818
Multi-asset fund	10,781,665	-	-	10,781,665
Money market fund	8,418,215	-	-	8,418,215
Total variable annuity accounts	176,350,128	-	-	176,350,128
Pooled separate account—real estate fund	12,361,400	-	-	12,361,400
Mutual funds:				
Domestic equity funds	87,645,841	-	-	87,645,841
Domestic and international equity funds	131,634,058	-	-	131,634,058
International equity funds	21,599,677	-	-	21,599,677
Balanced funds	275,915,328	-	-	275,915,328
Fixed-income funds	41,875,854	-	-	41,875,854
Money market fund	12,704,526	-	-	12,704,526
Total mutual funds	571,375,284	-	-	571,375,284
Traditional annuity	-	-	78,622,681	78,622,681
Stable value	-	-	44,556,251	44,556,251
Total investments	\$760,086,812	\$ -	\$123,178,932	\$883,265,744

Transfers between Levels—We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2021 and 2020, there were no transfers between levels.

The following table presents the fair value measurements using significant unobservable inputs (Level 3) for purchases, issuances, sales, or settlements for the year ended December 31, 2021.

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)			
	Traditional Annuity	Stable Value	Total
Purchases, issuances, sales, or settlements:			
Purchases	\$ 113,873	\$ 3,903,466	\$ 4,017,339
Sales	(4,486,011)	(2,082,257)	(6,568,268)
Total purchases, issuances, sales, or settlements:	\$ (4,372,138)	\$ 1,821,209	\$ (2,550,929)

The following table presents a reconciliation of the beginning and ending balances of the fair value measurements using significant unobservable inputs (Level 3) for the year ended December 31, 2020.

	Fair Value Measurements Using Significant Unobservable Inputs (Level 3)		
	Traditional Annuity	Stable Value	Total
Beginning balance—January 1, 2020	\$ 76,325,308	\$ 36,505,125	\$ 112,830,433
Total gains or losses included in changes in net assets	3,060,219	923,494	3,983,713
Transfers from other plans	1,635,385	5,774,956	7,410,341
Purchases, issuances, sales, or settlements:			
Purchases	115,344	4,210,453	4,325,797
Sales	(2,513,575)	(2,857,777)	(5,371,352)
Ending balance—December 31, 2020	<u>\$ 78,622,681</u>	<u>\$ 44,556,251</u>	<u>\$ 123,178,932</u>

5. INVESTMENT CONTRACT—TIAA TRADITIONAL ANNUITY

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

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

Together, the guaranteed minimum and additional amounts make up the crediting interest rate. For accumulating RA and GRA contracts, the crediting interest rate was 3.58% and 4.08% as of December 31, 2021 and 2020, respectively.

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

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (a) amendments to the Plan documents, including complete or partial Plan

termination or merger with another plan, or (b) bankruptcy of the Plan sponsor or other events of the Plan sponsor, e.g., divestitures of a subsidiary, which cause a significant withdrawal from the Plan. Plan management believes that the occurrence of events that would cause the Plan to transact at less than contract value is not probable.

6. INVESTMENT CONTRACT—TIAA STABLE VALUE

The TIAA stable value is a fixed rate group annuity contract issued by TIAA. Contributions are deposited into a non-unitized separate account. The contract provides a guaranteed minimum rate of interest between 1% and 3%. The actual interest rate as of December 31, 2021 was 1.00%. Although the liability to provide contract guarantees and accumulations is backed by the assets in the separate account, any amount to be credited above the minimum guaranteed rate is determined by TIAA. Contract holders and Plan participants do not participate in, and do not receive the earnings of, the assets in the separate account. All guarantees are based upon TIAA's claims-paying ability.

Interest earned during the accumulation phase of the contract is included in the statement of changes in net assets available for benefits, Interest and dividends.

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

7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

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

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

Amounts held in the revenue credit account were approximately \$221,000 and \$260,000 at December 31, 2021 and 2020, respectively.

8. PLAN TERMINATION

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

9. FEDERAL INCOME TAX STATUS

The Plan has been designed to qualify under Section 403(b) of the IRC. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The Plan administrator intends to apply for a determination letter on the Plan once the IRS opens such a program. The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for Plan participants under Section 403(b). The Plan administrator believes that the Plan is currently designed and operating in accordance with the applicable requirements of Section 403(b) of the IRC and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

For the year ended December 31, 2021, the following is a reconciliation of notes receivable from participants per the financial statements to the Form 5500:

Notes receivable from participants per the financial statements	\$ 1,082,557
Less deemed distributions	<u>2,798</u>
Total notes receivable from participants per the Form 5500	<u>\$ 1,079,759</u>

For the year ended December 31, 2021, the following is a reconciliation of the increase in net assets available for benefits before plan transfers per the financial statements to net income per the Form 5500:

Increase in net assets before plan transfers	\$ 152,536,358
Less deemed distributions	<u>2,798</u>
Net income per the Form 5500	<u>\$ 152,533,560</u>

* * * * *

SUPPLEMENTAL SCHEDULE

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

EMPLOYER ID NO.: 62-0646012

PLAN NO.: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2021

(a) (b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
* Teachers Insurance and Annuity Association	TIAA—Plan Loan Default Fund	**	\$ 263,065
* Teachers Insurance and Annuity Association	TIAA—Traditional Annuity Funds	**	75,942,275
* Teachers Insurance and Annuity Association	TIAA—Stable Value Fund	**	49,324,890
* Teachers Insurance and Annuity Association	TIAA—Real Estate Account (QREARX)	**	13,824,760
* College Retirement Equities Fund (CREF)	CREF Stock Account R2 (QCSTPX)	**	82,915,952
* College Retirement Equities Fund (CREF)	CREF Money Market Account R2 (QCMPMPX)	**	7,424,079
* College Retirement Equities Fund (CREF)	CREF Social Choice Account R2 (QCSCPX)	**	11,626,332
* College Retirement Equities Fund (CREF)	CREF Bond Market Account R2 (QCBMPX)	**	2,305,992
* College Retirement Equities Fund (CREF)	CREF Global Equities Account R2 (QCGLPX)	**	23,258,995
* College Retirement Equities Fund (CREF)	CREF Growth Account R2 (QCGRPX)	**	17,218,530
* College Retirement Equities Fund (CREF)	CREF Equity Index Account R2 (QCEQPX)	**	23,932,767
* College Retirement Equities Fund (CREF)	CREF Inflation-Linked Bond Account R2 (QCILPX)	**	4,888,071
American Fund	American Funds New Perspective Fund Class R6 (RNPGX)	**	115,836,495
Dimensional Fund Advisors	DFA U.S. Small Cap Portfolio Institutional (DFSTX)	**	15,046,403
John Hancock	John Hancock Funds Disciplined Value Fund Class R6 (JDVWX)	**	26,819,925
MainStay	MainStay Winslow Large Cap Growth Fund Class R6 (MLRSX)	**	26,174,683
MFS Investment Management	MFS Institutional International Equity (MIEIX)	**	12,997,519
PGIM	PGIM Total Return Bond R6 (PTRQX)	**	21,952,759
Vanguard	Vanguard Federal Money Market Fund (VMFXX)	**	11,841,206
Vanguard	Vanguard Inflation-Protected Securities Fund Institutional (VIPIX)	**	13,319,824
Vanguard	Vanguard Institutional Index Fund Institutional (VINIX)	**	68,612,896
Vanguard	Vanguard Short-Term Bond Index Fund Institutional (VBITX)	**	11,532,123
Vanguard	Vanguard Institutional Target Retirement 2015 Fund Inst (VITVX)	**	5,651,940
Vanguard	Vanguard Institutional Target Retirement 2020 Fund Inst (VITWX)	**	19,852,266
Vanguard	Vanguard Institutional Target Retirement 2025 Fund Inst (VRIVX)	**	38,266,922
Vanguard	Vanguard Institutional Target Retirement 2030 Fund Inst (VTTWX)	**	42,904,281
Vanguard	Vanguard Institutional Target Retirement 2035 Fund Inst (VITFX)	**	43,473,901
Vanguard	Vanguard Institutional Target Retirement 2040 Fund Inst (VIRSX)	**	57,385,237
Vanguard	Vanguard Institutional Target Retirement 2045 Fund Inst (VITLX)	**	55,943,958

(Continued)

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

EMPLOYER ID NO.: 62-0646012

PLAN NO.: 002

FORM 5500, SCHEDULE H, PART IV, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2021

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Cost	(e) Current Value
	Vanguard	Vanguard Institutional Target Retirement 2050 Fund Inst (VTRLX)	**	\$ 39,017,023
	Vanguard	Vanguard Institutional Target Retirement 2055 Fund Inst (VIVLX)	**	18,412,032
	Vanguard	Vanguard Institutional Target Retirement 2060 Fund Inst (VILVX)	**	3,894,644
	Vanguard	Vanguard Institutional Target Retirement 2065 Fund Inst (VSXFX)	**	617,370
	Vanguard	Vanguard Institutional Target Retirement Income Fund Inst (VITRX)	**	5,674,037
	Vanguard	Vanguard Total International Stock Index Fund Inst (VTSNX)	**	27,339,378
	Vanguard	Vanguard Total Bond Market Index Fund Admiral (VBT LX)	**	9,232,415
	Vanguard	Vanguard Extended Market Index Fund Institutional (VIEIX)	**	30,830,333
	* Various participants	Participant loans (maturing 2022-2031 at an interest rate of 4.25%)	**	1,079,759
	* Various participants	Participant loans deemed distributed (maturing 2024-2025 at an interest rate of 4.25%)	**	<u>2,798</u>
	* Indicates party in interest to the Plan.			<u>\$ 1,036,637,835</u>

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

See accompanying independent auditor's report.

(Concluded)

Plan Name	St. Jude Children's Research Hospital Defined Contribution Retirement Plan
Plan Sponsor EIN	St. Jude Children's Research Hospital
ERISA Plan #	002
Plan Year Ending	December 31, 2021

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

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

Plan Name	St. Jude Children's Research Hospital Defined Contribution Retirement Plan
Plan Sponsor EIN	St. Jude Children's Research Hospital
ERISA Plan #	002
Plan Year Ending	December 31, 2021

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

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