

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER EMPLOYEE SAVINGS 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>01/01/1961</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1961</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1961</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>CHILDREN'S HOSPITAL MEDICAL CENTER</u> <u>3333 BURNET AVENUE, MLC 4900</u> <u>CINCINNATI, OH 45229</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0833936</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-636-8778</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0833936</u>	2c Plan Sponsor's telephone number <u>513-636-8778</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-0833936</u>					
2c Plan Sponsor's telephone number <u>513-636-8778</u>					
2d Business code (see instructions) <u>622000</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.	09/03/2021	AMANDA VONDERHAAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2020)
v. 200204

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	20025
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)	13825
a(2) Total number of active participants at the end of the plan year		6a(2)	14446
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	7047
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	21493
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	14
f Total. Add lines 6d and 6e		6f	21507
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	21105
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	8
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 2R 2T			
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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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 _____

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936	

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	405933	2115	01/01/2020	12/31/2020

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

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	194016180
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	190570849

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	182266638
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c	Additions: (1) Contributions deposited during the year	7c(1)	5391936	
	(2) Dividends and credits.....	7c(2)		
	(3) Interest credited during the year.....	7c(3)	6950670	
	(4) Transferred from separate account.....	7c(4)	15578782	
	(5) Other (specify below)	7c(5)	192597	

▶ MISCELLANEOUS CREDITS

(6) Total additions	7c(6)	28113985
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	210380623
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	5988482	
	(2) Administration charge made by carrier.....	7e(2)		
	(3) Transferred to separate account.....	7e(3)	10372762	
	(4) Other (specify below)	7e(4)	3199	

▶ MISCELLANEOUS DEBITS

(5) Total deductions	7e(5)	16364443
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	194016180
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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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936	

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-TEACHERS INSURANCE AND ANNUITY
13-1624203

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

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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)

TEACHERS INSURANCE & ANNUITY ASSOC.

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?
28 50 51	NONE	692236	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:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning	01/01/2020	and ending	12/31/2020
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A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN)	002
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	TIAA REAL ESTATE
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b Name of sponsor of entity listed in (a):	TIAA-CREF
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c EIN-PN	13-1624203-004	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	8687393
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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)	
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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)	
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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)	
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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)	
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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)	
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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
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
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>		
A Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER EMPLOYEE SAVINGS 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>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9360810	8687393
(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)	971664698	1186394572
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	182266638	194016180
(15) Other.....	1c(15)	17447053	17725518

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1180739199	1406823663

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1180739199	1406823663
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	26706149	
(B) Participants	2a(1)(B)	64939852	
(C) Others (including rollovers).....	2a(1)(C)	10621652	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		102267653
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)		
(F) Other	2b(1)(F)	6950670	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6950670
(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)	22298981	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		22298981
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-78068
(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)		148588166
c Other income	2c		1992859
d Total income. Add all income amounts in column (b) and enter total.....	2d		282020261

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	54511991	
(2) To insurance carriers for the provision of benefits	2e(2)	735250	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		55247241
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	688556	
(3) Investment advisory and management fees	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		688556
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		55935797

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		226084464
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(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: **BKD, LLP**

(2) EIN: **44-0160260**

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		9000000
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 _____.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER EMPLOYEE SAVINGS PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER		D Employer Identification Number (EIN) 31-0833936
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
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): 13-1624203 51-6559589		
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 0
b Enter the amount contributed by the employer to the plan for this plan year		6b 0
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) 2020 v. 200204		

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

0

- 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 _____

Children's Hospital Medical Center Employee Savings Plan

Financial Statements As of and For the Years Ended December 31,
2020 and 2019 and Supplemental Schedule As of December 31, 2020
and Independent Auditor's Report

**Children's Hospital Medical Center
Employee Savings Plan**

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Independent Auditor's Report

Plan Administrator
Children's Hospital Medical Center Employee Savings Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Children's Hospital Medical Center Employee Savings Plan, which comprise the statements of net assets available for plan benefits as of December 31, 2020 and 2019, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting our audits in accordance with auditing standards generally accepted in the United States of America. Because of the matters described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF) together, TIAA and CREF, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that TIAA and CREF and their directed custodian, TIAA, FSB, hold these investment assets and execute investment transactions. The Plan Administrator has obtained certifications from TIAA and CREF as of and for the years ended December 31, 2020 and 2019, that the information provided to the Plan Administrator is complete and accurate.

As described in Note 2(a), the Plan has excluded from investments in the accompanying statements of net assets available for plan benefits certain annuity 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 statements of changes in net assets available for plan benefits. The amount of these excluded annuity and custodial accounts and the related income and distributions is not determinable. 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.

Disclaimer of Opinion

Because of the significance of the matters described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule listed in the table of contents is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974*.

BKD, LLP

Cincinnati, Ohio
July 28, 2021

Federal Employer Identification Number: 44-0160260

**Children's Hospital Medical Center
Employee Savings Plan**

Statements of Net Assets Available for Plan Benefits
As of December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
PARTICIPANT-DIRECTED CASH EQUIVALENTS AND INVESTMENTS, at fair value – See Note 3	\$1,331,137,353	\$1,112,307,272
INVESTMENT CONTRACTS – BENEFIT RESPONSIVE, at contract value	<u>75,686,310</u>	<u>68,431,927</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$1,406,823,663</u>	<u>\$1,180,739,199</u>

See accompanying notes to financial statements.

**Children's Hospital Medical Center
Employee Savings Plan**

Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
EMPLOYER CONTRIBUTIONS	\$ 26,706,149	\$ 25,269,609
EMPLOYEE CONTRIBUTIONS	64,939,852	60,418,094
ROLLOVER CONTRIBUTIONS	10,621,652	13,558,668
INVESTMENT INCOME:		
Interest income	888,646	874,060
Dividend income	22,462,854	21,662,409
Net appreciation in fair value of investments	156,401,108	167,892,330
	<u>179,752,608</u>	<u>190,428,799</u>
ADMINISTRATION FEES	(688,556)	(591,221)
DISTRIBUTIONS TO PARTICIPANTS	<u>(55,247,241)</u>	<u>(43,902,028)</u>
INCREASE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	226,084,464	245,181,921
NET ASSETS AVAILABLE FOR PLAN BENEFITS, beginning of year	<u>1,180,739,199</u>	<u>935,557,278</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS, end of year	<u><u>\$1,406,823,663</u></u>	<u><u>\$1,180,739,199</u></u>

See accompanying notes to financial statements.

Children's Hospital Medical Center Employee Savings Plan

Notes to Financial Statements
December 31, 2020 and 2019

(1) Plan Description

The following description of the Children's Hospital Medical Center Employee Savings Plan (the Plan) is provided for general informational purposes only. Participants should refer to the Plan document for a complete description of the Plan.

- (a) General – Children's Hospital Medical Center (Cincinnati Children's) established the Plan effective January 1, 1958. The Plan is a defined contribution plan for qualifying participants of Cincinnati Children's, subject to the limitations of the Internal Revenue Code and the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In 2020, the Plan was amended and restated to include all previous amendments, in an IRS pre-approved format, effective as of January 1, 2010.
- (b) Administration – Cincinnati Children's is the sponsor of the Plan and responsible for general administration of the Plan. Teachers Insurance and Annuity Association of America (TIAA) serves as the issuer of the TIAA Traditional Annuity contract, and College Retirement Equities Fund (CREF) serves as the issuer of the CREF variable annuities held by the Plan. TIAA is the recordkeeper of the Plan. TIAA, FSB serves as the Plan Custodian. The Plan Administrator, through its recordkeeper, establishes and maintains an account for each participant.
- (c) Contributions – Participants may elect to make voluntary pre-tax deferrals of employee eligible compensation. New and re-hired employees are automatically enrolled in the Plan for voluntary deferrals at a rate of three percent of eligible compensation. Payroll deductions commence sixty days after hire and are automatically invested in an age-appropriate lifecycle fund. During the sixty-day period before automatic enrollment, employees can choose to opt out of the Plan. If an employee opts out of the Plan after the sixty-day period, the employee has ninety days from the date of the first contribution to withdraw from the Plan and request a refund of all withholdings. Participants may change their investment allocations and contribution rate at any time. Participants may also make contributions to the Plan in the form of a rollover of funds from another qualified plan.

The Plan requires non-elective employer contributions in the amount of ten percent of eligible compensation to certain qualifying participant accounts. Qualified participants must attain the age of twenty-one, qualify as an employee (as defined in the plan document), and complete at least 1,000 hours of service each year.

- (d) Participant Accounts and Investment Options – Individual accounts are maintained for each Plan participant. Each participant's account is credited with the Cincinnati Children's non-elective contribution, elective employee contributions, and an allocation of the Plan's earnings and losses. Allocations are based on 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. Participants may elect to direct the investment of their account in one or all of the investment options offered by the Plan. The Plan offers a self-directed brokerage account feature where participants may direct their investments through a trustee sponsored brokerage account.
- (e) Vesting – Participants are immediately fully vested in their elective and rollover contributions and any net earnings or losses thereon. Vesting in the Cincinnati Children's contribution portion of participants' accounts, plus net earnings or losses thereon, is based on years of service. Participants are fully vested in their employer contributed benefits after three years of credited service or upon death or disability.

**Children's Hospital Medical Center
Employee Savings Plan**

Notes to Financial Statements
December 31, 2020 and 2019

- (f) Payment of Benefits – Distributions are payable upon retirement, death, disability, or termination of employment, as defined by the Plan document. A participant may elect withdrawals while employed upon reaching the age of 59 ½ for elective employee contributions. Plan benefits are primarily paid in a lump sum payment.
- (g) Hardship Withdrawals – Participants may request that a portion of their elective contributions account be distributed in the case of severe financial hardship, as defined in the plan document. TIAA must approve any such hardship withdrawals.
- (h) Forfeitures – Non-vested portions of a participant's account are forfeited after five consecutive years following an employee's termination or immediately upon distribution. Forfeitures may be used to offset future Cincinnati Children's contributions or to pay plan expenses. In 2020 and 2019, there were \$45,988 and \$64,939 of employer contributions offset with forfeitures, respectively. There were no forfeitures during 2020 and \$107,692 of forfeitures during 2019. Forfeitures held in the Plan at December 31, 2020 and 2019 were \$8 and \$45,729, respectively. Benefit payments to participants are recorded upon distribution. There were no amounts payable to terminated participants as of December 31, 2020 and 2019.
- (i) Termination – Although it has not expressed any intent to do so, Cincinnati Children's has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of Plan termination, the participants become fully vested in their accounts.

(2) Summary of Significant Accounting Policies –

- (a) Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (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. As such, the Plan has excluded from investments in the accompanying Statements of Net Assets Available for Plan 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 Statements of Changes in Net Assets Available for Plan 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 on the financial statements are not reasonably determinable.

- (b) Investment Valuation and Income Recognition – The majority of the Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices, which represent the net asset value (NAV) of shares held by the Plan at year-end. The fully benefit responsive investment contracts are recorded at contract value.

**Children's Hospital Medical Center
Employee Savings Plan**

Notes to Financial Statements
December 31, 2020 and 2019

The fair values of accumulated units held by the Plan in CREF Variable Annuity accounts and the TIAA Real Estate Account are based on each account's daily NAV. Daily NAV is the best approximation of fair value, as it is based on the estimated fair value of the underlying net assets.

The TIAA Traditional Annuity has a non-benefit responsive contract (non-benefit responsive investment contract) and a fully benefit responsive contract of the TIAA Traditional Annuity (fully benefit responsive investment contract). The TIAA Traditional Annuity is a guaranteed fixed annuity through a contract with TIAA, an insurance company. Participants who choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity make contributions that 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 rate of interest, are guaranteed by TIAA's claims paying ability. The TIAA Traditional Annuity also provides an opportunity for participants to receive additional amounts, which the TIAA Board of Trustees may declare and are determinable each year.

Participants in the non-benefit responsive investment contract can withdraw their investment over a seven-to-ten-year period from the date of election. Participants in the fully benefit responsive investment contract have no redemption restrictions. The non-benefit responsive TIAA Traditional Annuity is recorded based on discounted cash flows which is an approximation of fair value. The fully benefit responsive TIAA Traditional Annuity is recorded at contract value. There are no limitations on the ability of the TIAA Traditional Annuities to transact at fair value.

Purchases and sales of securities are reflected on a trade-date basis. Interest income is recorded as earned on an accrual basis, and dividend income is recorded on the ex-dividend date.

The net appreciation or depreciation in the fair value of the Plan's investments is presented in the Statements of Changes in Net Assets Available for Plan Benefits. This line consists of the realized gains or losses and unrealized appreciation or depreciation on those investments.

- (c) Management Fees – A portion of the management fees and operating expenses charged to the Plan for certain investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, a portion of the management fees and operating expenses are reflected as a reduction of investment return for such assets. Other administrative fees were paid directly from the Plan in 2020 and 2019.

Certain administrative functions are performed by employees of Cincinnati Children's at no cost to the Plan.

- (d) Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for plan benefits as of the date of the financial statements and the reported amounts of changes in net assets available for plan benefits during the reporting period and in the accompanying notes to the financial statements. Actual results could differ from those estimates.
- (e) Risks and Uncertainties – The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 and such changes could materially affect the amounts

**Children's Hospital Medical Center
Employee Savings Plan**

Notes to Financial Statements
December 31, 2020 and 2019

reported in the financial statements. As a result of the COVID-19 pandemic, economic uncertainties have arisen which have resulted in significant volatility in the investment markets. The duration of these uncertainties and the ultimate financial effects cannot be reasonably estimated at this time.

(3) Fair Value Measurements and Disclosures –

The Plan accounts for its assets under ASC 820 Fair Value Measurements (ASC 820). ASC 820 defines fair value as 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. ASC 820 establishes a fair value hierarchy that categorizes into three levels the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs) as described below:

Level 1 – Quoted prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the assets or liabilities, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (i.e., interest rates, yield curves, etc.), and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs that reflect management's determination of assumptions that market participants would use in pricing the asset or liability. These inputs are developed based on the best information available.

The following describes the valuation methods and assumptions used by the Plan to estimate the fair values of the investments:

Mutual Funds – Mutual funds are valued using quoted prices listed on nationally recognized securities exchanges (Level 1 inputs).

CREF Variable Accounts – The fair values of accumulation units held by the Plan in CREF accounts (registered investment companies) are based on each account's daily net asset value (NAV), which is the best approximation of fair value. CREF accounts are not exchange traded and are classified within Level 2 of the fair value hierarchy. NAV data is available daily to Plan administrators and client investors on TIAA and CREF's website and provides sufficient corroborative evidence to ascertain the relationship between each fund's NAV and the values of individual underlying holdings. Underlying holdings are primarily valued using market quotations or prices obtained from independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in these accounts.

TIAA Real Estate Account – The fair value of the Plan's interest in the TIAA Real Estate Account (a pooled separate account) is based on the fund's daily NAV, which is considered by Plan management to be the best approximation of fair value. This investment is classified within Level 2 of the fair value hierarchy. The unit value of the fund is calculated daily and available to Plan administrators and client investors on TIAA and CREF's website. Underlying holdings are primarily valued using independent appraisals or independent pricing sources. There are no unfunded commitments from participants in the Plan who invest in this account.

**Children's Hospital Medical Center
Employee Savings Plan**

Notes to Financial Statements
December 31, 2020 and 2019

TIAA Traditional Annuity – Non-benefit Responsive – Investments in TIAA Traditional Annuity contracts are reported at estimated fair value based on discounted cash flows. The contract value of the TIAA Traditional Annuity equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The TIAA Traditional Annuity is not available for sale or transfer on any securities exchange. Accordingly, transactions in similar investment instruments are not observable, and the investments are valued using unobservable inputs (Level 3). While transactions involving the purchases/sales of individual TIAA Traditional contracts are not observable in a public marketplace, contract value is an approximation of fair value.

The Plan's policy is to recognize transfers in and transfers out as of the actual date of the event or change in circumstances that caused the transfer. For the years ended December 31, 2020 and 2019, there were no transfers in or out of Levels 1, 2 or 3.

The Plan's Level 3 investments are investments in guaranteed insurance contracts. These investments are classified as Level 2 or Level 3 based on time restrictions for redemption. An investment is classified as Level 2 if it can be liquidated in 90 days or less, otherwise it is classified as a Level 3 investment.

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments on December 31, 2020.

	Level 1	Level 2	Level 3	Total
Cash Equivalents	\$ 17,351,416	\$ -	\$ -	\$ 17,351,416
Mutual Funds:				
Equity	231,926,453	-	-	231,926,453
Lifecycle	645,049,923	-	-	645,049,923
Bond	44,731,799	-	-	44,731,799
International Equity	59,262,825	-	-	59,262,825
Multi-Alternative	730,617	-	-	730,617
Variable Annuities:				
Equity	-	187,302,745	-	187,302,745
Bond	-	13,423,450	-	13,423,450
Money Market	-	4,340,863	-	4,340,863
Real Estate Pooled				
Separate Account	-	8,687,393	-	8,687,393
Guaranteed Insurance				
Contract	-	-	118,329,869	118,329,869
	<u>\$999,053,033</u>	<u>\$213,754,451</u>	<u>\$118,329,869</u>	<u>\$1,331,137,353</u>

**Children's Hospital Medical Center
Employee Savings Plan**

Notes to Financial Statements
December 31, 2020 and 2019

The table below includes the major categorization for debt and equity securities on the basis of the nature and risk of the investments on December 31, 2019.

	Level 1	Level 2	Level 3	Total
Cash Equivalents	\$ 10,535,428	\$ -	\$ -	\$ 10,535,428
Mutual Funds:				
Equity	185,548,083	-	-	185,548,083
Lifecycle	529,912,233	-	-	529,912,233
Bond	35,261,247	-	-	35,261,247
International Equity	46,622,794	-	-	46,622,794
Multi-Alternative	2,467,185	-	-	2,467,185
Variable Annuities:				
Equity	-	165,368,556	-	165,368,556
Bond	-	10,506,835	-	10,506,835
Money Market	-	2,889,390	-	2,889,390
Real Estate Pooled				
Separate Account	-	9,360,810	-	9,360,810
Guaranteed Insurance				
Contract	-	-	113,834,711	113,834,711
	<u>\$810,346,970</u>	<u>\$188,125,591</u>	<u>\$113,834,711</u>	<u>\$1,112,307,272</u>

Activity, transfers into and out of Level 3 and the reasons for those transfers are as follows:

	Guaranteed Insurance Contracts
2019	
Purchases	\$3,253,796
Issues	-
Transfers into Level 3	-
Transfers out of Level 3	-
2020	
Purchases	2,635,435
Issues	-
Transfers into Level 3	-
Transfers out of Level 3	-

The valuation methods as described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 different fair value measurements at the reporting date.

**Children's Hospital Medical Center
Employee Savings Plan**

Notes to Financial Statements
December 31, 2020 and 2019

The Plan utilizes its custodian's external pricing service to estimate the fair value of the underlying investments held in the Plan. Cincinnati Children's receives the custodian's System and Organization Controls' report. The custodian uses multiple pricing vendors for the assets held in trust.

(4) Tax Status –

The Plan operates under a volume submitter agreement in connection with a volume submitter plan document sponsored by Document Agility, Inc. This volume submitter plan document has obtained an opinion letter from the IRS stating that the volume submitter satisfies the requirements under Section 403(b) of the Internal Revenue Code. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and not subject to tax.

(5) Information Certified by the Custodian –

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, TIAA and CREF have certified the following information included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2020 and 2019.
- Investment income as shown in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2020 and 2019.
- Investment information included in the accompanying Schedule of Assets Held at End of Year as of December 31, 2020.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(6) Exempt Party-In-Interest Transactions –

Plan investments include units of a mutual fund, variable annuities, a pooled separate account and investment contracts managed by TIAA and CREF affiliated entities. TIAA, FSB and TIAA and CREF are the asset custodian and the benefit payment administrator, respectively, as defined by the Plan document and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid for by the Plan for the investment management services are included as a reduction of the return earned on each fund.

(7) Subsequent Events –

Subsequent events have been evaluated through July 28, 2021, which is the date the financial statements were available to be issued.

On March 31, 2021, the Plan adopted an amendment to take into consideration certain provisions of the SECURE Act for qualified birth and adoption distributions (QBADS). This amendment only applies to voluntary employee contributions and is not applicable to employer contributions. Formal approval of the amendment is not yet complete as Cincinnati Children's is waiting on guidance from the IRS on necessary

**Children's Hospital Medical Center
Employee Savings Plan**

Notes to Financial Statements
December 31, 2020 and 2019

provisions, yet, is expected to be formally approved in 2021. This amendment has no effect on the Plan activity at December 31, 2020.

Supplemental Schedule

**Children's Hospital Medical Center
Employee Savings Plan**

Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of
December 31, 2020

<u>Ending Unit Balance</u>	<u>Identity of Issuer/Description of Investment</u>	<u>Ending Market Value</u>	<u>Ending Cost Value</u>
Mutual Funds, Pooled Separate Account, Insurance Contracts and Variable Annuities			
-	*TIAA Traditional Non-Benefit Responsive	\$ 118,329,869	\$ 109,284,846
120,642.09	*CREF Stock R2	79,654,883	53,922,577
163,156.59	*CREF Money Market R2	4,340,863	4,293,149
25,057.14	*CREF Social Choice R2	7,746,245	5,814,314
65,315.27	*CREF Bond Market R2	9,387,032	8,241,854
80,928.04	*CREF Global Equities R2	20,185,338	13,253,334
94,662.48	*CREF Growth R2	31,674,330	17,740,454
76,022.23	*CREF Equity Index R2	24,874,299	16,384,703
50,765.14	*CREF Inflation-Linked Bond R2	4,020,467	3,653,102
19,892.29	*TIAA Real Estate	8,687,393	8,330,552
936,416.72	*TIAA-CREF Social Ch Eq-Inst	23,045,215	17,749,603
257,753.96	AF EuroPacific Growth R5	17,844,307	14,036,264
419,197.63	DFA Emerging Mark CorEqPort I	10,173,927	9,080,301
1,551,241.55	PGIM Total Return Bond Z	23,408,235	22,332,863
451,110.32	Vanguard Extended Mkt Idx Inst	56,271,501	36,288,925
15,702,452.71	Vanguard Federal Money Mkt Inv	15,702,453	15,702,457
270,979.80	Vanguard Inst Idx Inst	89,821,676	62,783,737
220,641.89	Vanguard Ttl Intl Stk Idx Inst	28,637,111	25,494,975
1,627,786.59	Vanguard Ttl Bd Mkt Idx Inst	18,914,880	18,010,170
497,582.69	MFS Value Fund Class R6	22,301,656	18,585,690
542,825.70	Vanguard Inst Tg Rtm 2015 Inst	13,331,799	11,095,955
1,663,222.10	Vanguard Inst Tg Rtm 2020 Inst	43,659,580	35,175,613
2,552,695.90	Vanguard Inst Tg Rtm 2025 Inst	70,071,503	54,061,240
3,287,778.10	Vanguard Inst Tg Rtm 2030 Inst	92,485,198	69,585,996
3,411,773.26	Vanguard Inst Tg Rtm 2035 Inst	98,020,246	71,857,947
4,041,407.18	Vanguard Inst Tg Rtm 2040 Inst	118,615,301	84,528,226
3,205,074.08	Vanguard Inst Tg Rtm 2045 Inst	95,799,664	69,510,030
2,190,664.98	Vanguard Inst Tg Rtm 2050 Inst	65,654,229	49,410,658
1,175,887.72	Vanguard Inst Tg Rtm 2055 Inst	35,335,426	27,204,423
369,811.15	Vanguard Inst Tg Rtm 2060 Inst	11,146,108	9,105,302
347,420.40	Vanguard Inst Tg Rtm Inc Inst	8,452,738	7,370,640
33,739.36	Vanguard Inst Tg Rtm 2065 Inst	930,869	780,829
46,153.20	Goldman Sachs Sml Cp Val Inst	2,564,733	2,333,980
256,615.44	Harbor Capital Appreciatn Inst	26,744,461	20,842,398
201,965.95	T Rowe Price QM US Sm CpGrwEqI	9,672,149	7,455,224
45,251.21	JPMorgan Mid Cap Value Fund R6	1,670,675	1,639,592
151,863.62	MassMutual Sel MdCpGr Eq II R5	4,235,476	3,512,664
17,725,518.17	*TIAA-CREF Self Directed Acct	17,725,518	17,725,518
	Cash Equivalents and Investments	1,331,137,353	1,024,180,105
-	*TIAA Traditional Benefit Responsive	75,686,310	67,695,731
	Total Investments	\$1,406,823,663	\$1,091,875,836

*Represents a party-in-interest.

**Children's Hospital Medical Center
Employee Savings Plan**

Form 5500 Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of
December 31, 2020

Ending Unit Balance	Identity of Issuer/Description of Investment	Ending Market Value	Ending Cost Value
Mutual Funds, Pooled Separate Account, Insurance Contracts and Variable Annuities			
-	*TIAA Traditional Non-Benefit Responsive	\$ 118,329,869	\$ 109,284,846
120,642.09	*CREF Stock R2	79,654,883	53,922,577
163,156.59	*CREF Money Market R2	4,340,863	4,293,149
25,057.14	*CREF Social Choice R2	7,746,245	5,814,314
65,315.27	*CREF Bond Market R2	9,387,032	8,241,854
80,928.04	*CREF Global Equities R2	20,185,338	13,253,334
94,662.48	*CREF Growth R2	31,674,330	17,740,454
76,022.23	*CREF Equity Index R2	24,874,299	16,384,703
50,765.14	*CREF Inflation-Linked Bond R2	4,020,467	3,653,102
19,892.29	*TIAA Real Estate	8,687,393	8,330,552
936,416.72	*TIAA-CREF Social Ch Eq-Inst	23,045,215	17,749,603
257,753.96	AF EuroPacific Growth R5	17,844,307	14,036,264
419,197.63	DFA Emerging Mark CorEqPort I	10,173,927	9,080,301
1,551,241.55	PGIM Total Return Bond Z	23,408,235	22,332,863
451,110.32	Vanguard Extended Mkt Idx Inst	56,271,501	36,288,925
15,702,452.71	Vanguard Federal Money Mkt Inv	15,702,453	15,702,457
270,979.80	Vanguard Inst Idx Inst	89,821,676	62,783,737
220,641.89	Vanguard Ttl Intl Stk Idx Inst	28,637,111	25,494,975
1,627,786.59	Vanguard Ttl Bd Mkt Idx Inst	18,914,880	18,010,170
497,582.69	MFS Value Fund Class R6	22,301,656	18,585,690
542,825.70	Vanguard Inst Tg Rtm 2015 Inst	13,331,799	11,095,955
1,663,222.10	Vanguard Inst Tg Rtm 2020 Inst	43,659,580	35,175,613
2,552,695.90	Vanguard Inst Tg Rtm 2025 Inst	70,071,503	54,061,240
3,287,778.10	Vanguard Inst Tg Rtm 2030 Inst	92,485,198	69,585,996
3,411,773.26	Vanguard Inst Tg Rtm 2035 Inst	98,020,246	71,857,947
4,041,407.18	Vanguard Inst Tg Rtm 2040 Inst	118,615,301	84,528,226
3,205,074.08	Vanguard Inst Tg Rtm 2045 Inst	95,799,664	69,510,030
2,190,664.98	Vanguard Inst Tg Rtm 2050 Inst	65,654,229	49,410,658
1,175,887.72	Vanguard Inst Tg Rtm 2055 Inst	35,335,426	27,204,423
369,811.15	Vanguard Inst Tg Rtm 2060 Inst	11,146,108	9,105,302
347,420.40	Vanguard Inst Tg Rtm Inc Inst	8,452,738	7,370,640
33,739.36	Vanguard Inst Tg Rtm 2065 Inst	930,869	780,829
46,153.20	Goldman Sachs Sml Cp Val Inst	2,564,733	2,333,980
256,615.44	Harbor Capital Appreciatn Inst	26,744,461	20,842,398
201,965.95	T Rowe Price QM US Sm CpGrwEqI	9,672,149	7,455,224
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-	*TIAA Traditional Benefit Responsive	75,686,310	67,695,731
	Total Investments	\$1,406,823,663	\$1,091,875,836

*Represents a party-in-interest.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2020****This Form is Open to Public Inspection****Part I Annual Report Identification Information**

For calendar plan year 2020 or fiscal plan year beginning and ending

- 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.)
- B** This return/report is: ☒ a single-employer plan ☐ a DFE (specify) _____
- ☐ 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) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER EMPLOYEE SAVINGS PLAN	1b Three-digit plan number (PN) ▶	002
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) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE, MLC 4900 CINCINNATI OH 45229	1c Effective date of plan 01/01/1961	
	2b Employer Identification Number (EIN) 31-0833936	
	2c Plan Sponsor's telephone number 513-636-8778	
	2d Business code (see instructions) 622000	

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

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

SIGN HERE	<i>Amanda J. Vonderhaar</i> Signature of plan administrator	9/2/2021 Date	Amanda J. Vonderhaar Enter name of individual signing as plan administrator
SIGN HERE	<i>Paul Jenny</i> Signature of employer/plan sponsor	9/3/2021 Date	Paul Jenny 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 (2020)
v. 200204