

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 150px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                       |

|                |                                                                                                                                                                                                                                                                                                                                                                                 |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                   |
| <b>1a</b>      | Name of plan<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>                                                                                                                                                                                                                                                                                                       |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>001</u>                                                                                                                                                                                                                                                                                                                                       |
|                | <b>1c</b> Effective date of plan<br><u>01/01/1961</u>                                                                                                                                                                                                                                                                                                                           |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER</u><br><br><u>3333 BURNET AVENUE, MLC 4900</u><br><u>CINCINNATI, OH 45229-3039</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>31-0833936</u>                                                                                                                                                                                                                                                                                                                       |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>513-636-8778</u>                                                                                                                                                                                                                                                                                                                          |
| <b>2d</b>      | Business code (see instructions)<br><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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/12/2022 | AMANDA VONDERHAAR                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                 | <b>3b</b> Administrator's EIN                                                                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 | <b>3c</b> Administrator's telephone number                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                 | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>19898</span> </div>     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>13830</span> </div> |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>12782</span> </div> |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>1531</span> </div>     |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>5115</span> </div>     |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>19428</span> </div>    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span>90</span> </div>       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>19518</span> </div>    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span>0</span> </div>        |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>789</span> </div>      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                 | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> </div>                        |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br><div style="margin-left: 20px;">1A</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br><div style="margin-left: 20px;"> <b>(1)</b> <input type="checkbox"/> Insurance<br/> <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br/> <b>(3)</b> <input checked="" type="checkbox"/> Trust<br/> <b>(4)</b> <input type="checkbox"/> General assets of the sponsor         </div> |                                                                                                                  |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>a Pension Schedules</b><br/> <div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br/><br/> <b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br/><br/> <b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary           </div> </div> <div style="width: 48%;"> <b>b General Schedules</b><br/> <div style="margin-left: 20px;"> <b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br/> <b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br/> <b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br/> <b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br/> <b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br/> <b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)           </div> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  |

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>                                                        | <b>B</b> Three-digit plan number (PN) ▶ <u>001</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>                     | <b>D</b> Employer Identification Number (EIN)<br><u>31-0833936</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                              |                                                                                                                             |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>1769411938</u>                                                                                                 |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>1600309355</u>                                                                                                 |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                                             |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants <u>1596</u> (2) Vested Funding Target <u>210556480</u> (3) Total Funding Target <u>210556480</u> |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <u>4472</u> <u>145426524</u> <u>145426524</u>                                                                               |
| <b>c</b> For active participants .....                                                                                                                                                                         | <u>13830</u> <u>559126555</u> <u>603475153</u>                                                                              |
| <b>d</b> Total.....                                                                                                                                                                                            | <u>19898</u> <u>915109559</u> <u>959458157</u>                                                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                                             |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                                                                                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>5.76</u> %                                                                                                      |
| <b>6</b> Target normal cost.....                                                                                                                                                                               |                                                                                                                             |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                      | <b>6a</b> <u>37365440</u>                                                                                                   |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                  | <b>6b</b> <u>0</u>                                                                                                          |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                       | <b>6c</b> <u>37365440</u>                                                                                                   |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                         |  |                                        |
|-----------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                        |  | <u>10/12/2022</u>                      |
| Signature of actuary                    |  | Date                                   |
| <u>DAVID HAUER</u>                      |  | Most recent enrollment number          |
| Type or print name of actuary           |  | <u>216-937-4000</u>                    |
| <u>WILLIS TOWERS WATSON US LLC</u>      |  | Telephone number (including area code) |
| Firm name                               |  |                                        |
| <u>1001 LAKESIDE AVENUE, SUITE 1500</u> |  |                                        |
| <u>CLEVELAND, OH 44114</u>              |  |                                        |
| Address of the firm                     |  |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2021**  
**v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 32848727              | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 32848727              | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>16.62</u> % .....                                                                                | 5459458               | 0                      |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 162697938              |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58</u> % ..... |                       | 9078545                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 171776483              |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    |                       | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 38308185              | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 162.80 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 166.79 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 141.93 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/11/2021               | 5983358                           |                                 |                          |                                   |                                 |
| 07/28/2021               | 75000000                          |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 80983358                          | <b>18(c)</b>                    |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |          |
|-------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> |          |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> |          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 78459647 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost****21** Discount rate:**a** Segment rates:1st segment:  
4.75 %2nd segment:  
5.36 %3rd segment:  
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

4

**22** Weighted average retirement age .....**22**

63

**23** Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years..... **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29****30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c)..... **31a** 37365440**b** Excess assets, if applicable, but not greater than line 31a ..... **31b** 37365440**32** Amortization installments:**a** Net shortfall amortization installment .....**b** Waiver amortization installment .....

Outstanding Balance

Installment

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34**

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement .....**36** Additional cash requirement (line 34 minus line 35)..... **36****37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 78459647**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)..... **38a** 78459647**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances..... **38b****39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected..... ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2021</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                     |                                                             |     |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021          |                                                             |     |
| <b>A</b> Name of plan<br>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN                         | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                     |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CHILDREN'S HOSPITAL MEDICAL CENTER | <b>D</b> Employer Identification Number (EIN)<br>31-0833936 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| BLACKSTONE REAL ESTATE ASSOC VII                                                                                  |
| 45-3450248                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| HARBOURVEST PARTNERS LP                                                                                           |
| 74-3130888                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| SHERIDAN PRODUCTION PARTNERS III                                                                                  |
| 85-2568628                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TOWNSEND ALPHA MANAGER I, LLC                                                                                     |
| 27-3728976                                                                                                        |

---

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

---

WARBURG PINCUS LLC

13-3536050

---

---

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

---

BLACKSTONE RE ASSOCIATES EUR V LP

98-1288413

---

---

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

---

STONE POINT CAPITAL LLC

20-2508799

---

---

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

---

WARBURG PINCUS XI LP

13-6358475

---

---

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

---

WARBURG PINCUS XII LP

47-4298925

---

---

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

---

CANYON CAPITAL ADVISORS LLC

2000 AVE OF THE STARS, 11TH FLOOR  
LOS ANGELES, CA 90067

---

---

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

---

BLACKSTONE RE ASSOCIATES EUR IV LP

98-1126155

---

---

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

---

FIFTH THIRD BANK RETIREMENT SERVICE

31-1051736

---

---

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

---

HARBOURVEST IX-CREDIT OPP ASSOC

32-0292084

---

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

---

TRIDENT CAPITAL VII

98-1321144

---

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

---

NB DYAL ADVISORS, LLC

27-2301101

---

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

---

SIXTH STREET PARTNERS, LLC

46-3735749

---

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

---

HARBOURVEST IX-VENTURE ASSOCIATES

32-0292082

---

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

---

---

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

---

---

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

---

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

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 24 28<br>50 51      | NONE                                                                                              | 73948                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

EAGLE POINT CREDIT MANAGEMENT LLC

46-1469741

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 99                  | NONE                                                                                              | 145570                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FINTAN PARTNERS LLC

20-2379035

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 51                     | NONE                                                                                              | 1287                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

TRUE NORTH MANAGEMENT GROUP, LLC

27-0087074

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              |                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 64558                                                                                                                                                                           | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

USRA

47-1438665

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 52                     | NONE                                                                                              |                                                                        | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 119551                                                                                                                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

STATE STREET BANK & TRUST COMPANY

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 25                  | NONE                                                                                              | 155460                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                                   |                                                                    |            |
|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>                                | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0833936</u> |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                      |                               |                                                                                                                      |
|------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HEWITT GROUP TR LT CREDIT BOND</u>             |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>                       |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>37-6543784-040</u>                                                                | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>703904210</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HEWITT GROUP TR GLOBAL EQUITY</u>              |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>                       |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>37-6543784-004</u>                                                                | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>159086155</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HEWITT GROUP TREASURY STRIPS</u>               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>                       |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>37-6543784-036</u>                                                                | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>335923594</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK MSCI ACWI EQUITY INDEX</u>               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>80-0300291-004</u>                                                                | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>159295846</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ADAMS STREET GLOBAL SECONDARY FUND</u>             |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS, LLC</u>                  |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>45-3710222-006</u>                                                                | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3562319</u>   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ASP GSF 5 (SUNSHINE HOLDINGS) LP</u>               |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS, LLC</u>                  |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>61-1803802-001</u>                                                                | <b>d</b> Entity code <u>E</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>371778</u>    |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON TR CO LLC MULTI ASSET CR</u>                   |                               |                                                                                                                      |
| <b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>                       |                               |                                                                                                                      |
| <b>c</b> EIN-PN <u>37-6543784-041</u>                                                                | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>43612241</u>  |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AON OPPORTUNISTIC CREDIT FUND

**b** Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC

|                                |                        |                                                                                                               |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 98-1554296-001 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 322246678 |
|--------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                            |                                                                    |            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>   |                                                                    |            |
| <b>A</b> Name of plan<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>                         | <b>B</b> Three-digit plan number (PN) ►                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CHILDREN'S HOSPITAL MEDICAL CENTER</u> | <b>D</b> Employer Identification Number (EIN)<br><u>31-0833936</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 29916792              | 0               |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 2899194               | 4827583         |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 28275854              | 17877438        |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    | 4476600               | 10669880        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | 104304110             | 102959204       |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> | 147895213             | 142919711       |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | 183596960             | 113517116       |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 1222396449            | 1434068724      |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | 4437384               | 3934097         |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 25529447              | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   | 17398860              | 16975302        |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year       |
|--------------------|------------------------------------------------------------------|-----------------------|-----------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                       |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                       |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                       |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                       |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 1771126863 1847749055 |
| <b>Liabilities</b> |                                                                  |                       |                       |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                       |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                       |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                       |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 1401250 0             |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 1401250 0             |
| <b>Net Assets</b>  |                                                                  |                       |                       |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 1769725613 1847749055 |

**Part II Income and Expense Statement**

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

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 80983358  |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 80983358  |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | -1004     |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> | 162327    |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> | 9094639   |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 1890121   |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 11146083  |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> |           |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> |           |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 688815859 |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> | 683149152 |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> | 5666707   |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> | 37589629  |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> | 37589629  |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            | 59125113  |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                            | 2b(9)  |            | 2041241   |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) |            | 0         |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 196552131 |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 117590502  |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 117590502 |
| 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)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 934783     |           |
| (4) Other.....                                                                                 | 2i(4)  | 3404       |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 938187    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 118528689 |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 78023442  |
| 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: FORVIS, 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>b</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.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> 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.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> 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.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 9000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> 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? .....                                                                                                                                       |     |    |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> 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? .....                                                                                                                             |     |    |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | X   |    |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> 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. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

**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 428052.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>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>2021</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

|                                                                                                     |                                                             |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN                         | <b>B</b> Three-digit plan number (PN) ►<br>001              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CHILDREN'S HOSPITAL MEDICAL CENTER | <b>D</b> Employer Identification Number (EIN)<br>31-0833936 |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                             |          |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                       | <b>1</b> |     |
| <b>2</b> 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):<br><br>EIN(s): 31-0281170 |          |     |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                            |          |     |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                            | <b>3</b> | 569 |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                              |                                        |                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                     | <b>6a</b>                    | 0                                      |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                         | <b>6b</b>                    | 0                                      |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                   | <b>6c</b>                    |                                        |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2021  
v. 201209

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

**14a**

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

**14b**

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

**14c**

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

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

**15a**

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

**15b**

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

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

**16a**

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

**16b**

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: 39.0 % Investment-Grade Debt: 48.0 % High-Yield Debt: 6.0 % Real Estate: 2.0 % Other: 5.0 %

**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 Retirement Plan**

Financial Statements As of and For the Years Ended  
December 31, 2021 and 2020 and Supplemental Schedules As of and  
For the Year Ended December 31, 2021 and Independent Auditor's  
Report

**Children's Hospital Medical Center  
Retirement Plan**

Table of Contents

---

|                                                                                                                       | <b><u>Page(s)</u></b> |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|
| Independent Auditor's Report                                                                                          | 1-4                   |
| Statements of Net Assets Available for Plan Benefits<br>As of December 31, 2021 and 2020                              | 5                     |
| Statements of Changes in Net Assets Available for Plan Benefits<br>For the Years Ended December 31, 2021 and 2020     | 6                     |
| Notes to Financial Statements                                                                                         | 7-14                  |
| Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held<br>At End of Year as of December 31, 2021           | 15-35                 |
| Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions<br>For the Year Ended December 31, 2021 | 36                    |

## Independent Auditor's Report

Plan Administrator  
Children's Hospital Medical Center Retirement Plan  
Cincinnati, Ohio

### ***Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements***

We have performed an audit of the financial statements of the Children's Hospital Medical Center Retirement Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2021 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

### ***Opinion on the 2021 Financial Statements***

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying 2021 financial statements related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### ***Basis for Opinion on the 2021 Financial Statements***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Children's Hospital Medical Center Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

### ***Responsibilities of Management for the 2021 Financial Statements***

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

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

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

### ***Auditor's Responsibilities for the Audit of the 2021 Financial Statements***

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Our audit did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

### ***Other Matters***

#### ***2021 Supplemental Schedules Required by ERISA***

The supplemental schedules listed in the table contents of are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

#### *Auditor's Report on the 2020 Financial Statements*

We were engaged to audit the 2020 financial statements of the Children's Hospital Medical Center Retirement Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed us not to perform and we did not perform any auditing procedures with respect to the information certified by qualified institutions. In our report dated July 28, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the Department of Labor's Rules and Regulations under ERISA.

**FORVIS,LLP**

Cincinnati, Ohio  
September 20, 2022

Federal Employer Identification Number: 44-0160260

**Children's Hospital Medical Center  
Retirement Plan**

Statements of Net Assets Available for Plan Benefits  
As of December 31, 2021 and 2020

|                                               | <u>2021</u>                   | <u>2020</u>                   |
|-----------------------------------------------|-------------------------------|-------------------------------|
| Cash and investments, at fair value (Note 3): |                               |                               |
| Cash and cash equivalents                     | \$ 17,877,438                 | \$ 28,275,854                 |
| Corporate bonds                               | 245,878,915                   | 252,199,323                   |
| Government bonds                              | 27,645,182                    | 21,875,460                    |
| Investment partnerships:                      |                               |                               |
| Equity                                        | 75,559,435                    | 66,392,416                    |
| Bond                                          | -                             | 106,422,796                   |
| Real estate                                   | 41,891,778                    | 40,748,579                    |
| Commingled funds:                             |                               |                               |
| Equity                                        | 318,382,001                   | 667,840,995                   |
| Bond                                          | 779,763,129                   | 362,349,146                   |
| Government                                    | 335,923,594                   | 192,206,308                   |
|                                               | <u>1,842,921,472</u>          | <u>1,738,310,877</u>          |
| Securities sold receivable                    | 2,348,421                     | 31,655                        |
| Investment income receivable                  | 2,479,162                     | 2,867,539                     |
| Employer contribution receivable              | -                             | 29,916,792                    |
| Securities purchased payable                  | -                             | (1,401,250)                   |
| Net Assets Available for Plan Benefits        | <u><u>\$1,847,749,055</u></u> | <u><u>\$1,769,725,613</u></u> |

See accompanying notes to financial statements.

**Children's Hospital Medical Center  
Retirement Plan**

Statements of Changes in Net Assets Available for Plan Benefits  
For the Years Ended December 31, 2021 and 2020

|                                                    | <u>2021</u>                   | <u>2020</u>                   |
|----------------------------------------------------|-------------------------------|-------------------------------|
| Employer contributions                             | \$ 80,983,358                 | \$ 170,816,943                |
| Investment income:                                 |                               |                               |
| Interest income                                    | 11,154,634                    | 11,810,065                    |
| Dividend income                                    | -                             | 1,857,560                     |
| Net appreciation in fair value of investments      | 104,414,139                   | 224,826,866                   |
|                                                    | <u>115,568,773</u>            | <u>238,494,491</u>            |
| Benefits paid to participants                      | (117,590,502)                 | (90,683,832)                  |
| Administrative expenses and taxes                  | <u>(938,187)</u>              | <u>(932,022)</u>              |
| Increase in Net Assets Available for Plan Benefits | 78,023,442                    | 317,695,580                   |
| Net Assets Available for Plan Benefits:            |                               |                               |
| Beginning of year                                  | <u>1,769,725,613</u>          | <u>1,452,030,033</u>          |
| End of year                                        | <u><u>\$1,847,749,055</u></u> | <u><u>\$1,769,725,613</u></u> |

See accompanying notes to financial statements.

## Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements  
December 31, 2021 and 2020

---

(1) Plan Description –

The following description of the Children's Hospital Medical Center Retirement 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, 1961. The Plan is a noncontributory defined benefit plan for qualifying employees of Cincinnati Children's. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan was amended and restated effective January 1, 2017, superseding all previous amendments. In 2020, the Plan was amended to clarify late retirement provisions, provide direct rollover as the default option for all small benefit cash-outs, eliminate the suspension of benefits provision for Option 1 benefits, add a forum for selection provision, and make miscellaneous clarifications effective January 1, 2020. The amendment also eliminated spousal consent for electing joint and surviving spouse annuity forms effective January 1, 2021.
- (b) Eligibility and Vesting – Qualified participants are employees of Cincinnati Children's (as defined in the plan document) who have attained the age of twenty-one and either have been credited with one year of continuous service or budgeted to work at least 40 hours per pay period. Participants are fully vested in their benefits after three years of credited service.
- (c) Benefits – Benefits are calculated based on the two formula options summarized below. The Plan allows for all benefit payments to be made in lump sums.

Option 1 is provided to employees who were active participants in the Plan prior to September 1, 2007 and who did not elect Option 2 by December 1, 2007. Participants continued to accrue benefits under Option 1 through December 31, 2014. A full year of service is credited for each calendar year the employee completes 2,000 hours of service. Credited service is prorated for service between 1,000 and 2,000 hours. The benefit formula is a monthly benefit of the greater of:

- 1.4% of Final Average Monthly Compensation times the years of Credited Service or
- \$291.67 plus 1.4% of Final Average Monthly Compensation times the years of Credited Service reduced by three years.

Option 2 is provided to employees hired September 1, 2007 or later and existing employees who elected the Option by December 1, 2007. All benefit accruals after December 31, 2014 are determined under the Option 2 formula. A full year of service is credited for each calendar year the employee completes 1,000 hours of service. The benefit formula is a single lump sum payable at normal retirement date as the greater of:

- 15% of career pay or
- \$30,000 for the first three years of service, plus 15% of pay for each additional year of service.

Participants are eligible for benefit payments upon retirement, death, or disability. The normal retirement age is 65. The Plan also provides for early retirement benefits to eligible participants, as defined in the plan document.

## Children's Hospital Medical Center Retirement Plan

### Notes to Financial Statements December 31, 2021 and 2020

---

- (d) Funding – Cincinnati Children's has adopted the policy of contributing amounts to the Plan which will provide for normal cost, plus amortization of unfunded prior service costs to meet the minimum funding requirements of ERISA. In 2021 and 2020, Cincinnati Children's contributed \$80,983,358 and \$170,816,943, respectively to the Plan. The Plan has met the minimum funding requirements established by ERISA.
- (e) Administration – The Plan is administered by Cincinnati Children's management. State Street Bank and Trust Company is the custodian of the Plan. Fifth Third Bank was a previous custodian and provided benefit payment administration services to the Plan through December 31, 2020. On January 1, 2021, State Street Bank and Trust Company replaced Fifth Third as the benefit payment administrator of the Plan. Plan assets held by Fifth Third were transferred to State Street during 2021. Cincinnati Children's also contracted with Alight Solutions LLC to provide administration services to the Plan effective January 1, 2021. Certain administrative functions are performed by employees of Cincinnati Children's at no cost to the Plan. In addition, certain administrative expenses of the Plan are paid by Cincinnati Children's.
- (f) Termination Priorities – 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 that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to participants in an order of priority determined in accordance with the applicable regulations under ERISA and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability benefits and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to the statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency of the Plan's net assets to provide those benefits at that time, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty while other benefits may not be provided for at all.

#### (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.
- (b) Investment Valuation and Income Recognition – The Plan's investments in corporate and government bonds are stated at fair value based upon quoted market prices. Investments in partnerships and commingled funds in U.S. equities, real estate, bonds, and government securities are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions. Unrealized valuation gains and losses are reflected currently in the Statements of Changes in Net Assets Available for Plan Benefits. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

## Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements  
December 31, 2021 and 2020

---

- (c) Payment of Benefits – Benefit payments to participants are recorded upon distribution.
- (d) Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America 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, the reported amounts of Changes in Net Assets Available for Plan Benefits and actuarial present value of accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

The Plan invests in a variety of securities, including corporate bonds, U.S. government securities, various investment partnerships, and commingled funds. 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 in the near term and such changes could materially affect the amounts reported in the Statements of Net Assets Available for Plan Benefits.

### (3) Fair Value Measurements –

The Plan accounts for its assets under ASC 820, “Fair Value Measurements and Disclosures”. As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in the fair value measurements and related disclosures, 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, including management’s own data.

The fair values of Level 1 investments are based on quoted prices in active markets. The fair value for investments in fixed income securities, including US government securities and corporate bonds, is based on a calculation using interest rate curves and credit spreads applied to the terms of the debt instrument (maturity and coupon interest rate) and considers the counterparty credit rating. Such items are classified as Level 2 in the fair value hierarchy. Investments in partnerships and commingled funds – U.S. equities, real estate, and

## Children's Hospital Medical Center Retirement Plan

### Notes to Financial Statements December 31, 2021 and 2020

bonds – are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions.

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 the 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 measurement at the reporting date.

Cincinnati Children's investment strategy with respect to the Plan's assets is designed to achieve a moderate level of overall portfolio risk in keeping with desired risk objective, which is established through careful consideration of plan liabilities, plan funded status and corporate financial condition. Cincinnati Children's adopted an Investment Policy that adjusts allocations between return-seeking assets and liability-hedging assets based on the funded status of the Plan and prevailing yields. As the funded ratio improves, allocations to liability-hedging assets increase accordingly. Cincinnati Children's seeks to maintain diversified portfolios and has adopted allocation targets within the return-seeking and liability hedging portfolios as follows:

|                                             |                    |
|---------------------------------------------|--------------------|
| Return-Seeking Allocation:                  | Min – Target – Max |
| Global Equity                               | 60%-70%-80%        |
| Private Equity                              | 5%-10%-15%         |
| Real Estate                                 | 5%-10%-15%         |
| Multi-Asset Credit                          | 5%-10%-15%         |
| Opportunity Allocation                      | 0%-0%-10%          |
| Liability-Hedging Allocation:               |                    |
| Long Credit                                 | 50%-75%-100%       |
| STRIPS (Long Duration Treasury Instruments) | 0%-25%-50%         |

In order to maintain the portfolio's actual asset allocation in line with the target allocations specified above, rebalancing will occur periodically.

As of December 31, 2021 and 2020, the Plan held investments in partnerships and commingled funds measured at net asset value. The investments in partnerships generally are associated with various redemption notice periods, liquidation restrictions that range from monthly to the life of the fund (up to fifteen years) and may require redemption penalties. Commingled investment funds are private funds for institutional investors valued daily at net asset value. The funds primarily consist of actively traded equity mutual funds, bond mutual funds, and US Treasury STRIPS with daily liquidity and no lockup period.

On December 31, 2021, the plan held approximately \$1.4 billion of investments in commingled funds with no lockup period and daily liquidity, \$43.6 million of investments in commingled funds with no lockup period and monthly or semi-monthly liquidity, and \$32.2 million of investments in commingled funds with multi-year lockup periods greater than five years. At December 31, 2020, the plan held \$1.2 billion of investments in partnerships and commingled funds with no lockup period and daily liquidity, \$38.7 million of investments in partnerships with no lockup period and monthly or semi-monthly liquidity, and \$44.6 million of investments in partnerships with a one-year soft lockup period and monthly or quarterly liquidity.

On December 31, 2021, the plan also held \$75.6 million in ten private equity partnerships of which \$19.7 million of commitments were unfunded and \$41.9 million in nine real estate investment partnerships of which \$4.7 million of commitments were unfunded. On December 31, 2020, the plan held \$66.4 million in ten private equity partnerships of which \$20.1 million of commitments were unfunded and \$40.7 million in nine

**Children's Hospital Medical Center  
Retirement Plan**

Notes to Financial Statements  
December 31, 2021 and 2020

real estate investment partnerships of which \$4.9 million of commitments were unfunded. It is anticipated that these commitments will be funded from liquid investments in the Plan and any required funding contributions.

The table below includes the major categorization for financial instruments on the basis of the nature and risk of the investments on December 31, 2021.

|                                                        | Level 1             | Level 2              | Level 3     | Total                  |
|--------------------------------------------------------|---------------------|----------------------|-------------|------------------------|
| Cash and cash equivalents                              | \$17,877,438        | \$ -                 | \$ -        | \$ 17,877,438          |
| Corporate bonds                                        | -                   | 245,878,915          | -           | 245,878,915            |
| Government bonds                                       | -                   | 27,645,182           | -           | 27,645,182             |
| Total assets in the fair value hierarchy               | 17,877,438          | 273,524,097          | -           | 291,401,535            |
| Investments measured at net asset value <sup>1</sup> : |                     |                      |             |                        |
| Investment partnerships:                               |                     |                      |             |                        |
| Equity                                                 |                     |                      |             | 75,559,435             |
| Real estate                                            |                     |                      |             | 41,891,778             |
| Commingled investment funds:                           |                     |                      |             |                        |
| Equity                                                 |                     |                      |             | 318,382,001            |
| Bond                                                   |                     |                      |             | 779,763,129            |
| Government                                             |                     |                      |             | 335,923,594            |
| Total assets at fair value                             | <u>\$17,877,438</u> | <u>\$273,524,097</u> | <u>\$ -</u> | <u>\$1,842,921,472</u> |

<sup>1</sup> Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Plan Benefits.

## Children's Hospital Medical Center Retirement Plan

### Notes to Financial Statements December 31, 2021 and 2020

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

|                                                        | Level 1             | Level 2              | Level 3     | Total                  |
|--------------------------------------------------------|---------------------|----------------------|-------------|------------------------|
| Cash and cash equivalents                              | \$28,275,854        | \$ -                 | \$ -        | \$ 28,275,854          |
| Corporate bonds                                        | -                   | 252,199,323          | -           | 252,199,323            |
| Government bonds                                       | -                   | 21,875,460           | -           | 21,875,460             |
| Total assets in the fair value hierarchy               | 28,275,854          | 274,074,783          | -           | 302,350,637            |
| Investments measured at net asset value <sup>2</sup> : |                     |                      |             |                        |
| Investment partnerships:                               |                     |                      |             |                        |
| Equity                                                 |                     |                      |             | 66,392,416             |
| Bond                                                   |                     |                      |             | 106,422,796            |
| Real estate                                            |                     |                      |             | 40,748,579             |
| Commingled investment funds:                           |                     |                      |             |                        |
| Equity                                                 |                     |                      |             | 667,840,995            |
| Bond                                                   |                     |                      |             | 362,349,146            |
| Government                                             |                     |                      |             | 192,206,308            |
| Total assets at fair value                             | <u>\$28,275,854</u> | <u>\$274,074,783</u> | <u>\$ -</u> | <u>\$1,738,310,877</u> |

#### (4) Actuarial Information –

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on years of credited service with Cincinnati Children's. Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits was determined by Willis Towers Watson, the Plan's actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

<sup>2</sup> Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Plan Benefits.

**Children's Hospital Medical Center  
Retirement Plan**

Notes to Financial Statements  
December 31, 2021 and 2020

The Plan's latest actuarial valuation was prepared as of January 1, 2021. A summary of significant actuarial assumptions and the actuarial methods used in preparing the actuarial valuation for 2021 is as follows:

| <u>Actuarial Assumption</u> | <u>2021</u> |
|-----------------------------|-------------|
| Annual investment return    | 5.50%       |
| Discount rate               | 5.50%       |
| Annual salary increase      | 3.50%       |

For the mortality assumption, the Pri-2012 Mortality Tables for males and females projected generationally from the base year of 2012 using Scale MP-2020 was utilized. The assumed retirement age is 65.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2021 is as follows:

|                                                       | <u>2021</u>            |
|-------------------------------------------------------|------------------------|
| Actuarial present value of accumulated plan benefits: |                        |
| Vested-                                               |                        |
| Participants currently receiving benefits             | \$ 207,042,371         |
| Other participants                                    | 829,489,336            |
| Nonvested                                             | 53,075,877             |
|                                                       | <u>\$1,089,607,584</u> |

Changes in actuarial present value of accumulated plan benefits are as follows:

|                                                                            | <u>2021</u>            |
|----------------------------------------------------------------------------|------------------------|
| Actuarial present value of accumulated plan benefits as of January 1, 2020 | \$1,041,666,520        |
| Increase (decrease) during the year attributable to:                       |                        |
| Benefits accumulated                                                       | 42,030,455             |
| Net experience losses                                                      | 16,534,964             |
| Interest                                                                   | 57,109,528             |
| Benefits paid                                                              | (90,683,832)           |
| Assumption changes                                                         | 22,949,949             |
| Actuarial present value of accumulated plan benefits as of January 1, 2021 | <u>\$1,089,607,584</u> |

## Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements  
December 31, 2021 and 2020

---

(5) Tax Status –

The Plan has received a determination letter from the Internal Revenue Service dated July 20, 2017, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

(6) Exempt Party-In-Interest Transactions –

Certain Plan investments are money market funds managed by State Street Bank and Trust Company, the custodian of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid for by the Plan for investment management services are included as a reduction of the return earned on each fund.

(7) Information Certified by the Custodians –

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank and Trust Company and Fifth Third Bank, qualified institutions, have certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2021 and 2020.
- Investment income as shown in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2021 and 2020.
- Investment information included in the accompanying Schedule of Assets Held at End of Year as of December 31, 2021 and Schedule of Reportable Transactions for the year ended December 31, 2021.

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

(8) Risk and Uncertainties –

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.

(9) Subsequent Events –

Subsequent events have been evaluated through September 20, 2022, which is the date the financial statements were available to be issued.

## **Supplemental Schedules**

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b>      | <b>Identity of Issuer/Description of Investment</b> | <b>Current<br/>Value</b> | <b>Cost</b>   |
|----------------------------------|-----------------------------------------------------|--------------------------|---------------|
| <b>Cash and Cash Equivalents</b> |                                                     |                          |               |
| 17,877,438                       | *STATE STREET SHORT TERM INVESTMENT FUND 25 BPS     | \$ 17,877,438            | \$ 17,877,438 |
|                                  |                                                     | 17,877,438               | 17,877,438    |
| <b>Corporate Bonds</b>           |                                                     |                          |               |
| 110,000                          | 3M COMPANY SR UNSECURED 04/50 3.7                   | 128,930                  | 109,622       |
| 340,000                          | 3M COMPANY SR UNSECURED 08/49 3.25                  | 370,270                  | 332,146       |
| 460,000                          | 3M COMPANY SR UNSECURED 10/47 3.625                 | 522,946                  | 455,667       |
| 220,000                          | ABBOTT LABORATORIES SR UNSECURED 11/36 4.75         | 280,746                  | 230,413       |
| 460,000                          | ABBOTT LABORATORIES SR UNSECURED 11/46 4.9          | 628,912                  | 486,645       |
| 370,000                          | ABBVIE INC SR UNSECURED 03/35 4.55                  | 444,884                  | 429,781       |
| 11,000                           | ABBVIE INC SR UNSECURED 03/45 4.75                  | 13,719                   | 12,942        |
| 200,000                          | ABBVIE INC SR UNSECURED 05/45 4.7                   | 248,125                  | 195,210       |
| 960,000                          | ABBVIE INC SR UNSECURED 11/39 4.05                  | 1,101,437                | 956,611       |
| 2,430,000                        | ABBVIE INC SR UNSECURED 11/49 4.25                  | 2,921,273                | 2,419,381     |
| 90,000                           | ADVENT HEALTH SYSTEM BONDS 03/49 3.63               | 99,403                   | 90,000        |
| 100,000                          | AEP TRANSMISSION CO LLC SR UNSECURED 04/50 3.65     | 110,390                  | 99,964        |
| 270,000                          | AEP TRANSMISSION CO LLC SR UNSECURED 06/49 3.8      | 304,765                  | 268,418       |
| 120,000                          | AEP TRANSMISSION CO LLC SR UNSECURED 08/51 2.75     | 114,156                  | 119,537       |
| 70,000                           | AEP TRANSMISSION CO LLC SR UNSECURED 09/49 3.15     | 71,264                   | 69,488        |
| 150,000                          | AERCAP IRELAND CAP/GLOBA COMPANY GUAR 01/32 3.3     | 152,816                  | 149,436       |
| 300,000                          | AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/33 3.4     | 305,433                  | 298,710       |
| 430,000                          | AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/41 3.85    | 447,905                  | 432,701       |
| 340,000                          | AETNA INC SR UNSECURED 08/47 3.875                  | 378,209                  | 338,562       |
| 75,000                           | AETNA INC SR UNSECURED 11/42 4.125                  | 84,590                   | 73,686        |
| 150,000                          | AHS HOSPITAL CORP UNSECURED 07/45 5.024             | 204,344                  | 178,817       |
| 360,000                          | ALEXANDRIA REAL ESTATE E COMPANY GUAR 05/51 3       | 355,554                  | 358,517       |
| 520,000                          | ALIBABA GROUP HOLDING SR UNSECURED 02/41 2.7        | 474,625                  | 516,178       |
| 680,000                          | ALIBABA GROUP HOLDING SR UNSECURED 02/51 3.15       | 636,500                  | 679,871       |
| 80,000                           | ALLSTATE CORP JR SUBORDINA 05/67 VAR                | 104,999                  | 87,760        |
| 260,000                          | ALPHABET INC SR UNSECURED 08/40 1.9                 | 236,756                  | 258,365       |
| 280,000                          | ALPHABET INC SR UNSECURED 08/50 2.05                | 249,880                  | 277,634       |
| 680,000                          | ALPHABET INC SR UNSECURED 08/60 2.25                | 605,955                  | 673,248       |
| 60,000                           | ALTRIA GROUP INC COMPANY GUAR 02/32 2.45            | 56,965                   | 60,002        |
| 810,000                          | ALTRIA GROUP INC COMPANY GUAR 02/39 5.8             | 973,604                  | 808,355       |
| 310,000                          | ALTRIA GROUP INC COMPANY GUAR 02/41 3.4             | 285,956                  | 308,424       |
| 1,590,000                        | ALTRIA GROUP INC COMPANY GUAR 02/49 5.95            | 1,984,208                | 1,676,080     |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 262,000                     | ALTRIA GROUP INC COMPANY GUAR 02/59 6.2                    | 341,507                         | 268,883            |
| 1,200,000                   | AMAZON.COM INC SR UNSECURED 05/51 3.1                      | 1,281,144                       | 1,201,724          |
| 290,000                     | AMAZON.COM INC SR UNSECURED 05/61 3.25                     | 312,171                         | 287,622            |
| 880,000                     | AMAZON.COM INC SR UNSECURED 06/50 2.5                      | 837,883                         | 870,998            |
| 140,000                     | AMERICAN EXPRESS CO JR SUBORDINA 12/99 VAR                 | 140,245                         | 140,000            |
| 460,000                     | AMERICAN INTL GROUP SR UNSECURED 04/48 4.75                | 585,897                         | 458,307            |
| 130,000                     | AMERICO LIFE INC SR UNSECURED 144A 04/31 3.45              | 126,351                         | 129,652            |
| 180,000                     | AMFAM HOLDINGS INC SR UNSECURED 144A 03/51 3.833           | 198,673                         | 180,141            |
| 160,000                     | AMGEN INC SR UNSECURED 06/51 4.663                         | 204,680                         | 153,614            |
| 30,000                      | ANALOG DEVICES INC SR UNSECURED 10/51 2.95                 | 30,808                          | 29,752             |
| 200,000                     | ANGLO AMERICAN CAPITAL COMPANY GUAR 144A 04/27 4.75        | 222,430                         | 202,375            |
| 640,000                     | ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7             | 772,358                         | 611,624            |
| 570,000                     | ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9             | 720,446                         | 534,416            |
| 60,000                      | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2            | 97,425                          | 91,775             |
| 310,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/49 5.55           | 428,873                         | 309,232            |
| 1,170,000                   | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/59 5.8            | 1,691,645                       | 1,165,847          |
| 220,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/38 4.375          | 257,633                         | 216,821            |
| 390,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/48 4.6            | 476,908                         | 387,793            |
| 230,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/58 4.75           | 284,365                         | 296,011            |
| 30,000                      | ANTHEM INC SR UNSECURED 01/44 5.1                          | 39,604                          | 34,901             |
| 150,000                     | ANTHEM INC SR UNSECURED 03/48 4.55                         | 187,077                         | 149,489            |
| 270,000                     | ANTHEM INC SR UNSECURED 08/44 4.65                         | 338,437                         | 272,134            |
| 340,000                     | APACHE CORP SR UNSECURED 01/44 4.25                        | 344,250                         | 320,840            |
| 170,000                     | APACHE CORP SR UNSECURED 02/42 5.25                        | 196,348                         | 181,917            |
| 280,000                     | APPLE INC SR UNSECURED 02/45 3.45                          | 312,449                         | 258,065            |
| 540,000                     | APPLE INC SR UNSECURED 05/50 2.65                          | 530,890                         | 533,327            |
| 580,000                     | APPLE INC SR UNSECURED 08/46 3.85                          | 687,283                         | 556,884            |
| 130,000                     | ARTHUR J GALLAGHER + CO SR UNSECURED 05/51 3.5             | 137,279                         | 128,450            |
| 200,000                     | ASTRAZENECA PLC SR UNSECURED 05/51 3                       | 209,612                         | 197,268            |
| 1,490,000                   | AT+T INC SR UNSECURED 02/43 3.1                            | 1,448,489                       | 1,494,079          |
| 60,000                      | AT+T INC SR UNSECURED 02/52 3.3                            | 58,757                          | 58,530             |
| 360,000                     | AT+T INC SR UNSECURED 02/61 3.5                            | 353,992                         | 362,580            |
| 150,000                     | AT+T INC SR UNSECURED 03/41 6.375                          | 211,988                         | 214,988            |
| 804,000                     | AT+T INC SR UNSECURED 03/48 4.5                            | 937,351                         | 702,477            |
| 720,000                     | AT+T INC SR UNSECURED 06/44 4.8                            | 860,249                         | 681,270            |
| 1,830,000                   | AT+T INC SR UNSECURED 09/53 3.5                            | 1,846,286                       | 1,852,772          |
| 156,000                     | AT+T INC SR UNSECURED 09/59 3.65                           | 157,543                         | 139,903            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 1,330,000                   | AT+T INC SR UNSECURED 12/57 3.8                            | 1,384,610                       | 1,225,938          |
| 70,000                      | AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 05/26<br>4.375  | 74,974                          | 69,668             |
| 260,000                     | AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 07/24<br>3.95   | 272,428                         | 258,591            |
| 50,000                      | BANK OF AMERICA CORP SR UNSECURED 01/44 5                  | 65,658                          | 58,198             |
| 770,000                     | BANK OF AMERICA CORP SR UNSECURED 01/48 VAR                | 956,825                         | 804,892            |
| 140,000                     | BANK OF AMERICA CORP SR UNSECURED 03/50 VAR                | 173,195                         | 140,000            |
| 500,000                     | BANK OF AMERICA CORP SR UNSECURED 03/51 VAR                | 601,415                         | 500,000            |
| 50,000                      | BANK OF AMERICA CORP SR UNSECURED 04/31 VAR                | 50,509                          | 50,000             |
| 580,000                     | BANK OF AMERICA CORP SR UNSECURED 04/32 VAR                | 588,601                         | 580,000            |
| 1,580,000                   | BANK OF AMERICA CORP SR UNSECURED 04/42 VAR                | 1,660,612                       | 1,580,000          |
| 1,170,000                   | BANK OF AMERICA CORP SR UNSECURED 06/41 VAR                | 1,126,207                       | 1,204,442          |
| 610,000                     | BANK OF AMERICA CORP SR UNSECURED 07/32 VAR                | 599,758                         | 610,000            |
| 510,000                     | BANK OF AMERICA CORP SR UNSECURED 10/31 VAR                | 488,305                         | 510,000            |
| 330,000                     | BANK OF AMERICA CORP SR UNSECURED 10/32 VAR                | 331,584                         | 330,000            |
| 230,000                     | BANK OF AMERICA CORP SR UNSECURED 10/51 VAR                | 225,814                         | 230,000            |
| 910,000                     | BANK OF AMERICA CORP SUBORDINATED 09/36 VAR                | 881,490                         | 910,000            |
| 190,000                     | BAPTIST HEALTHCARE UNSECURED 08/50 3.54                    | 207,140                         | 190,000            |
| 410,000                     | BARCLAYS PLC SUBORDINATED 06/30 VAR                        | 465,074                         | 410,618            |
| 300,000                     | BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75             | 407,586                         | 331,468            |
| 280,000                     | BARRICK PD AU FIN PTY LT COMPANY GUAR 10/39 5.95           | 380,960                         | 313,210            |
| 500,000                     | BAT CAPITAL CORP COMPANY GUAR 08/37 4.39                   | 526,825                         | 502,088            |
| 170,000                     | BAT CAPITAL CORP COMPANY GUAR 09/40 3.734                  | 163,292                         | 170,000            |
| 370,000                     | BECTON DICKINSON AND CO SR UNSECURED 06/47 4.669           | 466,507                         | 379,496            |
| 198,000                     | BECTON DICKINSON AND CO SR UNSECURED 12/44 4.685           | 249,298                         | 206,607            |
| 858,000                     | BERKSHIRE HATHAWAY ENERG SR UNSECURED 04/36 6.125          | 1,167,789                       | 1,086,574          |
| 150,000                     | BERKSHIRE HATHAWAY FIN COMPANY GUAR 01/49 4.25             | 184,184                         | 148,588            |
| 1,040,000                   | BERKSHIRE HATHAWAY FIN COMPANY GUAR 08/48 4.2              | 1,262,040                       | 1,034,727          |
| 280,000                     | BHP BILLITON FIN USA LTD COMPANY GUAR 09/43 5              | 370,280                         | 320,770            |
| 100,000                     | BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 07/45<br>4.45   | 122,483                         | 99,576             |
| 30,000                      | BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 08/42<br>6.25   | 44,017                          | 35,133             |
| 280,000                     | BNP PARIBAS SR UNSECURED 144A 04/32 VAR                    | 283,898                         | 280,000            |
| 210,000                     | BNP PARIBAS SUBORDINATED 144A 01/41 2.824                  | 200,659                         | 210,000            |
| 123,000                     | BOEING CO SR UNSECURED 02/40 5.875                         | 157,458                         | 167,830            |
| 50,000                      | BOEING CO SR UNSECURED 03/35 3.3                           | 50,133                          | 46,444             |
| 50,000                      | BOEING CO SR UNSECURED 03/39 6.875                         | 69,241                          | 71,568             |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 310,000                     | BOEING CO SR UNSECURED 03/47 3.65                          | 310,958                         | 308,640            |
| 310,000                     | BOEING CO SR UNSECURED 05/49 3.9                           | 325,013                         | 304,072            |
| 310,000                     | BOEING CO SR UNSECURED 05/50 5.805                         | 419,779                         | 423,436            |
| 600,000                     | BOEING CO SR UNSECURED 05/60 5.93                          | 832,608                         | 692,635            |
| 180,000                     | BOEING CO SR UNSECURED 06/46 3.375                         | 172,489                         | 165,801            |
| 560,000                     | BOEING CO SR UNSECURED 08/59 3.95                          | 581,678                         | 554,764            |
| 440,000                     | BON SECOURS MERCY SECURED 06/50 3.205                      | 463,531                         | 440,000            |
| 1,770,000                   | BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3                | 1,742,423                       | 1,745,053          |
| 330,000                     | BPCE SA SUBORDINATED 144A 10/32 VAR                        | 331,056                         | 330,000            |
| 260,000                     | BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125           | 307,541                         | 259,111            |
| 255,000                     | BRISTOL MYERS SQUIBB CO SR UNSECURED 08/45 5               | 338,745                         | 325,300            |
| 530,000                     | BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25            | 654,958                         | 525,537            |
| 60,000                      | BRISTOL MYERS SQUIBB CO SR UNSECURED 11/47 4.35            | 73,905                          | 70,718             |
| 30,000                      | BRISTOL MYERS SQUIBB CO SR UNSECURED 11/50 2.55            | 28,379                          | 29,912             |
| 230,000                     | BRITISH TELECOMMUNICATIO SR UNSECURED 12/30 9.625          | 336,805                         | 343,294            |
| 181,000                     | BROADCOM INC COMPANY GUAR 11/30 4.15                       | 200,740                         | 180,799            |
| 9,000                       | BROADCOM INC SR UNSECURED 144A 11/36 3.187                 | 8,984                           | 8,990              |
| 180,000                     | BURLINGTN NORTH SANTA FE SR UNSECURED 03/41 5.05           | 233,575                         | 186,789            |
| 170,000                     | BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55           | 214,397                         | 185,438            |
| 10,000                      | BURLINGTON RESOURCES LLC COMPANY GUAR 12/31 7.4            | 14,345                          | 13,930             |
| 420,000                     | CALIFORNIA INSTITUTE OF SR UNSECURED 09/19 3.65            | 488,649                         | 418,937            |
| 110,000                     | CALIFORNIA INSTITUTE OF SR UNSECURED 11/11 4.7             | 161,894                         | 121,010            |
| 170,000                     | CAMERON LNG LLC SR SECURED 144A 01/39 3.701                | 183,099                         | 170,000            |
| 390,000                     | CANADIAN NATL RESOURCES SR UNSECURED 06/33 6.45            | 501,333                         | 458,827            |
| 260,000                     | CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/41 3              | 265,868                         | 258,643            |
| 300,000                     | CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/51 3.1            | 308,496                         | 297,852            |
| 20,000                      | CARLYLE FINANCE LLC COMPANY GUAR 144A 09/48 5.65           | 27,065                          | 20,052             |
| 160,000                     | CARLYLE HOLDINGS II FIN COMPANY GUAR 144A 03/43 5.625      | 208,264                         | 171,832            |
| 90,000                      | CARRIER GLOBAL CORP SR UNSECURED 04/50 3.577               | 95,691                          | 90,252             |
| 80,000                      | CATERPILLAR INC SR UNSECURED 08/42 3.803                   | 93,340                          | 76,273             |
| 460,000                     | CENTENE CORP SR UNSECURED 02/30 3.375                      | 468,459                         | 460,480            |
| 130,000                     | CENTENE CORP SR UNSECURED 10/30 3                          | 132,146                         | 130,000            |
| 110,000                     | CENTENE CORP SR UNSECURED 12/29 4.625                      | 118,631                         | 111,401            |
| 180,000                     | CENTERPOINT ENER HOUSTON GENL REF MOR 02/49 4.25           | 223,578                         | 178,907            |
| 180,000                     | CENTERPOINT ENER HOUSTON GENL REF MOR 04/44 4.5            | 225,734                         | 208,877            |
| 460,000                     | CHARLES SCHWAB CORP JR SUBORDINA 12/99 VAR                 | 464,600                         | 460,000            |
| 360,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 03/42 3.5              | 349,160                         | 357,311            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 1,040,000                   | CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75             | 1,296,942                       | 1,035,239          |
| 120,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 04/61 3.85             | 113,161                         | 108,707            |
| 520,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375            | 620,677                         | 521,282            |
| 940,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5              | 916,480                         | 935,714            |
| 250,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 06/62 3.95             | 240,845                         | 247,965            |
| 30,000                      | CHARTER COMM OPT LLC/CAP SR SECURED 10/35 6.384            | 38,753                          | 35,131             |
| 895,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484            | 1,222,203                       | 1,024,118          |
| 100,000                     | CHEVRON USA INC COMPANY GUAR 08/50 2.343                   | 92,255                          | 100,000            |
| 120,000                     | CHILDREN S HOSPITAL/DC UNSECURED 07/50 2.928               | 118,127                         | 120,000            |
| 150,000                     | CHUBB INA HOLDINGS INC COMPANY GUAR 12/51 2.85             | 150,462                         | 149,877            |
| 340,000                     | CHUBB INA HOLDINGS INC COMPANY GUAR 12/61 3.05             | 346,871                         | 338,120            |
| 250,000                     | CI FINANCIAL CORP SR UNSECURED 06/51 4.1                   | 270,945                         | 249,870            |
| 610,000                     | CIGNA CORP COMPANY GUAR 08/38 4.8                          | 750,300                         | 609,018            |
| 360,000                     | CIGNA CORP COMPANY GUAR 10/47 3.875                        | 401,947                         | 344,566            |
| 740,000                     | CIGNA CORP COMPANY GUAR 12/48 4.9                          | 956,176                         | 738,335            |
| 130,000                     | CIGNA CORP SR UNSECURED 03/40 3.2                          | 134,671                         | 129,809            |
| 420,000                     | CIGNA CORP SR UNSECURED 03/50 3.4                          | 435,939                         | 419,215            |
| 210,000                     | CITIGROUP INC JR SUBORDINA 12/99 VAR                       | 213,413                         | 210,000            |
| 1,660,000                   | CITIGROUP INC SR UNSECURED 07/39 8.125                     | 2,806,579                       | 2,490,145          |
| 290,000                     | CITIGROUP INC SR UNSECURED 07/48 4.65                      | 372,371                         | 284,363            |
| 380,000                     | CITIGROUP INC SR UNSECURED 11/32 VAR                       | 379,552                         | 380,000            |
| 260,000                     | CITIGROUP INC SR UNSECURED 11/42 VAR                       | 257,434                         | 260,000            |
| 100,000                     | CITIGROUP INC SUBORDINATED 10/33 6                         | 128,945                         | 121,624            |
| 460,000                     | CITY OF HOPE/THE SR SECURED 11/43 5.623                    | 655,160                         | 566,126            |
| 85,000                      | CLEVELAND CLINIC FOUND UNSECURED 01/14 4.858               | 126,362                         | 87,770             |
| 80,000                      | CLEVELAND ELECTRIC ILLUM SR UNSECURED 12/36 5.95           | 106,782                         | 98,661             |
| 270,000                     | COCA COLA CO/THE SR UNSECURED 03/51 2.5                    | 259,084                         | 264,429            |
| 50,000                      | COCA COLA CO/THE SR UNSECURED 06/40 2.5                    | 50,188                          | 50,573             |
| 10,000                      | COCA COLA CO/THE SR UNSECURED 06/50 2.6                    | 9,764                           | 10,379             |
| 370,000                     | COLGATE PALMOLIVE CO SR UNSECURED 08/47 3.7                | 446,838                         | 367,477            |
| 580,000                     | COMCAST CORP COMPANY GUAR 03/38 3.9                        | 656,386                         | 577,187            |
| 160,000                     | COMCAST CORP COMPANY GUAR 04/40 3.75                       | 179,125                         | 159,130            |
| 160,000                     | COMCAST CORP COMPANY GUAR 11/47 3.969                      | 184,216                         | 139,215            |
| 454,000                     | COMCAST CORP COMPANY GUAR 11/49 3.999                      | 526,068                         | 448,338            |
| 490,000                     | COMCAST CORP COMPANY GUAR 11/52 4.049                      | 572,291                         | 487,086            |
| 1,568,000                   | COMCAST CORP COMPANY GUAR 144A 11/51 2.887                 | 1,517,808                       | 1,564,080          |
| 310,000                     | COMCAST CORP COMPANY GUAR 144A 11/56 2.937                 | 295,284                         | 308,128            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 1,736,000                   | COMCAST CORP COMPANY GUAR 144A 11/63 2.987                 | 1,647,516                       | 1,722,372          |
| 200,000                     | COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/31 3.348     | 195,743                         | 200,000            |
| 220,000                     | COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/51 4.677     | 206,525                         | 220,000            |
| 340,000                     | COMMONSPIRIT HEALTH SECURED 11/42 4.35                     | 390,136                         | 333,497            |
| 80,000                      | COMMONSPIRIT HEALTH SR SECURED 10/30 2.782                 | 81,882                          | 80,000             |
| 230,000                     | COMMONSPIRIT HEALTH SR SECURED 10/50 3.91                  | 255,884                         | 230,000            |
| 370,000                     | COMMONWEALTH BANK AUST SUBORDINATED 144A 09/39<br>3.743    | 396,466                         | 370,000            |
| 110,000                     | COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4                | 128,483                         | 109,979            |
| 170,000                     | COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4                | 201,717                         | 168,616            |
| 340,000                     | COMMONWEALTH EDISON CO 1ST MORTGAGE 08/47 3.75             | 383,381                         | 340,322            |
| 290,000                     | COMMUNITY HEALTH NETWORK UNSECURED 05/50 3.099             | 289,432                         | 290,000            |
| 285,000                     | CON EDISON CO OF NY INC SR UNSECURED 12/54 4.625           | 355,754                         | 289,612            |
| 370,000                     | CON EDISON CO OF NY INC SR UNSECURED 12/60 3               | 344,892                         | 367,773            |
| 50,000                      | CONNECTICUT LIGHT + PWR 1ST REF MORT 04/44 4.3             | 60,065                          | 54,019             |
| 320,000                     | CONOCOPHILLIPS COMPANY GUAR 05/38 5.9                      | 440,298                         | 373,482            |
| 90,000                      | CONOCOPHILLIPS COMPANY GUAR 144A 08/48 4.85                | 117,781                         | 89,720             |
| 280,000                     | CONSUMERS ENERGY CO 1ST MORTGAGE 05/60 2.5                 | 246,837                         | 273,872            |
| 180,000                     | CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9               | 199,484                         | 204,621            |
| 370,000                     | CONTINENTAL RESOURCES COMPANY GUAR 144A 04/32 2.875        | 361,956                         | 369,711            |
| 250,000                     | COOPERATIEVE RABOBANK UA COMPANY GUAR 05/41 5.25           | 350,525                         | 257,577            |
| 100,000                     | COOPERATIEVE RABOBANK UA SR UNSECURED 144A 12/99 5.8       | 157,963                         | 110,341            |
| 220,000                     | CORNING INC SR UNSECURED 11/49 3.9                         | 246,422                         | 219,384            |
| 240,000                     | COTTAGE HEALTH SYSTEM SECURED 11/49 3.304                  | 257,849                         | 240,000            |
| 300,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/49 VAR         | 319,500                         | 319,500            |
| 310,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR         | 327,825                         | 311,459            |
| 330,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR         | 362,630                         | 331,245            |
| 220,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A VAR               | 237,116                         | 220,000            |
| 830,000                     | CREDIT SUISSE GROUP AG SR UNSECURED 144A 05/32 VAR         | 844,567                         | 830,000            |
| 120,000                     | CREDIT SUISSE USA INC COMPANY GUAR 07/32 7.125             | 170,526                         | 149,934            |
| 1,050,000                   | CVS HEALTH CORP SR UNSECURED 03/38 4.78                    | 1,278,113                       | 1,032,128          |
| 1,610,000                   | CVS HEALTH CORP SR UNSECURED 03/48 5.05                    | 2,104,978                       | 1,608,349          |
| 740,000                     | CVS HEALTH CORP SR UNSECURED 07/45 5.125                   | 961,896                         | 803,725            |
| 230,000                     | DANAHER CORP SR UNSECURED 12/51 2.8                        | 226,805                         | 228,611            |
| 200,000                     | DCP MIDSTREAM OPERATING COMPANY GUAR 02/32 3.25            | 201,500                         | 200,000            |
| 320,000                     | DEERE + COMPANY SR UNSECURED 09/49 2.875                   | 330,480                         | 320,659            |
| 390,000                     | DELTA AIR LINES/SKYMILES SR SECURED 144A 10/25 4.5         | 409,894                         | 393,646            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 200,000                     | DELTA AIR LINES/SKYMILES SR SECURED 144A 10/28 4.75        | 218,396                         | 202,038            |
| 300,000                     | DEUTSCHE TELEKOM INT FIN COMPANY GUAR 06/30 8.75           | 436,038                         | 439,196            |
| 58,000                      | DEVON ENERGY CORPORATION SR UNSECURED 01/30 4.5            | 62,269                          | 63,542             |
| 1,140,000                   | DEVON ENERGY CORPORATION SR UNSECURED 06/45 5              | 1,377,941                       | 1,098,343          |
| 270,000                     | DEVON ENERGY CORPORATION SR UNSECURED 07/41 5.6            | 338,666                         | 306,183            |
| 80,000                      | DH EUROPE FINANCE II COMPANY GUAR 11/39 3.25               | 85,401                          | 79,847             |
| 10,000                      | DH EUROPE FINANCE II COMPANY GUAR 11/49 3.4                | 10,716                          | 9,976              |
| 180,000                     | DIAMONDBACK ENERGY INC COMPANY GUAR 03/51 4.4              | 206,318                         | 179,452            |
| 170,000                     | DOMINION ENERGY INC SR UNSECURED 12/44 4.7                 | 209,610                         | 184,748            |
| 180,000                     | DTE ELECTRIC CO GENL REF MOR 04/51 3.25                    | 193,543                         | 178,497            |
| 280,000                     | DTE ELECTRIC CO GENL REF MOR 08/47 3.75                    | 317,934                         | 279,849            |
| 900,000                     | DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 10/46 3.4             | 949,464                         | 807,362            |
| 220,000                     | DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3               | 221,709                         | 218,746            |
| 190,000                     | DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25            | 196,580                         | 185,750            |
| 100,000                     | DUKE UNIVERSITY HEALTH SR UNSECURED 06/47 3.92             | 118,794                         | 100,000            |
| 500,000                     | EATON CORP COMPANY GUAR 11/42 4.15                         | 584,480                         | 495,731            |
| 360,000                     | ECOPETROL SA SR UNSECURED 05/45 5.875                      | 344,254                         | 302,550            |
| 20,000                      | ECOPETROL SA SR UNSECURED 11/31 4.625                      | 19,444                          | 20,000             |
| 210,000                     | ECOPETROL SA SR UNSECURED 11/51 5.875                      | 196,757                         | 210,000            |
| 380,000                     | EDISON INTERNATIONAL JR SUBORDINA 12/99 VAR                | 398,088                         | 380,000            |
| 710,000                     | EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8                 | 695,452                         | 708,424            |
| 320,000                     | ENERGY TRANSFER LP COMPANY GUAR 05/45 5.35                 | 367,501                         | 314,832            |
| 70,000                      | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 66,319                          | 67,200             |
| 280,000                     | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 280,000                         | 280,830            |
| 720,000                     | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 730,800                         | 716,708            |
| 130,000                     | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 132,275                         | 130,000            |
| 100,000                     | ENERGY TRANSFER LP SR UNSECURED 03/35 4.9                  | 112,899                         | 93,168             |
| 80,000                      | ENERGY TRANSFER LP SR UNSECURED 04/29 5.25                 | 91,632                          | 86,121             |
| 235,000                     | ENERGY TRANSFER LP SR UNSECURED 04/49 6.25                 | 306,971                         | 287,151            |
| 270,000                     | ENERGY TRANSFER LP SR UNSECURED 06/38 5.8                  | 327,040                         | 278,059            |
| 30,000                      | ENERGY TRANSFER LP SR UNSECURED 07/38 7.5                  | 41,348                          | 33,864             |
| 120,000                     | ENERGY TRANSFER LP SR UNSECURED 10/36 6.625                | 151,986                         | 134,512            |
| 70,000                      | ENERGY TRANSFER LP SR UNSECURED 10/43 5.95                 | 84,132                          | 77,881             |
| 180,000                     | ENERGY TRANSFER LP SR UNSECURED 12/45 6.125                | 223,898                         | 207,456            |
| 90,000                      | ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/50 4.2            | 100,889                         | 89,813             |
| 180,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/51 3.7            | 188,843                         | 177,800            |
| 150,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/60 3.95           | 161,940                         | 148,498            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 90,000                      | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95           | 119,462                         | 119,298            |
| 80,000                      | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1            | 98,649                          | 97,162             |
| 280,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/49 4.8            | 340,763                         | 278,292            |
| 290,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3            | 288,431                         | 287,957            |
| 130,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/78 VAR            | 130,438                         | 120,575            |
| 110,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/35 5.75           | 137,213                         | 121,704            |
| 200,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/44 4.85           | 240,714                         | 217,263            |
| 760,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 04/38 7.55           | 1,132,240                       | 1,132,689          |
| 840,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 05/46 4.9            | 1,015,694                       | 875,755            |
| 215,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 09/40 6.45           | 297,242                         | 255,790            |
| 320,000                     | EOG RESOURCES INC SR UNSECURED 04/50 4.95                  | 434,717                         | 318,118            |
| 520,000                     | EXELON CORP SR UNSECURED 06/35 5.625                       | 661,190                         | 636,085            |
| 330,000                     | EXXON MOBIL CORPORATION SR UNSECURED 03/40 4.227           | 389,568                         | 330,000            |
| 130,000                     | EXXON MOBIL CORPORATION SR UNSECURED 03/46 4.114           | 151,697                         | 132,195            |
| 260,000                     | EXXON MOBIL CORPORATION SR UNSECURED 03/50 4.327           | 319,241                         | 260,000            |
| 190,000                     | EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452           | 205,821                         | 190,000            |
| 190,000                     | EXXON MOBIL CORPORATION SR UNSECURED 08/39 2.995           | 192,238                         | 190,000            |
| 110,000                     | EXXON MOBIL CORPORATION SR UNSECURED 08/49 3.095           | 111,407                         | 110,000            |
| 1,380,000                   | FIRSTENERGY CORP SR UNSECURED 07/47 5.35                   | 1,640,489                       | 1,409,354          |
| 800,000                     | FIRSTENERGY CORP SR UNSECURED 11/31 7.375                  | 1,079,520                       | 1,025,588          |
| 220,000                     | FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15           | 233,561                         | 218,599            |
| 270,000                     | FOMENTO ECONOMICO MEX SR UNSECURED 01/50 3.5               | 282,312                         | 264,684            |
| 310,000                     | FORD MOTOR COMPANY SR UNSECURED 01/43 4.75                 | 342,163                         | 294,177            |
| 280,000                     | FORD MOTOR COMPANY SR UNSECURED 02/32 3.25                 | 286,720                         | 280,184            |
| 380,000                     | FOX CORP SR UNSECURED 01/39 5.476                          | 490,071                         | 385,458            |
| 120,000                     | FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45               | 150,851                         | 136,650            |
| 880,000                     | GENERAL DYNAMICS CORP COMPANY GUAR 04/40 4.25              | 1,074,542                       | 913,533            |
| 250,000                     | GENERAL DYNAMICS CORP COMPANY GUAR 04/50 4.25              | 318,808                         | 250,960            |
| 460,000                     | GENERAL MOTORS CO SR UNSECURED 04/46 6.75                  | 657,289                         | 535,330            |
| 120,000                     | GENERAL MOTORS CO SR UNSECURED 04/49 5.95                  | 164,254                         | 112,938            |
| 720,000                     | GEORGIA POWER CO SR UNSECURED 03/42 4.3                    | 819,713                         | 719,909            |
| 220,000                     | GILEAD SCIENCES INC SR UNSECURED 03/46 4.75                | 278,766                         | 243,516            |
| 580,000                     | GILEAD SCIENCES INC SR UNSECURED 03/47 4.15                | 682,875                         | 550,069            |
| 150,000                     | GILEAD SCIENCES INC SR UNSECURED 09/36 4                   | 172,529                         | 153,031            |
| 150,000                     | GILEAD SCIENCES INC SR UNSECURED 12/41 5.65                | 206,496                         | 163,579            |
| 110,000                     | GLAXOSMITHKLINE CAP INC COMPANY GUAR 05/38 6.375           | 160,959                         | 151,869            |
| 960,000                     | GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.3        | 1,221,907                       | 966,743            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 610,000                     | GLENCORE FINANCE CANADA COMPANY GUAR 144A 11/41 6          | 803,614                         | 679,320            |
| 40,000                      | GLENCORE FUNDING LLC COMPANY GUAR 144A 09/30 2.5           | 38,737                          | 39,828             |
| 30,000                      | GLENCORE FUNDING LLC COMPANY GUAR 144A 09/31 2.625         | 29,156                          | 29,932             |
| 130,000                     | GLENCORE FUNDING LLC COMPANY GUAR 144A 09/51 3.375         | 125,194                         | 128,067            |
| 20,000                      | GLENCORE FUNDING LLC COMPANY GUAR 144A 10/27 3.875         | 21,490                          | 19,830             |
| 60,000                      | GOLDMAN SACHS GROUP INC JR SUBORDINA 12/99 VAR             | 60,986                          | 60,000             |
| 340,000                     | GOLDMAN SACHS GROUP INC SR UNSECURED 02/41 6.25            | 494,272                         | 443,685            |
| 670,000                     | GOLDMAN SACHS GROUP INC SR UNSECURED 07/32 VAR             | 659,682                         | 670,000            |
| 740,000                     | GOLDMAN SACHS GROUP INC SR UNSECURED 10/32 VAR             | 744,632                         | 740,000            |
| 1,815,000                   | GOLDMAN SACHS GROUP INC SUBORDINATED 05/45 5.15            | 2,360,353                       | 1,934,597          |
| 300,000                     | GUARDIAN LIFE INSURANCE SUBORDINATED 144A 01/70 3.7        | 327,621                         | 296,556            |
| 352,000                     | GUARDIAN LIFE INSURANCE SUBORDINATED 144A 01/77 4.85       | 459,751                         | 370,745            |
| 180,000                     | HACKENSACK MERIDIAN HLTH SECURED 07/57 4.5                 | 236,660                         | 178,387            |
| 190,000                     | HACKENSACK MERIDIAN HLTH SECURED 09/50 2.875               | 190,393                         | 190,000            |
| 170,000                     | HACKENSACK MERIDIAN HLTH SR SECURED 07/48 4.211            | 207,985                         | 170,000            |
| 60,000                      | HALLIBURTON CO SR UNSECURED 03/30 2.92                     | 61,724                          | 59,984             |
| 630,000                     | HALLIBURTON CO SR UNSECURED 11/35 4.85                     | 740,420                         | 673,707            |
| 320,000                     | HARTFORD HEALTHCARE CORP SR UNSECURED 07/54 3.447          | 340,502                         | 320,000            |
| 170,000                     | HCA INC SR SECURED 06/39 5.125                             | 209,360                         | 168,446            |
| 170,000                     | HERSHEY COMPANY SR UNSECURED 06/50 2.65                    | 170,697                         | 169,441            |
| 140,000                     | HOME DEPOT INC SR UNSECURED 03/45 4.4                      | 174,712                         | 158,985            |
| 80,000                      | HOME DEPOT INC SR UNSECURED 04/40 3.3                      | 86,734                          | 79,291             |
| 500,000                     | HOME DEPOT INC SR UNSECURED 04/46 4.25                     | 622,270                         | 519,487            |
| 90,000                      | HOME DEPOT INC SR UNSECURED 04/50 3.35                     | 98,150                          | 88,972             |
| 210,000                     | HOME DEPOT INC SR UNSECURED 06/47 3.9                      | 245,337                         | 194,599            |
| 130,000                     | HOME DEPOT INC SR UNSECURED 09/56 3.5                      | 146,627                         | 127,526            |
| 160,000                     | HOME DEPOT INC SR UNSECURED 12/48 4.5                      | 206,864                         | 157,283            |
| 450,000                     | HONEYWELL INTERNATIONAL SR UNSECURED 06/50 2.8             | 467,762                         | 446,738            |
| 200,000                     | HSBC HOLDINGS PLC SR UNSECURED 05/32 VAR                   | 200,620                         | 200,000            |
| 490,000                     | HSBC HOLDINGS PLC SR UNSECURED 11/32 VAR                   | 494,067                         | 490,000            |
| 120,000                     | HSBC HOLDINGS PLC SUBORDINATED 05/32 7.625                 | 165,188                         | 168,871            |
| 970,000                     | HSBC HOLDINGS PLC SUBORDINATED 09/37 6.5                   | 1,342,044                       | 1,165,238          |
| 290,000                     | HUMANA INC SR UNSECURED 03/47 4.8                          | 367,384                         | 303,314            |
| 205,000                     | HUMANA INC SR UNSECURED 12/42 4.625                        | 252,367                         | 201,021            |
| 240,000                     | INDIANA UNIV HEALTH INC SECURED 11/48 3.97                 | 289,483                         | 240,000            |
| 30,000                      | INTEL CORP SR UNSECURED 03/50 4.75                         | 39,950                          | 33,578             |
| 380,000                     | INTEL CORP SR UNSECURED 08/41 2.8                          | 379,065                         | 379,654            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 540,000                     | INTEL CORP SR UNSECURED 08/61 3.2                          | 552,992                         | 548,380            |
| 163,000                     | INTEL CORP SR UNSECURED 12/47 3.734                        | 185,657                         | 162,892            |
| 820,000                     | INTESA SANPAOLO SPA SR UNSECURED 144A 01/48 4.375          | 926,026                         | 762,879            |
| 200,000                     | INTESA SANPAOLO SPA SR UNSECURED 144A 07/27 3.875          | 212,160                         | 199,989            |
| 200,000                     | INTESA SANPAOLO SPA SR UNSECURED 144A 09/49 4.7            | 239,096                         | 200,491            |
| 200,000                     | INTESA SANPAOLO SPA SUBORDINATED 144A 06/32 VAR            | 201,734                         | 200,000            |
| 400,000                     | INTESA SANPAOLO SPA SUBORDINATED 144A 06/42 VAR            | 410,960                         | 402,362            |
| 240,000                     | JOHNSON + JOHNSON SR UNSECURED 01/38 3.4                   | 270,286                         | 239,287            |
| 200,000                     | JOHNSON + JOHNSON SR UNSECURED 01/48 3.5                   | 229,258                         | 199,246            |
| 40,000                      | JOHNSON + JOHNSON SR UNSECURED 03/36 3.55                  | 45,756                          | 43,294             |
| 250,000                     | JOHNSON + JOHNSON SR UNSECURED 03/37 3.625                 | 287,000                         | 253,579            |
| 590,000                     | JOHNSON + JOHNSON SR UNSECURED 03/46 3.7                   | 693,097                         | 601,765            |
| 170,000                     | JOHNSON + JOHNSON SR UNSECURED 03/47 3.75                  | 199,895                         | 178,411            |
| 320,000                     | JOHNSON + JOHNSON SR UNSECURED 09/40 2.1                   | 302,797                         | 317,872            |
| 70,000                      | JOHNSON + JOHNSON SR UNSECURED 09/50 2.25                  | 64,572                          | 70,055             |
| 530,000                     | JOHNSON + JOHNSON SR UNSECURED 09/60 2.45                  | 500,442                         | 524,515            |
| 400,000                     | JPMORGAN CHASE + CO JR SUBORDINA 12/99 VAR                 | 399,000                         | 400,000            |
| 270,000                     | JPMORGAN CHASE + CO SR UNSECURED 01/49 VAR                 | 312,792                         | 286,893            |
| 570,000                     | JPMORGAN CHASE + CO SR UNSECURED 02/48 VAR                 | 696,808                         | 580,972            |
| 410,000                     | JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR                 | 427,991                         | 410,000            |
| 160,000                     | JPMORGAN CHASE + CO SR UNSECURED 04/51 VAR                 | 165,307                         | 160,000            |
| 1,490,000                   | JPMORGAN CHASE + CO SR UNSECURED 04/52 VAR                 | 1,594,330                       | 1,490,000          |
| 230,000                     | JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR                 | 269,751                         | 238,698            |
| 500,000                     | JPMORGAN CHASE + CO SUBORDINATED 05/31 VAR                 | 517,685                         | 500,000            |
| 810,000                     | JPMORGAN CHASE + CO SUBORDINATED 06/45 4.95                | 1,054,069                       | 856,489            |
| 140,000                     | JPMORGAN CHASE + CO SUBORDINATED 08/43 5.625               | 195,692                         | 159,611            |
| 160,000                     | KAISER FOUNDATION HOSPIT COMPANY GUAR 05/47 4.15           | 197,238                         | 158,482            |
| 310,000                     | KAISER FOUNDATION HOSPIT COMPANY GUAR 11/49 3.266          | 331,663                         | 310,439            |
| 140,000                     | KAISER FOUNDATION HOSPIT UNSECURED 06/41 2.81              | 140,756                         | 140,000            |
| 140,000                     | KAISER FOUNDATION HOSPIT UNSECURED 06/51 3.002             | 144,071                         | 140,000            |
| 230,000                     | KIMBERLY CLARK CORP SR UNSECURED 05/47 3.9                 | 275,556                         | 228,349            |
| 10,000                      | KIMBERLY CLARK CORP SR UNSECURED 07/46 3.2                 | 10,918                          | 8,668              |
| 80,000                      | KINDER MORGAN ENER PART COMPANY GUAR 03/43 5               | 93,170                          | 91,825             |
| 290,000                     | KINDER MORGAN ENER PART COMPANY GUAR 11/42 4.7             | 327,106                         | 252,958            |
| 130,000                     | KINDER MORGAN INC COMPANY GUAR 02/51 3.6                   | 130,737                         | 129,667            |
| 230,000                     | KINDER MORGAN INC COMPANY GUAR 03/48 5.2                   | 284,085                         | 268,668            |
| 510,000                     | KINDER MORGAN INC COMPANY GUAR 06/45 5.55                  | 644,803                         | 553,876            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 40,000                      | KINDER MORGAN INC/DELAWARE COMPANY GUAR 08/31 7.8          | 56,884                          | 56,683             |
| 180,000                     | KKR GROUP FIN CO X LLC COMPANY GUAR 144A 12/51 3.25        | 179,375                         | 179,417            |
| 510,000                     | KKR GROUP FINANCE CO III COMPANY GUAR 144A 06/44 5.125     | 657,900                         | 540,623            |
| 90,000                      | KKR GROUP FINANCE CO VII COMPANY GUAR 144A 02/50 3.625     | 96,599                          | 88,880             |
| 540,000                     | KYNDRYL HOLDINGS INC SR UNSECURED 144A 10/41 4.1           | 522,769                         | 535,915            |
| 580,000                     | L3HARRIS TECH INC SR UNSECURED 04/35 4.854                 | 707,148                         | 638,390            |
| 170,000                     | LAM RESEARCH CORP SR UNSECURED 06/50 2.875                 | 169,388                         | 169,553            |
| 140,000                     | LAM RESEARCH CORP SR UNSECURED 06/60 3.125                 | 142,647                         | 139,581            |
| 90,000                      | LAS VEGAS SANDS CORP SR UNSECURED 06/25 2.9                | 89,753                          | 87,806             |
| 710,000                     | LAS VEGAS SANDS CORP SR UNSECURED 08/26 3.5                | 718,655                         | 707,267            |
| 200,000                     | LLOYDS BANKING GROUP PLC SUBORDINATED 12/45 5.3            | 264,276                         | 212,793            |
| 160,000                     | LOCKHEED MARTIN CORP SR UNSECURED 06/50 2.8                | 159,472                         | 158,613            |
| 6,000                       | LOCKHEED MARTIN CORP SR UNSECURED 09/52 4.09               | 7,413                           | 5,981              |
| 170,000                     | LOWE S COS INC SR UNSECURED 09/41 2.8                      | 165,866                         | 169,820            |
| 900,000                     | LOWE S COS INC SR UNSECURED 10/50 3                        | 887,580                         | 908,016            |
| 140,000                     | M+T BANK CORPORATION JR SUBORDINA 12/99 VAR                | 137,172                         | 140,000            |
| 100,000                     | MAGELLAN MIDSTREAM PARTN SR UNSECURED 02/49 4.85           | 119,650                         | 99,371             |
| 280,000                     | MAGELLAN MIDSTREAM PARTN SR UNSECURED 09/46 4.25           | 311,091                         | 264,120            |
| 360,000                     | MAGELLAN MIDSTREAM PARTN SR UNSECURED 10/47 4.2            | 391,720                         | 357,628            |
| 300,000                     | MARATHON PETROLEUM CORP SR UNSECURED 09/44 4.75            | 353,043                         | 262,611            |
| 230,000                     | MARS INC COMPANY GUAR 144A 04/59 4.2                       | 293,977                         | 228,498            |
| 210,000                     | MARSH + MCLENNAN COS INC SR UNSECURED 12/51 2.9            | 209,576                         | 209,498            |
| 200,000                     | MASS INSTITUTE OF TECH UNSECURED 12/99 4.678               | 297,202                         | 226,494            |
| 50,000                      | MASS INSTITUTE OF TECH UNSECURED 12/99 5.6                 | 87,357                          | 64,448             |
| 150,000                     | MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375      | 158,183                         | 149,382            |
| 390,000                     | MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/77 4.9        | 509,406                         | 402,795            |
| 570,000                     | MASTERCARD INC SR UNSECURED 03/50 3.85                     | 685,032                         | 630,280            |
| 180,000                     | MASTERCARD INC SR UNSECURED 03/51 2.95                     | 186,237                         | 178,295            |
| 90,000                      | MAYO CLINIC UNSECURED 11/43 3.774                          | 104,377                         | 82,924             |
| 210,000                     | MCDONALD S CORP SR UNSECURED 03/47 4.45                    | 256,137                         | 209,656            |
| 520,000                     | MCDONALD S CORP SR UNSECURED 09/48 4.45                    | 640,266                         | 512,155            |
| 120,000                     | MCDONALD S CORP SR UNSECURED 10/37 6.3                     | 168,682                         | 152,177            |
| 190,000                     | MCDONALD S CORP SR UNSECURED 12/35 4.7                     | 231,321                         | 213,239            |
| 220,000                     | MCDONALD S CORP SR UNSECURED 12/45 4.875                   | 282,647                         | 224,312            |
| 170,000                     | MDC HOLDINGS INC COMPANY GUAR 01/31 2.5                    | 164,429                         | 170,000            |
| 180,000                     | MDC HOLDINGS INC COMPANY GUAR 01/43 6                      | 227,705                         | 180,481            |
| 370,000                     | MDGH GMTN RSC LTD COMPANY GUAR 144A 11/49 3.7              | 409,268                         | 370,000            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 200,000                     | MEDSTAR HEALTH INC SECURED 08/49 3.626                     | 218,410                         | 200,000            |
| 77,000                      | MEDTRONIC INC COMPANY GUAR 03/45 4.625                     | 100,842                         | 85,256             |
| 115,000                     | MEMORIAL SLOAN KETTERING SR UNSECURED 07/52 4.125          | 144,755                         | 114,285            |
| 140,000                     | MERCK + CO INC SR UNSECURED 03/39 3.9                      | 164,322                         | 138,541            |
| 240,000                     | MERCK + CO INC SR UNSECURED 03/49 4                        | 290,940                         | 236,858            |
| 230,000                     | MERCK + CO INC SR UNSECURED 06/50 2.45                     | 216,678                         | 224,584            |
| 340,000                     | MERCK + CO INC SR UNSECURED 12/51 2.75                     | 336,430                         | 341,063            |
| 230,000                     | METHODIST HOSPITAL/THE UNSECURED 12/50 2.705               | 222,371                         | 230,000            |
| 410,000                     | METLIFE INC JR SUBORDINA 12/66 6.4                         | 504,390                         | 440,545            |
| 200,000                     | MICRON TECHNOLOGY INC SR UNSECURED 04/32 2.703             | 200,226                         | 200,000            |
| 100,000                     | MICRON TECHNOLOGY INC SR UNSECURED 11/41 3.366             | 102,687                         | 100,000            |
| 1,713,000                   | MICROSOFT CORP SR UNSECURED 03/52 2.921                    | 1,818,726                       | 1,649,690          |
| 116,000                     | MICROSOFT CORP SR UNSECURED 03/62 3.041                    | 124,091                         | 108,963            |
| 697,000                     | MICROSOFT CORP SR UNSECURED 06/50 2.525                    | 679,707                         | 693,831            |
| 24,000                      | MICROSOFT CORP SR UNSECURED 06/60 2.675                    | 23,921                          | 22,544             |
| 230,000                     | MIDAMERICAN ENERGY CO 1ST MORTGAGE 04/50 3.15              | 240,734                         | 228,703            |
| 160,000                     | MIDAMERICAN ENERGY CO 1ST MORTGAGE 07/49 4.25              | 197,424                         | 159,024            |
| 460,000                     | MIDAMERICAN ENERGY CO 1ST MORTGAGE 08/48 3.65              | 517,022                         | 455,984            |
| 190,000                     | MONDELEZ INTERNATIONAL SR UNSECURED 09/50 2.625            | 177,470                         | 188,944            |
| 240,000                     | MORGAN STANLEY SR UNSECURED 01/52 VAR                      | 235,488                         | 240,000            |
| 180,000                     | MORGAN STANLEY SR UNSECURED 03/51 VAR                      | 268,871                         | 180,000            |
| 480,000                     | MORGAN STANLEY SR UNSECURED 04/42 VAR                      | 502,872                         | 493,609            |
| 310,000                     | MORGAN STANLEY SR UNSECURED 07/32 VAR                      | 303,202                         | 310,000            |
| 440,000                     | MORGAN STANLEY SR UNSECURED 10/32 VAR                      | 439,534                         | 440,000            |
| 780,000                     | MORGAN STANLEY SUBORDINATED 09/36 VAR                      | 751,101                         | 780,000            |
| 140,000                     | MPLX LP SR UNSECURED 03/47 5.2                             | 171,396                         | 143,000            |
| 500,000                     | MPLX LP SR UNSECURED 04/58 4.9                             | 575,375                         | 496,445            |
| 130,000                     | MPT OPER PARTNERSP/FINL COMPANY GUAR 08/29 4.625           | 137,150                         | 129,350            |
| 230,000                     | NASDAQ INC SR UNSECURED 12/40 2.5                          | 212,453                         | 230,000            |
| 49,000                      | NBCUNIVERSAL MEDIA LLC COMPANY GUAR 01/43 4.45             | 59,378                          | 61,006             |
| 150,000                     | NESTLE HOLDINGS INC COMPANY GUAR 144A 09/38 3.9            | 174,374                         | 148,397            |
| 90,000                      | NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/50 3.75       | 102,427                         | 89,450             |
| 300,000                     | NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/69 4.45       | 381,519                         | 298,319            |
| 170,000                     | NIKE INC SR UNSECURED 05/43 3.625                          | 193,837                         | 197,163            |
| 200,000                     | NIPPON LIFE INSURANCE SUBORDINATED 144A 01/50 VAR          | 206,500                         | 200,000            |
| 360,000                     | NIPPON LIFE INSURANCE SUBORDINATED 144A 01/51 VAR          | 352,800                         | 360,000            |
| 130,000                     | NISSAN MOTOR ACCEPTANCE SR UNSECURED 144A 03/28 2.75       | 129,067                         | 129,943            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 260,000                     | NISSAN MOTOR CO SR UNSECURED 144A 09/27 4.345              | 280,683                         | 260,000            |
| 140,000                     | NORFOLK SOUTHERN CORP SR UNSECURED 02/48 4.15              | 166,796                         | 137,420            |
| 110,000                     | NORFOLK SOUTHERN CORP SR UNSECURED 05/55 3.155             | 111,425                         | 109,927            |
| 356,000                     | NORFOLK SOUTHERN CORP SR UNSECURED 08/52 4.05              | 427,859                         | 363,200            |
| 380,000                     | NORTHERN STATES PWR MINN 1ST MORTGAGE 03/50 2.9            | 383,637                         | 372,670            |
| 400,000                     | NORTHERN STATES PWR MINN 1ST MORTGAGE 09/47 3.6            | 449,668                         | 395,840            |
| 150,000                     | NORTHROP GRUMMAN CORP SR UNSECURED 05/50 5.25              | 210,096                         | 149,111            |
| 1,130,000                   | NORTHROP GRUMMAN CORP SR UNSECURED 10/47 4.03              | 1,332,519                       | 1,131,812          |
| 110,000                     | NORTHWELL HEALTHCARE INC SECURED 11/47 4.26                | 129,863                         | 110,000            |
| 80,000                      | NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 03/51 3.45      | 85,489                          | 79,722             |
| 960,000                     | NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/47 3.85      | 1,082,150                       | 956,120            |
| 310,000                     | NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/59 3.625     | 341,372                         | 309,175            |
| 70,000                      | NUCOR CORP SR UNSECURED 12/55 2.979                        | 68,720                          | 69,503             |
| 110,000                     | NVIDIA CORP SR UNSECURED 04/40 3.5                         | 123,619                         | 109,780            |
| 80,000                      | NVIDIA CORP SR UNSECURED 04/50 3.5                         | 91,198                          | 80,231             |
| 100,000                     | NVIDIA CORP SR UNSECURED 04/60 3.7                         | 119,507                         | 101,645            |
| 30,000                      | NY + PRESBYTERIAN HOSPIT UNSECURED 08/45 4.024             | 36,676                          | 35,849             |
| 170,000                     | NYU HOSPITALS CENTER SECURED 07/55 3.38                    | 174,439                         | 170,000            |
| 520,000                     | OCCIDENTAL PETROLEUM COR SR UNSECURED 06/39 7.95           | 686,400                         | 705,181            |
| 410,000                     | OCCIDENTAL PETROLEUM COR SR UNSECURED 07/44 4.5            | 422,304                         | 412,537            |
| 540,000                     | OCCIDENTAL PETROLEUM COR SR UNSECURED 09/31 7.875          | 720,900                         | 767,794            |
| 30,000                      | OCCIDENTAL PETROLEUM COR SR UNSECURED 10/27 7.125          | 34,725                          | 37,266             |
| 140,000                     | OHIO ST UNIV OHSHGR 06/11 FIXED OID 4.8                    | 211,707                         | 152,450            |
| 260,000                     | ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7               | 298,873                         | 259,233            |
| 300,000                     | ONCOR ELECTRIC DELIVERY SR SECURED 09/49 3.1               | 313,044                         | 298,488            |
| 690,000                     | ORACLE CORP SR UNSECURED 03/51 3.95                        | 716,296                         | 689,724            |
| 470,000                     | ORACLE CORP SR UNSECURED 03/61 4.1                         | 489,843                         | 470,546            |
| 1,440,000                   | ORACLE CORP SR UNSECURED 07/46 4                           | 1,494,605                       | 1,467,350          |
| 270,000                     | ORLANDO HEALTH OBL GRP UNSECURED 10/48 4.089               | 319,105                         | 270,000            |
| 100,000                     | OTIS WORLDWIDE CORP SR UNSECURED 02/50 3.362               | 105,383                         | 99,982             |
| 270,000                     | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 02/31 2.5              | 257,191                         | 269,719            |
| 330,000                     | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/50 4.95             | 359,390                         | 351,192            |
| 60,000                      | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3              | 55,621                          | 59,701             |
| 130,000                     | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/50 3.5              | 120,427                         | 129,180            |
| 420,000                     | PAYPAL HOLDINGS INC SR UNSECURED 06/50 3.25                | 449,858                         | 425,331            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 100,000                     | PEACEHEALTH OBLIGATED GR SR UNSECURED 11/48 4.787          | 132,822                         | 100,000            |
| 450,000                     | PECO ENERGY CO 1ST MORTGAGE 09/49 3                        | 454,239                         | 446,297            |
| 210,000                     | PETROBRAS GLOBAL FINANCE COMPANY GUAR 01/27 7.375          | 244,440                         | 220,169            |
| 460,000                     | PETROBRAS GLOBAL FINANCE COMPANY GUAR 03/49 6.9            | 489,900                         | 489,670            |
| 190,000                     | PETROBRAS GLOBAL FINANCE COMPANY GUAR 06/51 5.5            | 176,225                         | 183,247            |
| 200,000                     | PETROLEOS DEL PERU SA SR UNSECURED 144A 06/47 5.625        | 198,028                         | 229,436            |
| 60,000                      | PFIZER INC SR UNSECURED 05/40 2.55                         | 59,861                          | 59,627             |
| 180,000                     | PFIZER INC SR UNSECURED 05/50 2.7                          | 181,084                         | 178,533            |
| 660,000                     | PFIZER INC SR UNSECURED 12/46 4.125                        | 815,687                         | 674,604            |
| 160,000                     | PHILIP MORRIS INTL INC SR UNSECURED 05/38 6.375            | 224,514                         | 212,012            |
| 220,000                     | PHILIP MORRIS INTL INC SR UNSECURED 08/42 3.875            | 236,617                         | 207,316            |
| 20,000                      | PHILIP MORRIS INTL INC SR UNSECURED 11/44 4.25             | 22,834                          | 21,810             |
| 410,000                     | PIEDMONT NATURAL GAS CO SR UNSECURED 09/34 4.1             | 456,810                         | 404,535            |
| 200,000                     | PIEDMONT NATURAL GAS CO SR UNSECURED 11/46 3.64            | 211,974                         | 189,820            |
| 750,000                     | PROGRESS ENERGY INC SR UNSECURED 03/31 7.75                | 1,044,930                       | 1,021,320          |
| 200,000                     | PROLOGIS LP SR UNSECURED 10/50 2.125                       | 171,358                         | 196,876            |
| 240,000                     | PRUDENTIAL FINANCIAL INC SR UNSECURED 03/40 3              | 245,947                         | 239,390            |
| 380,000                     | PRUDENTIAL FINANCIAL INC SR UNSECURED 05/44 4.6            | 471,303                         | 410,444            |
| 150,000                     | RAYMOND JAMES FINANCIAL SR UNSECURED 04/51 3.75            | 165,674                         | 149,090            |
| 100,000                     | RAYMOND JAMES FINANCIAL SR UNSECURED 07/46 4.95            | 127,271                         | 102,808            |
| 70,000                      | RAYTHEON TECH CORP SR UNSECURED 05/47 4.05                 | 81,003                          | 79,731             |
| 420,000                     | RAYTHEON TECH CORP SR UNSECURED 06/42 4.5                  | 519,212                         | 451,772            |
| 610,000                     | RAYTHEON TECH CORP SR UNSECURED 07/50 3.125                | 622,975                         | 607,969            |
| 410,000                     | RAYTHEON TECH CORP SR UNSECURED 11/38 4.45                 | 494,132                         | 409,857            |
| 130,000                     | RAYTHEON TECH CORP SR UNSECURED 11/48 4.625                | 166,533                         | 129,588            |
| 100,000                     | REPUBLIC SERVICES INC SR UNSECURED 03/40 6.2               | 142,406                         | 122,416            |
| 260,000                     | REYNOLDS AMERICAN INC COMPANY GUAR 05/40 8.125             | 377,309                         | 332,719            |
| 210,000                     | RIO TINTO FIN USA LTD COMPANY GUAR 11/40 5.2               | 279,386                         | 235,904            |
| 280,000                     | ROCHE HOLDINGS INC COMPANY GUAR 144A 12/51 2.607           | 274,960                         | 280,000            |
| 140,000                     | ROCKETMTGE C0 ISSUER INC COMPANY GUAR 144A 10/26 2.875     | 138,950                         | 140,000            |
| 130,000                     | ROCKETMTGE CO ISSUER INC COMPANY GUAR 144A 10/33 4         | 131,674                         | 130,000            |
| 140,000                     | S+P GLOBAL INC COMPANY GUAR 08/60 2.3                      | 121,040                         | 137,798            |
| 290,000                     | S+P GLOBAL INC COMPANY GUAR 12/49 3.25                     | 314,346                         | 287,796            |
| 810,000                     | SALESFORCE.COM INC SR UNSECURED 07/51 2.9                  | 824,345                         | 807,740            |
| 410,000                     | SALESFORCE.COM INC SR UNSECURED 07/61 3.05                 | 421,673                         | 408,680            |
| 210,000                     | SAN DIEGO G + E 1ST MORTGAGE 04/42 4.3                     | 242,939                         | 239,121            |
| 110,000                     | SAN DIEGO G + E 1ST MORTGAGE 04/50 3.32                    | 115,762                         | 109,854            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 100,000                     | SAN DIEGO G + E 1ST MORTGAGE 06/47 3.75                    | 110,838                         | 99,554             |
| 580,000                     | SANDS CHINA LTD SR UNSECURED 08/28 5.4                     | 624,324                         | 587,471            |
| 600,000                     | SANDS CHINA LTD SR UNSECURED 144A 08/31 3.25               | 563,736                         | 599,562            |
| 375,000                     | SANTANDER UK GROUP HLDGS SUBORDINATED 144A 09/45<br>5.625  | 483,896                         | 423,821            |
| 410,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 04/50 3.25            | 436,211                         | 400,910            |
| 90,000                      | SHELL INTERNATIONAL FIN COMPANY GUAR 05/45 4.375           | 109,346                         | 96,062             |
| 570,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 05/46 4               | 662,842                         | 559,523            |
| 264,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 08/43 4.55            | 329,200                         | 264,145            |
| 220,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 09/46 3.75            | 247,031                         | 211,592            |
| 400,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 12/38 6.375           | 582,484                         | 544,860            |
| 280,000                     | SOCIEDAD QUIMICA Y MINER SR UNSECURED 144A 09/51 3.5       | 271,253                         | 277,687            |
| 360,000                     | SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65                | 380,930                         | 383,954            |
| 200,000                     | SOUTHERN CAL EDISON 1ST MORTGAGE 06/51 3.65                | 216,690                         | 199,532            |
| 370,000                     | SOUTHERN CAL EDISON 1ST REF MORT 04/47 4                   | 407,966                         | 379,046            |
| 790,000                     | SOUTHERN CAL EDISON 1ST REF MORT 10/43 4.65                | 922,641                         | 885,607            |
| 630,000                     | SOUTHERN COPPER CORP SR UNSECURED 11/42 5.25               | 793,013                         | 581,887            |
| 420,000                     | SOUTHERN NATURAL GAS SR UNSECURED 03/32 8                  | 584,060                         | 536,941            |
| 150,000                     | SOUTHERN NATURAL GAS SR UNSECURED 144A 03/47 4.8           | 178,620                         | 168,038            |
| 240,000                     | SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7            | 269,338                         | 238,620            |
| 200,000                     | SUZANO AUSTRIA GMBH COMPANY GUAR 144A 03/47 7              | 253,352                         | 219,640            |
| 650,000                     | T MOBILE USA INC SR SECURED 02/41 3                        | 634,602                         | 640,403            |
| 650,000                     | T MOBILE USA INC SR SECURED 02/51 3.3                      | 634,823                         | 636,541            |
| 30,000                      | T MOBILE USA INC SR SECURED 04/40 4.375                    | 34,296                          | 29,408             |
| 430,000                     | T MOBILE USA INC SR SECURED 144A 10/52 3.4                 | 428,018                         | 427,515            |
| 230,000                     | TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/47 4.27      | 277,801                         | 229,264            |
| 370,000                     | TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/50 3.3       | 385,862                         | 369,508            |
| 56,000                      | TEACHERS INSUR + ANNUITY SUBORDINATED 144A 12/39 6.85      | 83,545                          | 73,498             |
| 140,000                     | TECK RESOURCES LIMITED SR UNSECURED 02/43 5.4              | 170,713                         | 166,863            |
| 190,000                     | TECK RESOURCES LIMITED SR UNSECURED 07/41 6.25             | 251,995                         | 243,767            |
| 40,000                      | TECK RESOURCES LIMITED SR UNSECURED 08/40 6                | 51,161                          | 49,091             |
| 880,000                     | TELEFONICA EMISIONES SAU COMPANY GUAR 06/36 7.045          | 1,255,470                       | 1,118,437          |
| 260,000                     | TENCENT HOLDINGS LTD SR UNSECURED 144A 04/51 3.84          | 273,013                         | 259,909            |
| 200,000                     | TEVA PHARMACEUTICALS NE COMPANY GUAR 01/25 7.125           | 214,000                         | 200,000            |
| 380,000                     | TEXAS INSTRUMENTS INC SR UNSECURED 03/39 3.875             | 449,038                         | 378,330            |
| 590,000                     | TEXAS INSTRUMENTS INC SR UNSECURED 05/48 4.15              | 736,025                         | 587,380            |
| 150,000                     | TIME WARNER CABLE LLC SR SECURED 05/37 6.55                | 196,241                         | 178,297            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 815,000                     | TIME WARNER CABLE LLC SR SECURED 06/39 6.75                | 1,110,389                       | 1,006,369          |
| 380,000                     | TIME WARNER CABLE LLC SR SECURED 07/38 7.3                 | 537,818                         | 488,844            |
| 470,000                     | TIME WARNER CABLE LLC SR SECURED 09/42 4.5                 | 512,399                         | 460,333            |
| 460,000                     | TIME WARNER ENTERTAINMEN SR SECURED 07/33 8.375            | 669,769                         | 666,993            |
| 900,000                     | TRANSCONT GAS PIPE CORP SR UNSECURED 08/42 4.45            | 1,052,433                       | 794,966            |
| 250,000                     | TRANSCONT GAS PIPE LINE SR UNSECURED 03/48 4.6             | 302,180                         | 248,190            |
| 120,000                     | TRANSCONT GAS PIPE LINE SR UNSECURED 05/30 3.25            | 126,481                         | 119,744            |
| 180,000                     | TRANSCONT GAS PIPE LINE SR UNSECURED 05/50 3.95            | 201,632                         | 178,963            |
| 280,000                     | TRAVELERS COS INC SR UNSECURED 03/49 4.1                   | 338,696                         | 278,944            |
| 430,000                     | TSMC ARIZONA CORP COMPANY GUAR 10/41 3.125                 | 447,927                         | 425,261            |
| 340,000                     | TSMC ARIZONA CORP COMPANY GUAR 10/51 3.25                  | 358,119                         | 335,437            |
| 650,000                     | UBS AG LONDON SR UNSECURED 144A 06/48 4.5                  | 848,439                         | 718,066            |
| 84,000                      | UBS AG STAMFORD CT SUBORDINATED 09/26 7.75                 | 104,882                         | 112,334            |
| 760,000                     | UBS GROUP AG JR SUBORDINA 144A 12/99 VAR                   | 819,470                         | 760,000            |
| 110,000                     | UNION PACIFIC CORP SR UNSECURED 02/50 3.25                 | 117,895                         | 109,957            |
| 680,000                     | UNION PACIFIC CORP SR UNSECURED 02/70 3.75                 | 770,338                         | 690,577            |
| 480,000                     | UNION PACIFIC CORP SR UNSECURED 03/60 3.839                | 565,128                         | 481,662            |
| 250,000                     | UNION PACIFIC CORP SR UNSECURED 04/71 3.799                | 289,453                         | 260,199            |
| 160,000                     | UNION PACIFIC CORP SR UNSECURED 09/67 4.1                  | 194,307                         | 159,763            |
| 80,820                      | UNITED AIR 2020 1 B PTT PASS THRU CE 07/27 4.875           | 84,142                          | 80,820             |
| 10,000                      | UNITEDHEALTH GROUP INC SR UNSECURED 05/40 2.75             | 10,152                          | 9,708              |
| 140,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9              | 142,611                         | 142,652            |
| 270,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25             | 334,452                         | 268,142            |
| 960,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 07/45 4.75             | 1,256,707                       | 1,097,834          |
| 130,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5              | 144,143                         | 128,721            |
| 740,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 08/59 3.875            | 885,588                         | 733,429            |
| 565,000                     | UNIV OF CALIFORNIA CA REVENUES UNVHGR 05/12 FIXED 4.858    | 831,070                         | 599,369            |
| 70,000                      | UNIV OF CALIFORNIA CA REVENUES UNVHGR 12/99 FIXED 4.767    | 100,138                         | 70,861             |
| 230,000                     | UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/20 FIXED 3.706    | 254,024                         | 230,000            |
| 200,000                     | UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/50 FIXED 3.006    | 205,778                         | 200,000            |
| 360,000                     | UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/60 FIXED 3.256    | 387,371                         | 360,000            |
| 710,000                     | UNIV OF VIRGINIA VA UNIV REVEN UNIHGR 09/17 FIXED 4.179    | 986,758                         | 710,000            |
| 105,000                     | UNIV SOUTHERN CALIFORNIA SR UNSECURED 10/11 5.25           | 168,179                         | 127,889            |
| 160,000                     | UNIV SOUTHERN CALIFORNIA SR UNSECURED 12/99 3.226          | 162,704                         | 160,000            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 490,000                     | VERIZON COMMUNICATIONS SR UNSECURED 03/37 5.25             | 636,735                         | 501,737            |
| 1,000,000                   | VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4              | 1,046,940                       | 999,420            |
| 370,000                     | VERIZON COMMUNICATIONS SR UNSECURED 03/50 4                | 424,845                         | 369,865            |
| 2,540,000                   | VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55             | 2,735,224                       | 2,541,161          |
| 1,580,000                   | VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7              | 1,713,068                       | 1,569,854          |
| 390,000                     | VERIZON COMMUNICATIONS SR UNSECURED 08/46 4.125            | 452,287                         | 341,957            |
| 140,000                     | VERIZON COMMUNICATIONS SR UNSECURED 09/41 2.85             | 138,114                         | 139,815            |
| 90,000                      | VERIZON COMMUNICATIONS SR UNSECURED 09/43 6.55             | 140,660                         | 121,971            |
| 80,000                      | VERIZON COMMUNICATIONS SR UNSECURED 10/56 2.987            | 75,727                          | 70,500             |
| 120,000                     | VERIZON COMMUNICATIONS SR UNSECURED 11/40 2.65             | 114,026                         | 119,888            |
| 650,000                     | VERIZON COMMUNICATIONS SR UNSECURED 11/50 2.875            | 616,779                         | 648,310            |
| 460,000                     | VERIZON COMMUNICATIONS SR UNSECURED 11/60 3                | 434,676                         | 455,970            |
| 110,000                     | VIDEOTRON LTD SR UNSECURED 144A 06/29 3.625                | 110,549                         | 110,000            |
| 210,000                     | VIRGINIA ELEC + POWER CO SR UNSECURED 09/47 3.8            | 237,256                         | 209,068            |
| 400,000                     | VIRGINIA ELEC + POWER CO SR UNSECURED 11/38 8.875          | 705,380                         | 645,453            |
| 150,000                     | VISA INC SR UNSECURED 04/40 2.7                            | 153,275                         | 148,896            |
| 810,000                     | VISA INC SR UNSECURED 12/45 4.3                            | 1,019,280                       | 835,538            |
| 160,000                     | VODAFONE GROUP PLC SR UNSECURED 02/37 6.15                 | 216,896                         | 181,296            |
| 360,000                     | VODAFONE GROUP PLC SR UNSECURED 05/48 5.25                 | 468,900                         | 359,419            |
| 300,000                     | WACHOVIA CORP SUBORDINATED 10/35 6.55                      | 405,291                         | 383,586            |
| 500,000                     | WALMART INC SR UNSECURED 09/51 2.65                        | 511,225                         | 498,150            |
| 210,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 10/43 5.4             | 291,163                         | 260,511            |
| 660,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 11/37 6.65            | 978,285                         | 919,829            |
| 100,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 12/34 6.2             | 139,647                         | 131,779            |
| 100,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 12/35 6.4             | 143,106                         | 134,928            |
| 240,000                     | WEA FINANCE LLC/WESTFIEL COMPANY GUAR 144A 09/44 4.75      | 258,449                         | 244,054            |
| 360,000                     | WELLS FARGO + COMPANY SR UNSECURED 04/41 VAR               | 369,191                         | 360,000            |
| 740,000                     | WELLS FARGO + COMPANY SR UNSECURED 04/51 VAR               | 1,010,492                       | 837,451            |
| 393,000                     | WELLS FARGO + COMPANY SUBORDINATED 01/44 5.606             | 531,792                         | 398,644            |
| 100,000                     | WELLS FARGO + COMPANY SUBORDINATED 08/35 5.5               | 126,792                         | 117,745            |
| 1,210,000                   | WELLS FARGO + COMPANY SUBORDINATED 11/43 5.375             | 1,599,245                       | 1,408,712          |
| 1,100,000                   | WELLS FARGO + COMPANY SUBORDINATED 12/46 4.75              | 1,372,855                       | 1,119,062          |
| 170,000                     | WESLEYAN UNIVERSITY UNSECURED 07/16 4.781                  | 242,063                         | 171,562            |
| 10,000                      | WESTERN MIDSTREAM OPERAT SR UNSECURED 02/50 6.5            | 11,824                          | 9,993              |
| 20,000                      | WESTERN MIDSTREAM OPERAT SR UNSECURED 03/48 5.3            | 24,100                          | 20,191             |
| 110,000                     | WILLIAMS COMPANIES INC SR UNSECURED 10/51 3.5              | 111,126                         | 109,816            |
| 100,000                     | WILLIAMS COMPANIES INC SR UNSECURED 11/43 5.8              | 130,274                         | 125,386            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b>Identity of Issuer/Description of Investment</b>     | <b>Current<br/>Value</b> | <b>Cost</b> |
|-----------------------------|---------------------------------------------------------|--------------------------|-------------|
| 110,000                     | WILLIS KNIGHTON MED CTR SECURED 03/51 3.065             | 107,729                  | 110,000     |
| 250,000                     | WILLIS KNIGHTON MED CTR SECURED 09/48 4.813             | 320,968                  | 250,000     |
| 100,000                     | WISCONSIN POWER + LIGHT SR UNSECURED 04/50 3.65         | 112,065                  | 99,873      |
| 140,000                     | WISCONSIN PUBLIC SERVICE SR UNSECURED 12/51 2.85        | 137,502                  | 139,747     |
| 50,000                      | WYETH LLC COMPANY GUAR 04/37 5.95                       | 70,416                   | 65,379      |
| 600,000                     | YAMANA GOLD INC COMPANY GUAR 12/27 4.625                | 647,687                  | 601,896     |
|                             |                                                         | 245,878,915              | 221,996,566 |
| <b>Government Bonds</b>     |                                                         |                          |             |
| 880,000                     | ABU DHABI GOVT INT L SR UNSECURED 144A 09/49 3.125      | 897,970                  | 890,133     |
| 480,000                     | ABU DHABI GOVT INT L SR UNSECURED 144A 10/47 4.125      | 574,411                  | 475,752     |
| 60,000                      | ALABAMA ECON SETTLEMENT AUTH B ABMGEN 09/32 FIXED 4.263 | 68,309                   | 60,000      |
| 200,000                     | AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/41 FIXED 7.834  | 330,684                  | 301,900     |
| 20,000                      | AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/50 FIXED 6.27   | 28,582                   | 23,552      |
| 1,300,000                   | CALIFORNIA ST CAS 10/39 FIXED 7.3                       | 2,039,466                | 1,868,212   |
| 60,000                      | ILLINOIS ST ILS 02/35 FIXED 6.63                        | 73,306                   | 63,273      |
| 350,000                     | ILLINOIS ST ILS 06/33 FIXED 5.1                         | 404,558                  | 309,061     |
| 280,000                     | JOBSONIO BEVERAGE SYS STWD LIQ JOBGEN 01/38 FIXED 2.833 | 288,660                  | 280,000     |
| 115,000                     | LOS ANGELES CA DEPT WTR PWR LOSUTL 07/45 FIXED 6.574    | 186,586                  | 171,721     |
| 370,000                     | MISSOURI ST HLTH EDUCTNL FAC MOSMED 08/57 FIXED 3.652   | 453,169                  | 370,000     |
| 180,000                     | NEW JERSEY ST TRANSPRTN TRUST NJSTRN 06/39 FIXED 4.081  | 199,561                  | 180,000     |
| 70,000                      | PORT AUTH OF NEW YORK NEW JE PORTRN 08/46 FIXED 4.96    | 95,206                   | 86,473      |
| 1,200,000                   | PORT AUTH OF NEW YORK NEW JE PORTRN 10/65 FIXED 4.81    | 1,646,424                | 1,258,728   |
| 330,000                     | QATAR ENERGY SR UNSECURED 144A 07/41 3.125              | 333,505                  | 328,782     |
| 490,000                     | QATAR ENERGY SR UNSECURED 144A 07/51 3.3                | 504,391                  | 490,000     |
| 37,458                      | REPUBLIC OF ARGENTINA SR UNSECURED 07/29 1              | 13,579                   | 20,649      |
| 110,028                     | REPUBLIC OF ARGENTINA SR UNSECURED 07/30 VAR            | 38,511                   | 57,216      |
| 361,770                     | REPUBLIC OF ARGENTINA SR UNSECURED 07/35 VAR            | 115,766                  | 169,127     |
| 990,000                     | REPUBLIC OF CHILE SR UNSECURED 05/41 3.1                | 968,715                  | 984,317     |
| 120,000                     | REPUBLIC OF COLOMBIA SR UNSECURED 01/41 6.125           | 123,511                  | 131,670     |
| 380,000                     | REPUBLIC OF COLOMBIA SR UNSECURED 06/45 5               | 342,950                  | 384,750     |
| 220,000                     | REPUBLIC OF INDONESIA SR UNSECURED 01/48 4.35           | 251,643                  | 218,165     |
| 660,000                     | REPUBLIC OF INDONESIA SR UNSECURED 10/49 3.7            | 697,930                  | 654,086     |
| 380,000                     | REPUBLIC OF PANAMA SR UNSECURED 07/60 3.87              | 380,000                  | 429,077     |
| 330,000                     | REPUBLIC OF PANAMA SR UNSUB 09/32 2.252                 | 313,088                  | 330,000     |
| 200,000                     | REPUBLIC OF PARAGUAY SR UNSECURED 144A 03/50 5.4        | 228,250                  | 243,726     |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b>             | <b>Identity of Issuer/Description of Investment</b>     | <b>Current<br/>Value</b> | <b>Cost</b> |
|-----------------------------------------|---------------------------------------------------------|--------------------------|-------------|
| 240,000                                 | REPUBLIC OF PERU SR UNSECURED 01/31 2.783               | 238,802                  | 240,005     |
| 180,000                                 | REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1         | 237,692                  | 162,360     |
| 100,000                                 | SAN DIEGO CNTY CA WTR AUTH FIN SDGWTR 05/49 FIXED 6.138 | 150,410                  | 143,358     |
| 140,000                                 | SAN FRANCISCO CITY CNTY CA P SFWTR 11/39 FIXED 3.303    | 144,746                  | 140,000     |
| 260,000                                 | STATE OF ISRAEL SR UNSECURED 01/48 4.125                | 318,209                  | 257,655     |
| 230,000                                 | STATE OF ISRAEL SR UNSECURED 07/50 3.875                | 268,336                  | 230,000     |
| 640,000                                 | STATE OF QATAR SR UNSECURED 144A 03/49 4.817            | 838,810                  | 640,000     |
| 370,000                                 | STATE OF QATAR SR UNSECURED 144A 04/50 4.4              | 459,647                  | 370,000     |
| 110,000                                 | TEXAS ST PRIV ACTIVITY BOND SU TXSTRN 12/49 FIXED 3.922 | 123,061                  | 110,000     |
| 830,000                                 | UNITED MEXICAN STATES SR UNSECURED 01/40 6.05           | 1,031,283                | 977,092     |
| 1,200,000                               | UNITED MEXICAN STATES SR UNSECURED 03/44 4.75           | 1,306,512                | 1,206,821   |
| 250,000                                 | UNITED MEXICAN STATES SR UNSECURED 08/41 4.28           | 259,063                  | 249,845     |
| 3,570,000                               | US TREASURY N/B 05/26 0.75                              | 3,496,637                | 3,550,477   |
| 80,000                                  | US TREASURY N/B 06/26 0.875                             | 78,731                   | 79,919      |
| 1,930,000                               | US TREASURY N/B 07/26 0.625                             | 1,876,693                | 1,914,865   |
| 120,000                                 | US TREASURY N/B 08/41 1.75                              | 116,344                  | 114,497     |
| 3,500,000                               | US TREASURY N/B 08/50 1.375                             | 3,065,930                | 3,166,168   |
| 110,000                                 | US TREASURY N/B 11/31 1.375                             | 108,607                  | 109,300     |
| 330,000                                 | US TREASURY N/B 11/41 2                                 | 333,765                  | 332,823     |
| 1,710,000                               | US TREASURY N/B 11/50 1.625                             | 1,593,173                | 1,497,218   |
|                                         |                                                         | 27,645,182               | 26,272,773  |
| <b>Investment Partnerships - Equity</b> |                                                         |                          |             |
| 1,231,759                               | ADAMS STREET GLOBAL SECONDARIE FUND 5                   | 3,934,097                | 1,231,759   |
| 1,532,827                               | CANYON CLO FUND LP LIMITED PARTNERSHIP                  | 6,740,901                | 1,532,827   |
| 1,563,989                               | DYAL III PENSION INVESTOR LP                            | 7,399,154                | 1,563,989   |
| 2,785                                   | FINTAN PARTNERS SPEC CREDIT FD II LP                    | 116,810                  | 2,785       |
| 317,551                                 | HARBOURVEST PARTNERS IX LIMITED PARTNERSHIP             | 18,107,099               | 317,551     |
| 967,500                                 | SHERIDAN PRODUCTION PTRS III B LIMITED PARTNERSHIP      | 2,888,000                | 967,500     |
| 4,192                                   | TPG OPPORTUNITIES PARTNERS II LIMITED PARTNERSHIP       | 196,638                  | 4,192       |
| 7,856,234                               | TRIDENT VII, L.P. LIMITED PARTNERSHIP                   | 15,618,053               | 7,856,234   |
| 4,951,377                               | WARBURG PINCUS PE XII, LP LIMITED PARTNERSHIP           | 15,138,304               | 4,951,377   |
| 5,075                                   | WARBURG PINCUS XI LP LIMITED PARTNERSHIP                | 5,420,379                | 5,075       |
|                                         |                                                         | 75,559,435               | 18,433,289  |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b>                        | <b><u>Identity of Issuer/Description of Investment</u></b>  | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b>     |
|----------------------------------------------------|-------------------------------------------------------------|---------------------------------|------------------------|
| <b><u>Investment Partnership – Real Estate</u></b> |                                                             |                                 |                        |
| 89,848                                             | BLACKSTONE RE PARTNERS VII REIT                             | 1,759,545                       | 106,159                |
| 39,384                                             | BLACKSTONE REAL EST PRTNR IV EUROPE IV LP                   | 1,207,987                       | 39,384                 |
| 5,613,451                                          | BLACKSTONE REAL ESTATE PARTNER EUROPE V L.P.                | 10,491,057                      | 5,613,451              |
| 118,918                                            | CROSSHARBOR INSTITUTIONAL PARTNERS 2014 LP                  | 1,256,624                       | 118,918                |
| 9,536,561                                          | H/2 SPECIAL OPPTS IV                                        | 11,556,710                      | 9,536,561              |
| 306,565                                            | OAKTREE REAL ESTATE OPP VI LP LIMITED PARTNERSHIP           | 2,617,342                       | 306,565                |
| 149,800                                            | TOWNSQUARE REAF I, LP MUTUAL FUND                           | 2,597,434                       | 149,800                |
| 2,185,432                                          | TRUE NORTH REAL ESTATE III LIMITED PARTNERSHIP              | 3,455,327                       | 2,185,432              |
| 1,858,929                                          | USRA NET LEASE LLC USRA NET LEASE LLC                       | 6,949,752                       | 1,858,929              |
|                                                    |                                                             | <b>41,891,778</b>               | <b>19,915,199</b>      |
| <b><u>Commingled Funds - Equity</u></b>            |                                                             |                                 |                        |
| 7,378,764                                          | AON HEWITT COLLECTIVE INVT TR GLOBAL EQUITY CL I            | 159,086,155                     | 97,575,659             |
| 5,831,108                                          | MSCI ACWI EQUITY INDEX NL MUTUAL FUND                       | 159,295,846                     | 103,585,078            |
|                                                    |                                                             | <b>318,382,001</b>              | <b>201,160,737</b>     |
| <b><u>Commingled Funds - Bonds</u></b>             |                                                             |                                 |                        |
| 68,010,069                                         | AON HEWITT COLLECTIVE INVT TR LONG CR BD                    | 703,904,210                     | 683,587,307            |
| 28,181                                             | AON OPPORTUNISTIC CREDIT FUND AON OPPORTUNISTIC CREDIT FUND | 32,246,678                      | 28,195,428             |
| 4,040,732                                          | AON TR CO LLC MULTI ASSET CR                                | 43,612,241                      | 43,000,000             |
|                                                    |                                                             | <b>779,763,129</b>              | <b>754,782,735</b>     |
| <b><u>Commingled Funds - Government</u></b>        |                                                             |                                 |                        |
| 36,995,991                                         | AON HEWITT COLLECTIVE AGT 20 YEAR U.S. TREASURY             | 335,923,594                     | 345,629,153            |
|                                                    |                                                             | <b>335,923,594</b>              | <b>345,629,153</b>     |
|                                                    |                                                             | <b>\$1,842,921,472</b>          | <b>\$1,606,067,868</b> |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions  
For the Year Ended December 31, 2021

| <u>Identity of<br/>Party<br/>Involved</u> | <u>Description of Assets</u>                        | <u>Number of<br/>Transactions</u> | <u>Purchase<br/>Price (A)**</u> | <u>Selling<br/>Price (A)**</u> | <u>Cost of Asset</u> | <u>Net Gain<br/>(Loss)</u> |
|-------------------------------------------|-----------------------------------------------------|-----------------------------------|---------------------------------|--------------------------------|----------------------|----------------------------|
| <b>-Single Transactions-</b>              |                                                     |                                   |                                 |                                |                      |                            |
| State Street                              | AON HEWITT COLLECTIVE INVT TR<br>LONG CR BD         |                                   | \$ 88,750,000                   | \$ -                           | \$ -                 | \$ -                       |
| <b>-Series in Same Security-</b>          |                                                     |                                   |                                 |                                |                      |                            |
| State Street                              | MSCI ACWI EQUITY INDEX NL MUTUAL<br>FUND            | 12                                | \$ -                            | \$207,573,948                  | \$154,214,845        | \$53,359,103               |
| State Street                              | AON HEWITT COLLECTIVE INVT TR<br>GLOBAL EQUITY CL I | 10                                | -                               | 212,500,000                    | 148,284,061          | 64,215,939                 |
| State Street                              | AON HEWITT COLLECTIVE INVT TR<br>LONG CR BD         | 13                                | \$335,700,000                   | -                              | -                    | -                          |
| State Street                              | AON HEWITT COLLECTIVE AGT 20<br>YEAR U.S. TREASURY  | 13                                | 146,800,000                     | -                              | -                    | -                          |
| State Street                              | STATE STREET SHORT TERM<br>INVESTMENT FUND 25 BPS   | 233                               | 456,422,448                     | 453,204,713                    | 453,204,713          | -                          |

(A) The current value of all assets acquired or disposed of at the time of acquisition or disposition is equal to the purchase price or selling price, respectively.

\*\* Amounts do not include transactional fees

|                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2021</div><br>This Form is Open to Public Inspection |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                     |                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                                              |                                                                                                                                                                                 |
| For calendar plan year 2021 or fiscal plan year beginning _____ and ending _____                                                    |                                                                                                                                                                                 |
| <b>A</b> This return/report is for: <input type="checkbox"/> a multiemployer plan                                                   | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
| <b>B</b> This return/report is: <input checked="" type="checkbox"/> a single-employer plan                                          | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |
| <input type="checkbox"/> the first return/report                                                                                    | <input type="checkbox"/> the final return/report                                                                                                                                |
| <input type="checkbox"/> an amended return/report                                                                                   | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |
| <b>C</b> If the plan is a collectively-bargained plan, check here . . . . . <input type="checkbox"/>                                |                                                                                                                                                                                 |
| <b>D</b> Check box if filing under: <input checked="" type="checkbox"/> Form 5558                                                   | <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                          |
| <input type="checkbox"/> special extension (enter description)                                                                      |                                                                                                                                                                                 |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here . . . . . <input type="checkbox"/> |                                                                                                                                                                                 |

|                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|------------------------------------------------|--|--------------------------------------------------------------|--|-----------------------------------------------------------|--|------------------------------------------------------|--|
| <b>Part II Basic Plan Information - enter all requested information</b>                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1a</b> Name of plan<br>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN                                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; padding: 5px;">001</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>1c</b> Effective date of plan<br/>01/01/1961</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>2b</b> Employer Identification Number (EIN)<br/>31-0833936</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>2c</b> Plan Sponsor's telephone number<br/>513-636-8778</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>2d</b> Business code (see instructions)<br/>622000</td> </tr> </table> | <b>1b</b> Three-digit plan number (PN) ► | 001 | <b>1c</b> Effective date of plan<br>01/01/1961 |  | <b>2b</b> Employer Identification Number (EIN)<br>31-0833936 |  | <b>2c</b> Plan Sponsor's telephone number<br>513-636-8778 |  | <b>2d</b> Business code (see instructions)<br>622000 |  |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                                                                                                             | 001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>1c</b> Effective date of plan<br>01/01/1961                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2b</b> Employer Identification Number (EIN)<br>31-0833936                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2c</b> Plan Sponsor's telephone number<br>513-636-8778                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2d</b> Business code (see instructions)<br>622000                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>CHILDREN'S HOSPITAL MEDICAL CENTER<br><br>3333 BURNET AVENUE, MLC 4900<br>CINCINNATI, OH 45229-3039 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |     |                                                |  |                                                              |  |                                                           |  |                                                      |  |

**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<br>HERE |                                    | 10/6/2022 | Amanda Lord                                                  |
|              | Signature of plan administrator    | Date      | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    | 10/6/2022 | Paul Jenny                                                   |
|              | Signature of employer/plan sponsor | Date      | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |           |                                                              |
|              | Signature of DFE                   | Date      | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2021)  
v. 201209

|                                                                                                          |                                                            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br>31-0833936                |
|                                                                                                          | <b>3c</b> Administrator's telephone number<br>513-636-8778 |

|                                                                                                                                                                                                                                                                                        |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><b>4d</b> PN |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 19898                |
| <b>6</b> 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).                                                                                                                               |                               |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year                                                                                                                                                                                                      | <b>6a(1)</b> 13830            |
| <b>a(2)</b> Total number of active participants at the end of the plan year                                                                                                                                                                                                            | <b>6a(2)</b> 12782            |
| <b>b</b> Retired or separated participants receiving benefits                                                                                                                                                                                                                          | <b>6b</b> 1531                |
| <b>c</b> Other retired or separated participants entitled to future benefits                                                                                                                                                                                                           | <b>6c</b> 5115                |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.                                                                                                                                                                                                                                        | <b>6d</b> 19428               |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.                                                                                                                                                                                  | <b>6e</b> 90                  |
| <b>f</b> Total. Add lines 6d and 6e.                                                                                                                                                                                                                                                   | <b>6f</b> 19518               |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)                                                                                                                                              | <b>6g</b> 0                   |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.                                                                                                                                                 | <b>6h</b> 789                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                                                                                                                                                         | <b>7</b>                      |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A                                                                                                                     |                               |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                            |                               |

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

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

**a Pension Schedules**

- (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) ☐ **A** (Insurance Information)  
 (4) ☒ **C** (Service Provider Information)  
 (5) ☒ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b>      | <b>Identity of Issuer/Description of Investment</b> | <b>Current<br/>Value</b> | <b>Cost</b>   |
|----------------------------------|-----------------------------------------------------|--------------------------|---------------|
| <b>Cash and Cash Equivalents</b> |                                                     |                          |               |
| 17,877,438                       | *STATE STREET SHORT TERM INVESTMENT FUND 25 BPS     | \$ 17,877,438            | \$ 17,877,438 |
|                                  |                                                     | 17,877,438               | 17,877,438    |
| <b>Corporate Bonds</b>           |                                                     |                          |               |
| 110,000                          | 3M COMPANY SR UNSECURED 04/50 3.7                   | 128,930                  | 109,622       |
| 340,000                          | 3M COMPANY SR UNSECURED 08/49 3.25                  | 370,270                  | 332,146       |
| 460,000                          | 3M COMPANY SR UNSECURED 10/47 3.625                 | 522,946                  | 455,667       |
| 220,000                          | ABBOTT LABORATORIES SR UNSECURED 11/36 4.75         | 280,746                  | 230,413       |
| 460,000                          | ABBOTT LABORATORIES SR UNSECURED 11/46 4.9          | 628,912                  | 486,645       |
| 370,000                          | ABBVIE INC SR UNSECURED 03/35 4.55                  | 444,884                  | 429,781       |
| 11,000                           | ABBVIE INC SR UNSECURED 03/45 4.75                  | 13,719                   | 12,942        |
| 200,000                          | ABBVIE INC SR UNSECURED 05/45 4.7                   | 248,125                  | 195,210       |
| 960,000                          | ABBVIE INC SR UNSECURED 11/39 4.05                  | 1,101,437                | 956,611       |
| 2,430,000                        | ABBVIE INC SR UNSECURED 11/49 4.25                  | 2,921,273                | 2,419,381     |
| 90,000                           | ADVENT HEALTH SYSTEM BONDS 03/49 3.63               | 99,403                   | 90,000        |
| 100,000                          | AEP TRANSMISSION CO LLC SR UNSECURED 04/50 3.65     | 110,390                  | 99,964        |
| 270,000                          | AEP TRANSMISSION CO LLC SR UNSECURED 06/49 3.8      | 304,765                  | 268,418       |
| 120,000                          | AEP TRANSMISSION CO LLC SR UNSECURED 08/51 2.75     | 114,156                  | 119,537       |
| 70,000                           | AEP TRANSMISSION CO LLC SR UNSECURED 09/49 3.15     | 71,264                   | 69,488        |
| 150,000                          | AERCAP IRELAND CAP/GLOBA COMPANY GUAR 01/32 3.3     | 152,816                  | 149,436       |
| 300,000                          | AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/33 3.4     | 305,433                  | 298,710       |
| 430,000                          | AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/41 3.85    | 447,905                  | 432,701       |
| 340,000                          | AETNA INC SR UNSECURED 08/47 3.875                  | 378,209                  | 338,562       |
| 75,000                           | AETNA INC SR UNSECURED 11/42 4.125                  | 84,590                   | 73,686        |
| 150,000                          | AHS HOSPITAL CORP UNSECURED 07/45 5.024             | 204,344                  | 178,817       |
| 360,000                          | ALEXANDRIA REAL ESTATE E COMPANY GUAR 05/51 3       | 355,554                  | 358,517       |
| 520,000                          | ALIBABA GROUP HOLDING SR UNSECURED 02/41 2.7        | 474,625                  | 516,178       |
| 680,000                          | ALIBABA GROUP HOLDING SR UNSECURED 02/51 3.15       | 636,500                  | 679,871       |
| 80,000                           | ALLSTATE CORP JR SUBORDINA 05/67 VAR                | 104,999                  | 87,760        |
| 260,000                          | ALPHABET INC SR UNSECURED 08/40 1.9                 | 236,756                  | 258,365       |
| 280,000                          | ALPHABET INC SR UNSECURED 08/50 2.05                | 249,880                  | 277,634       |
| 680,000                          | ALPHABET INC SR UNSECURED 08/60 2.25                | 605,955                  | 673,248       |
| 60,000                           | ALTRIA GROUP INC COMPANY GUAR 02/32 2.45            | 56,965                   | 60,002        |
| 810,000                          | ALTRIA GROUP INC COMPANY GUAR 02/39 5.8             | 973,604                  | 808,355       |
| 310,000                          | ALTRIA GROUP INC COMPANY GUAR 02/41 3.4             | 285,956                  | 308,424       |
| 1,590,000                        | ALTRIA GROUP INC COMPANY GUAR 02/49 5.95            | 1,984,208                | 1,676,080     |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b>Identity of Issuer/Description of Investment</b> | <b>Current<br/>Value</b> | <b>Cost</b> |
|-----------------------------|-----------------------------------------------------|--------------------------|-------------|
| 262,000                     | ALTRIA GROUP INC COMPANY GUAR 02/59 6.2             | 341,507                  | 268,883     |
| 1,200,000                   | AMAZON.COM INC SR UNSECURED 05/51 3.1               | 1,281,144                | 1,201,724   |
| 290,000                     | AMAZON.COM INC SR UNSECURED 05/61 3.25              | 312,171                  | 287,622     |
| 880,000                     | AMAZON.COM INC SR UNSECURED 06/50 2.5               | 837,883                  | 870,998     |
| 140,000                     | AMERICAN EXPRESS CO JR SUBORDINA 12/99 VAR          | 140,245                  | 140,000     |
| 460,000                     | AMERICAN INTL GROUP SR UNSECURED 04/48 4.75         | 585,897                  | 458,307     |
| 130,000                     | AMERICO LIFE INC SR UNSECURED 144A 04/31 3.45       | 126,351                  | 129,652     |
| 180,000                     | AMFAM HOLDINGS INC SR UNSECURED 144A 03/51 3.833    | 198,673                  | 180,141     |
| 160,000                     | AMGEN INC SR UNSECURED 06/51 4.663                  | 204,680                  | 153,614     |
| 30,000                      | ANALOG DEVICES INC SR UNSECURED 10/51 2.95          | 30,808                   | 29,752      |
| 200,000                     | ANGLO AMERICAN CAPITAL COMPANY GUAR 144A 04/27 4.75 | 222,430                  | 202,375     |
| 640,000                     | ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7      | 772,358                  | 611,624     |
| 570,000                     | ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9      | 720,446                  | 534,416     |
| 60,000                      | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2     | 97,425                   | 91,775      |
| 310,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/49 5.55    | 428,873                  | 309,232     |
| 1,170,000                   | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/59 5.8     | 1,691,645                | 1,165,847   |
| 220,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/38 4.375   | 257,633                  | 216,821     |
| 390,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/48 4.6     | 476,908                  | 387,793     |
| 230,000                     | ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/58 4.75    | 284,365                  | 296,011     |
| 30,000                      | ANTHEM INC SR UNSECURED 01/44 5.1                   | 39,604                   | 34,901      |
| 150,000                     | ANTHEM INC SR UNSECURED 03/48 4.55                  | 187,077                  | 149,489     |
| 270,000                     | ANTHEM INC SR UNSECURED 08/44 4.65                  | 338,437                  | 272,134     |
| 340,000                     | APACHE CORP SR UNSECURED 01/44 4.25                 | 344,250                  | 320,840     |
| 170,000                     | APACHE CORP SR UNSECURED 02/42 5.25                 | 196,348                  | 181,917     |
| 280,000                     | APPLE INC SR UNSECURED 02/45 3.45                   | 312,449                  | 258,065     |
| 540,000                     | APPLE INC SR UNSECURED 05/50 2.65                   | 530,890                  | 533,327     |
| 580,000                     | APPLE INC SR UNSECURED 08/46 3.85                   | 687,283                  | 556,884     |
| 130,000                     | ARTHUR J GALLAGHER + CO SR UNSECURED 05/51 3.5      | 137,279                  | 128,450     |
| 200,000                     | ASTRAZENECA PLC SR UNSECURED 05/51 3                | 209,612                  | 197,268     |
| 1,490,000                   | AT+T INC SR UNSECURED 02/43 3.1                     | 1,448,489                | 1,494,079   |
| 60,000                      | AT+T INC SR UNSECURED 02/52 3.3                     | 58,757                   | 58,530      |
| 360,000                     | AT+T INC SR UNSECURED 02/61 3.5                     | 353,992                  | 362,580     |
| 150,000                     | AT+T INC SR UNSECURED 03/41 6.375                   | 211,988                  | 214,988     |
| 804,000                     | AT+T INC SR UNSECURED 03/48 4.5                     | 937,351                  | 702,477     |
| 720,000                     | AT+T INC SR UNSECURED 06/44 4.8                     | 860,249                  | 681,270     |
| 1,830,000                   | AT+T INC SR UNSECURED 09/53 3.5                     | 1,846,286                | 1,852,772   |
| 156,000                     | AT+T INC SR UNSECURED 09/59 3.65                    | 157,543                  | 139,903     |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 1,330,000                   | AT+T INC SR UNSECURED 12/57 3.8                            | 1,384,610                       | 1,225,938          |
| 70,000                      | AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 05/26<br>4.375  | 74,974                          | 69,668             |
| 260,000                     | AVOLON HOLDINGS FNDG LTD COMPANY GUAR 144A 07/24<br>3.95   | 272,428                         | 258,591            |
| 50,000                      | BANK OF AMERICA CORP SR UNSECURED 01/44 5                  | 65,658                          | 58,198             |
| 770,000                     | BANK OF AMERICA CORP SR UNSECURED 01/48 VAR                | 956,825                         | 804,892            |
| 140,000                     | BANK OF AMERICA CORP SR UNSECURED 03/50 VAR                | 173,195                         | 140,000            |
| 500,000                     | BANK OF AMERICA CORP SR UNSECURED 03/51 VAR                | 601,415                         | 500,000            |
| 50,000                      | BANK OF AMERICA CORP SR UNSECURED 04/31 VAR                | 50,509                          | 50,000             |
| 580,000                     | BANK OF AMERICA CORP SR UNSECURED 04/32 VAR                | 588,601                         | 580,000            |
| 1,580,000                   | BANK OF AMERICA CORP SR UNSECURED 04/42 VAR                | 1,660,612                       | 1,580,000          |
| 1,170,000                   | BANK OF AMERICA CORP SR UNSECURED 06/41 VAR                | 1,126,207                       | 1,204,442          |
| 610,000                     | BANK OF AMERICA CORP SR UNSECURED 07/32 VAR                | 599,758                         | 610,000            |
| 510,000                     | BANK OF AMERICA CORP SR UNSECURED 10/31 VAR                | 488,305                         | 510,000            |
| 330,000                     | BANK OF AMERICA CORP SR UNSECURED 10/32 VAR                | 331,584                         | 330,000            |
| 230,000                     | BANK OF AMERICA CORP SR UNSECURED 10/51 VAR                | 225,814                         | 230,000            |
| 910,000                     | BANK OF AMERICA CORP SUBORDINATED 09/36 VAR                | 881,490                         | 910,000            |
| 190,000                     | BAPTIST HEALTHCARE UNSECURED 08/50 3.54                    | 207,140                         | 190,000            |
| 410,000                     | BARCLAYS PLC SUBORDINATED 06/30 VAR                        | 465,074                         | 410,618            |
| 300,000                     | BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75             | 407,586                         | 331,468            |
| 280,000                     | BARRICK PD AU FIN PTY LT COMPANY GUAR 10/39 5.95           | 380,960                         | 313,210            |
| 500,000                     | BAT CAPITAL CORP COMPANY GUAR 08/37 4.39                   | 526,825                         | 502,088            |
| 170,000                     | BAT CAPITAL CORP COMPANY GUAR 09/40 3.734                  | 163,292                         | 170,000            |
| 370,000                     | BECTON DICKINSON AND CO SR UNSECURED 06/47 4.669           | 466,507                         | 379,496            |
| 198,000                     | BECTON DICKINSON AND CO SR UNSECURED 12/44 4.685           | 249,298                         | 206,607            |
| 858,000                     | BERKSHIRE HATHAWAY ENERG SR UNSECURED 04/36 6.125          | 1,167,789                       | 1,086,574          |
| 150,000                     | BERKSHIRE HATHAWAY FIN COMPANY GUAR 01/49 4.25             | 184,184                         | 148,588            |
| 1,040,000                   | BERKSHIRE HATHAWAY FIN COMPANY GUAR 08/48 4.2              | 1,262,040                       | 1,034,727          |
| 280,000                     | BHP BILLITON FIN USA LTD COMPANY GUAR 09/43 5              | 370,280                         | 320,770            |
| 100,000                     | BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 07/45<br>4.45   | 122,483                         | 99,576             |
| 30,000                      | BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 08/42<br>6.25   | 44,017                          | 35,133             |
| 280,000                     | BNP PARIBAS SR UNSECURED 144A 04/32 VAR                    | 283,898                         | 280,000            |
| 210,000                     | BNP PARIBAS SUBORDINATED 144A 01/41 2.824                  | 200,659                         | 210,000            |
| 123,000                     | BOEING CO SR UNSECURED 02/40 5.875                         | 157,458                         | 167,830            |
| 50,000                      | BOEING CO SR UNSECURED 03/35 3.3                           | 50,133                          | 46,444             |
| 50,000                      | BOEING CO SR UNSECURED 03/39 6.875                         | 69,241                          | 71,568             |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 310,000                     | BOEING CO SR UNSECURED 03/47 3.65                          | 310,958                         | 308,640            |
| 310,000                     | BOEING CO SR UNSECURED 05/49 3.9                           | 325,013                         | 304,072            |
| 310,000                     | BOEING CO SR UNSECURED 05/50 5.805                         | 419,779                         | 423,436            |
| 600,000                     | BOEING CO SR UNSECURED 05/60 5.93                          | 832,608                         | 692,635            |
| 180,000                     | BOEING CO SR UNSECURED 06/46 3.375                         | 172,489                         | 165,801            |
| 560,000                     | BOEING CO SR UNSECURED 08/59 3.95                          | 581,678                         | 554,764            |
| 440,000                     | BON SECOURS MERCY SECURED 06/50 3.205                      | 463,531                         | 440,000            |
| 1,770,000                   | BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3                | 1,742,423                       | 1,745,053          |
| 330,000                     | BPCE SA SUBORDINATED 144A 10/32 VAR                        | 331,056                         | 330,000            |
| 260,000                     | BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125           | 307,541                         | 259,111            |
| 255,000                     | BRISTOL MYERS SQUIBB CO SR UNSECURED 08/45 5               | 338,745                         | 325,300            |
| 530,000                     | BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25            | 654,958                         | 525,537            |
| 60,000                      | BRISTOL MYERS SQUIBB CO SR UNSECURED 11/47 4.35            | 73,905                          | 70,718             |
| 30,000                      | BRISTOL MYERS SQUIBB CO SR UNSECURED 11/50 2.55            | 28,379                          | 29,912             |
| 230,000                     | BRITISH TELECOMMUNICATIO SR UNSECURED 12/30 9.625          | 336,805                         | 343,294            |
| 181,000                     | BROADCOM INC COMPANY GUAR 11/30 4.15                       | 200,740                         | 180,799            |
| 9,000                       | BROADCOM INC SR UNSECURED 144A 11/36 3.187                 | 8,984                           | 8,990              |
| 180,000                     | BURLINGTN NORTH SANTA FE SR UNSECURED 03/41 5.05           | 233,575                         | 186,789            |
| 170,000                     | BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55           | 214,397                         | 185,438            |
| 10,000                      | BURLINGTON RESOURCES LLC COMPANY GUAR 12/31 7.4            | 14,345                          | 13,930             |
| 420,000                     | CALIFORNIA INSTITUTE OF SR UNSECURED 09/19 3.65            | 488,649                         | 418,937            |
| 110,000                     | CALIFORNIA INSTITUTE OF SR UNSECURED 11/11 4.7             | 161,894                         | 121,010            |
| 170,000                     | CAMERON LNG LLC SR SECURED 144A 01/39 3.701                | 183,099                         | 170,000            |
| 390,000                     | CANADIAN NATL RESOURCES SR UNSECURED 06/33 6.45            | 501,333                         | 458,827            |
| 260,000                     | CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/41 3              | 265,868                         | 258,643            |
| 300,000                     | CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/51 3.1            | 308,496                         | 297,852            |
| 20,000                      | CARLYLE FINANCE LLC COMPANY GUAR 144A 09/48 5.65           | 27,065                          | 20,052             |
| 160,000                     | CARLYLE HOLDINGS II FIN COMPANY GUAR 144A 03/43 5.625      | 208,264                         | 171,832            |
| 90,000                      | CARRIER GLOBAL CORP SR UNSECURED 04/50 3.577               | 95,691                          | 90,252             |
| 80,000                      | CATERPILLAR INC SR UNSECURED 08/42 3.803                   | 93,340                          | 76,273             |
| 460,000                     | CENTENE CORP SR UNSECURED 02/30 3.375                      | 468,459                         | 460,480            |
| 130,000                     | CENTENE CORP SR UNSECURED 10/30 3                          | 132,146                         | 130,000            |
| 110,000                     | CENTENE CORP SR UNSECURED 12/29 4.625                      | 118,631                         | 111,401            |
| 180,000                     | CENTERPOINT ENER HOUSTON GENL REF MOR 02/49 4.25           | 223,578                         | 178,907            |
| 180,000                     | CENTERPOINT ENER HOUSTON GENL REF MOR 04/44 4.5            | 225,734                         | 208,877            |
| 460,000                     | CHARLES SCHWAB CORP JR SUBORDINA 12/99 VAR                 | 464,600                         | 460,000            |
| 360,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 03/42 3.5              | 349,160                         | 357,311            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 1,040,000                   | CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75             | 1,296,942                       | 1,035,239          |
| 120,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 04/61 3.85             | 113,161                         | 108,707            |
| 520,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375            | 620,677                         | 521,282            |
| 940,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5              | 916,480                         | 935,714            |
| 250,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 06/62 3.95             | 240,845                         | 247,965            |
| 30,000                      | CHARTER COMM OPT LLC/CAP SR SECURED 10/35 6.384            | 38,753                          | 35,131             |
| 895,000                     | CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484            | 1,222,203                       | 1,024,118          |
| 100,000                     | CHEVRON USA INC COMPANY GUAR 08/50 2.343                   | 92,255                          | 100,000            |
| 120,000                     | CHILDREN S HOSPITAL/DC UNSECURED 07/50 2.928               | 118,127                         | 120,000            |
| 150,000                     | CHUBB INA HOLDINGS INC COMPANY GUAR 12/51 2.85             | 150,462                         | 149,877            |
| 340,000                     | CHUBB INA HOLDINGS INC COMPANY GUAR 12/61 3.05             | 346,871                         | 338,120            |
| 250,000                     | CI FINANCIAL CORP SR UNSECURED 06/51 4.1                   | 270,945                         | 249,870            |
| 610,000                     | CIGNA CORP COMPANY GUAR 08/38 4.8                          | 750,300                         | 609,018            |
| 360,000                     | CIGNA CORP COMPANY GUAR 10/47 3.875                        | 401,947                         | 344,566            |
| 740,000                     | CIGNA CORP COMPANY GUAR 12/48 4.9                          | 956,176                         | 738,335            |
| 130,000                     | CIGNA CORP SR UNSECURED 03/40 3.2                          | 134,671                         | 129,809            |
| 420,000                     | CIGNA CORP SR UNSECURED 03/50 3.4                          | 435,939                         | 419,215            |
| 210,000                     | CITIGROUP INC JR SUBORDINA 12/99 VAR                       | 213,413                         | 210,000            |
| 1,660,000                   | CITIGROUP INC SR UNSECURED 07/39 8.125                     | 2,806,579                       | 2,490,145          |
| 290,000                     | CITIGROUP INC SR UNSECURED 07/48 4.65                      | 372,371                         | 284,363            |
| 380,000                     | CITIGROUP INC SR UNSECURED 11/32 VAR                       | 379,552                         | 380,000            |
| 260,000                     | CITIGROUP INC SR UNSECURED 11/42 VAR                       | 257,434                         | 260,000            |
| 100,000                     | CITIGROUP INC SUBORDINATED 10/33 6                         | 128,945                         | 121,624            |
| 460,000                     | CITY OF HOPE/THE SR SECURED 11/43 5.623                    | 655,160                         | 566,126            |
| 85,000                      | CLEVELAND CLINIC FOUND UNSECURED 01/14 4.858               | 126,362                         | 87,770             |
| 80,000                      | CLEVELAND ELECTRIC ILLUM SR UNSECURED 12/36 5.95           | 106,782                         | 98,661             |
| 270,000                     | COCA COLA CO/THE SR UNSECURED 03/51 2.5                    | 259,084                         | 264,429            |
| 50,000                      | COCA COLA CO/THE SR UNSECURED 06/40 2.5                    | 50,188                          | 50,573             |
| 10,000                      | COCA COLA CO/THE SR UNSECURED 06/50 2.6                    | 9,764                           | 10,379             |
| 370,000                     | COLGATE PALMOLIVE CO SR UNSECURED 08/47 3.7                | 446,838                         | 367,477            |
| 580,000                     | COMCAST CORP COMPANY GUAR 03/38 3.9                        | 656,386                         | 577,187            |
| 160,000                     | COMCAST CORP COMPANY GUAR 04/40 3.75                       | 179,125                         | 159,130            |
| 160,000                     | COMCAST CORP COMPANY GUAR 11/47 3.969                      | 184,216                         | 139,215            |
| 454,000                     | COMCAST CORP COMPANY GUAR 11/49 3.999                      | 526,068                         | 448,338            |
| 490,000                     | COMCAST CORP COMPANY GUAR 11/52 4.049                      | 572,291                         | 487,086            |
| 1,568,000                   | COMCAST CORP COMPANY GUAR 144A 11/51 2.887                 | 1,517,808                       | 1,564,080          |
| 310,000                     | COMCAST CORP COMPANY GUAR 144A 11/56 2.937                 | 295,284                         | 308,128            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b>Identity of Issuer/Description of Investment</b>     | <b>Current<br/>Value</b> | <b>Cost</b> |
|-----------------------------|---------------------------------------------------------|--------------------------|-------------|
| 1,736,000                   | COMCAST CORP COMPANY GUAR 144A 11/63 2.987              | 1,647,516                | 1,722,372   |
| 200,000                     | COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/31 3.348  | 195,743                  | 200,000     |
| 220,000                     | COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/51 4.677  | 206,525                  | 220,000     |
| 340,000                     | COMMONSPIRIT HEALTH SECURED 11/42 4.35                  | 390,136                  | 333,497     |
| 80,000                      | COMMONSPIRIT HEALTH SR SECURED 10/30 2.782              | 81,882                   | 80,000      |
| 230,000                     | COMMONSPIRIT HEALTH SR SECURED 10/50 3.91               | 255,884                  | 230,000     |
| 370,000                     | COMMONWEALTH BANK AUST SUBORDINATED 144A 09/39<br>3.743 | 396,466                  | 370,000     |
| 110,000                     | COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4             | 128,483                  | 109,979     |
| 170,000                     | COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4             | 201,717                  | 168,616     |
| 340,000                     | COMMONWEALTH EDISON CO 1ST MORTGAGE 08/47 3.75          | 383,381                  | 340,322     |
| 290,000                     | COMMUNITY HEALTH NETWORK UNSECURED 05/50 3.099          | 289,432                  | 290,000     |
| 285,000                     | CON EDISON CO OF NY INC SR UNSECURED 12/54 4.625        | 355,754                  | 289,612     |
| 370,000                     | CON EDISON CO OF NY INC SR UNSECURED 12/60 3            | 344,892                  | 367,773     |
| 50,000                      | CONNECTICUT LIGHT + PWR 1ST REF MORT 04/44 4.3          | 60,065                   | 54,019      |
| 320,000                     | CONOCOPHILLIPS COMPANY GUAR 05/38 5.9                   | 440,298                  | 373,482     |
| 90,000                      | CONOCOPHILLIPS COMPANY GUAR 144A 08/48 4.85             | 117,781                  | 89,720      |
| 280,000                     | CONSUMERS ENERGY CO 1ST MORTGAGE 05/60 2.5              | 246,837                  | 273,872     |
| 180,000                     | CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9            | 199,484                  | 204,621     |
| 370,000                     | CONTINENTAL RESOURCES COMPANY GUAR 144A 04/32 2.875     | 361,956                  | 369,711     |
| 250,000                     | COOPERATIEVE RABOBANK UA COMPANY GUAR 05/41 5.25        | 350,525                  | 257,577     |
| 100,000                     | COOPERATIEVE RABOBANK UA SR UNSECURED 144A 12/99 5.8    | 157,963                  | 110,341     |
| 220,000                     | CORNING INC SR UNSECURED 11/49 3.9                      | 246,422                  | 219,384     |
| 240,000                     | COTTAGE HEALTH SYSTEM SECURED 11/49 3.304               | 257,849                  | 240,000     |
| 300,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/49 VAR      | 319,500                  | 319,500     |
| 310,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR      | 327,825                  | 311,459     |
| 330,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR      | 362,630                  | 331,245     |
| 220,000                     | CREDIT SUISSE GROUP AG JR SUBORDINA 144A VAR            | 237,116                  | 220,000     |
| 830,000                     | CREDIT SUISSE GROUP AG SR UNSECURED 144A 05/32 VAR      | 844,567                  | 830,000     |
| 120,000                     | CREDIT SUISSE USA INC COMPANY GUAR 07/32 7.125          | 170,526                  | 149,934     |
| 1,050,000                   | CVS HEALTH CORP SR UNSECURED 03/38 4.78                 | 1,278,113                | 1,032,128   |
| 1,610,000                   | CVS HEALTH CORP SR UNSECURED 03/48 5.05                 | 2,104,978                | 1,608,349   |
| 740,000                     | CVS HEALTH CORP SR UNSECURED 07/45 5.125                | 961,896                  | 803,725     |
| 230,000                     | DANAHER CORP SR UNSECURED 12/51 2.8                     | 226,805                  | 228,611     |
| 200,000                     | DCP MIDSTREAM OPERATING COMPANY GUAR 02/32 3.25         | 201,500                  | 200,000     |
| 320,000                     | DEERE + COMPANY SR UNSECURED 09/49 2.875                | 330,480                  | 320,659     |
| 390,000                     | DELTA AIR LINES/SKYMILES SR SECURED 144A 10/25 4.5      | 409,894                  | 393,646     |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 200,000                     | DELTA AIR LINES/SKYMILES SR SECURED 144A 10/28 4.75        | 218,396                         | 202,038            |
| 300,000                     | DEUTSCHE TELEKOM INT FIN COMPANY GUAR 06/30 8.75           | 436,038                         | 439,196            |
| 58,000                      | DEVON ENERGY CORPORATION SR UNSECURED 01/30 4.5            | 62,269                          | 63,542             |
| 1,140,000                   | DEVON ENERGY CORPORATION SR UNSECURED 06/45 5              | 1,377,941                       | 1,098,343          |
| 270,000                     | DEVON ENERGY CORPORATION SR UNSECURED 07/41 5.6            | 338,666                         | 306,183            |
| 80,000                      | DH EUROPE FINANCE II COMPANY GUAR 11/39 3.25               | 85,401                          | 79,847             |
| 10,000                      | DH EUROPE FINANCE II COMPANY GUAR 11/49 3.4                | 10,716                          | 9,976              |
| 180,000                     | DIAMONDBACK ENERGY INC COMPANY GUAR 03/51 4.4              | 206,318                         | 179,452            |
| 170,000                     | DOMINION ENERGY INC SR UNSECURED 12/44 4.7                 | 209,610                         | 184,748            |
| 180,000                     | DTE ELECTRIC CO GENL REF MOR 04/51 3.25                    | 193,543                         | 178,497            |
| 280,000                     | DTE ELECTRIC CO GENL REF MOR 08/47 3.75                    | 317,934                         | 279,849            |
| 900,000                     | DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 10/46 3.4             | 949,464                         | 807,362            |
| 220,000                     | DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3               | 221,709                         | 218,746            |
| 190,000                     | DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25            | 196,580                         | 185,750            |
| 100,000                     | DUKE UNIVERSITY HEALTH SR UNSECURED 06/47 3.92             | 118,794                         | 100,000            |
| 500,000                     | EATON CORP COMPANY GUAR 11/42 4.15                         | 584,480                         | 495,731            |
| 360,000                     | ECOPETROL SA SR UNSECURED 05/45 5.875                      | 344,254                         | 302,550            |
| 20,000                      | ECOPETROL SA SR UNSECURED 11/31 4.625                      | 19,444                          | 20,000             |
| 210,000                     | ECOPETROL SA SR UNSECURED 11/51 5.875                      | 196,757                         | 210,000            |
| 380,000                     | EDISON INTERNATIONAL JR SUBORDINA 12/99 VAR                | 398,088                         | 380,000            |
| 710,000                     | EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8                 | 695,452                         | 708,424            |
| 320,000                     | ENERGY TRANSFER LP COMPANY GUAR 05/45 5.35                 | 367,501                         | 314,832            |
| 70,000                      | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 66,319                          | 67,200             |
| 280,000                     | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 280,000                         | 280,830            |
| 720,000                     | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 730,800                         | 716,708            |
| 130,000                     | ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR                  | 132,275                         | 130,000            |
| 100,000                     | ENERGY TRANSFER LP SR UNSECURED 03/35 4.9                  | 112,899                         | 93,168             |
| 80,000                      | ENERGY TRANSFER LP SR UNSECURED 04/29 5.25                 | 91,632                          | 86,121             |
| 235,000                     | ENERGY TRANSFER LP SR UNSECURED 04/49 6.25                 | 306,971                         | 287,151            |
| 270,000                     | ENERGY TRANSFER LP SR UNSECURED 06/38 5.8                  | 327,040                         | 278,059            |
| 30,000                      | ENERGY TRANSFER LP SR UNSECURED 07/38 7.5                  | 41,348                          | 33,864             |
| 120,000                     | ENERGY TRANSFER LP SR UNSECURED 10/36 6.625                | 151,986                         | 134,512            |
| 70,000                      | ENERGY TRANSFER LP SR UNSECURED 10/43 5.95                 | 84,132                          | 77,881             |
| 180,000                     | ENERGY TRANSFER LP SR UNSECURED 12/45 6.125                | 223,898                         | 207,456            |
| 90,000                      | ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/50 4.2            | 100,889                         | 89,813             |
| 180,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/51 3.7            | 188,843                         | 177,800            |
| 150,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/60 3.95           | 161,940                         | 148,498            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 90,000                      | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95           | 119,462                         | 119,298            |
| 80,000                      | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1            | 98,649                          | 97,162             |
| 280,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/49 4.8            | 340,763                         | 278,292            |
| 290,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3            | 288,431                         | 287,957            |
| 130,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/78 VAR            | 130,438                         | 120,575            |
| 110,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/35 5.75           | 137,213                         | 121,704            |
| 200,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/44 4.85           | 240,714                         | 217,263            |
| 760,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 04/38 7.55           | 1,132,240                       | 1,132,689          |
| 840,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 05/46 4.9            | 1,015,694                       | 875,755            |
| 215,000                     | ENTERPRISE PRODUCTS OPER COMPANY GUAR 09/40 6.45           | 297,242                         | 255,790            |
| 320,000                     | EOG RESOURCES INC SR UNSECURED 04/50 4.95                  | 434,717                         | 318,118            |
| 520,000                     | EXELON CORP SR UNSECURED 06/35 5.625                       | 661,190                         | 636,085            |
| 330,000                     | EXXON MOBIL CORPORATION SR UNSECURED 03/40 4.227           | 389,568                         | 330,000            |
| 130,000                     | EXXON MOBIL CORPORATION SR UNSECURED 03/46 4.114           | 151,697                         | 132,195            |
| 260,000                     | EXXON MOBIL CORPORATION SR UNSECURED 03/50 4.327           | 319,241                         | 260,000            |
| 190,000                     | EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452           | 205,821                         | 190,000            |
| 190,000                     | EXXON MOBIL CORPORATION SR UNSECURED 08/39 2.995           | 192,238                         | 190,000            |
| 110,000                     | EXXON MOBIL CORPORATION SR UNSECURED 08/49 3.095           | 111,407                         | 110,000            |
| 1,380,000                   | FIRSTENERGY CORP SR UNSECURED 07/47 5.35                   | 1,640,489                       | 1,409,354          |
| 800,000                     | FIRSTENERGY CORP SR UNSECURED 11/31 7.375                  | 1,079,520                       | 1,025,588          |
| 220,000                     | FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15           | 233,561                         | 218,599            |
| 270,000                     | FOMENTO ECONOMICO MEX SR UNSECURED 01/50 3.5               | 282,312                         | 264,684            |
| 310,000                     | FORD MOTOR COMPANY SR UNSECURED 01/43 4.75                 | 342,163                         | 294,177            |
| 280,000                     | FORD MOTOR COMPANY SR UNSECURED 02/32 3.25                 | 286,720                         | 280,184            |
| 380,000                     | FOX CORP SR UNSECURED 01/39 5.476                          | 490,071                         | 385,458            |
| 120,000                     | FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45               | 150,851                         | 136,650            |
| 880,000                     | GENERAL DYNAMICS CORP COMPANY GUAR 04/40 4.25              | 1,074,542                       | 913,533            |
| 250,000                     | GENERAL DYNAMICS CORP COMPANY GUAR 04/50 4.25              | 318,808                         | 250,960            |
| 460,000                     | GENERAL MOTORS CO SR UNSECURED 04/46 6.75                  | 657,289                         | 535,330            |
| 120,000                     | GENERAL MOTORS CO SR UNSECURED 04/49 5.95                  | 164,254                         | 112,938            |
| 720,000                     | GEORGIA POWER CO SR UNSECURED 03/42 4.3                    | 819,713                         | 719,909            |
| 220,000                     | GILEAD SCIENCES INC SR UNSECURED 03/46 4.75                | 278,766                         | 243,516            |
| 580,000                     | GILEAD SCIENCES INC SR UNSECURED 03/47 4.15                | 682,875                         | 550,069            |
| 150,000                     | GILEAD SCIENCES INC SR UNSECURED 09/36 4                   | 172,529                         | 153,031            |
| 150,000                     | GILEAD SCIENCES INC SR UNSECURED 12/41 5.65                | 206,496                         | 163,579            |
| 110,000                     | GLAXOSMITHKLINE CAP INC COMPANY GUAR 05/38 6.375           | 160,959                         | 151,869            |
| 960,000                     | GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.3        | 1,221,907                       | 966,743            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 610,000                     | GLENCORE FINANCE CANADA COMPANY GUAR 144A 11/41 6          | 803,614                         | 679,320            |
| 40,000                      | GLENCORE FUNDING LLC COMPANY GUAR 144A 09/30 2.5           | 38,737                          | 39,828             |
| 30,000                      | GLENCORE FUNDING LLC COMPANY GUAR 144A 09/31 2.625         | 29,156                          | 29,932             |
| 130,000                     | GLENCORE FUNDING LLC COMPANY GUAR 144A 09/51 3.375         | 125,194                         | 128,067            |
| 20,000                      | GLENCORE FUNDING LLC COMPANY GUAR 144A 10/27 3.875         | 21,490                          | 19,830             |
| 60,000                      | GOLDMAN SACHS GROUP INC JR SUBORDINA 12/99 VAR             | 60,986                          | 60,000             |
| 340,000                     | GOLDMAN SACHS GROUP INC SR UNSECURED 02/41 6.25            | 494,272                         | 443,685            |
| 670,000                     | GOLDMAN SACHS GROUP INC SR UNSECURED 07/32 VAR             | 659,682                         | 670,000            |
| 740,000                     | GOLDMAN SACHS GROUP INC SR UNSECURED 10/32 VAR             | 744,632                         | 740,000            |
| 1,815,000                   | GOLDMAN SACHS GROUP INC SUBORDINATED 05/45 5.15            | 2,360,353                       | 1,934,597          |
| 300,000                     | GUARDIAN LIFE INSURANCE SUBORDINATED 144A 01/70 3.7        | 327,621                         | 296,556            |
| 352,000                     | GUARDIAN LIFE INSURANCE SUBORDINATED 144A 01/77 4.85       | 459,751                         | 370,745            |
| 180,000                     | HACKENSACK MERIDIAN HLTH SECURED 07/57 4.5                 | 236,660                         | 178,387            |
| 190,000                     | HACKENSACK MERIDIAN HLTH SECURED 09/50 2.875               | 190,393                         | 190,000            |
| 170,000                     | HACKENSACK MERIDIAN HLTH SR SECURED 07/48 4.211            | 207,985                         | 170,000            |
| 60,000                      | HALLIBURTON CO SR UNSECURED 03/30 2.92                     | 61,724                          | 59,984             |
| 630,000                     | HALLIBURTON CO SR UNSECURED 11/35 4.85                     | 740,420                         | 673,707            |
| 320,000                     | HARTFORD HEALTHCARE CORP SR UNSECURED 07/54 3.447          | 340,502                         | 320,000            |
| 170,000                     | HCA INC SR SECURED 06/39 5.125                             | 209,360                         | 168,446            |
| 170,000                     | HERSHEY COMPANY SR UNSECURED 06/50 2.65                    | 170,697                         | 169,441            |
| 140,000                     | HOME DEPOT INC SR UNSECURED 03/45 4.4                      | 174,712                         | 158,985            |
| 80,000                      | HOME DEPOT INC SR UNSECURED 04/40 3.3                      | 86,734                          | 79,291             |
| 500,000                     | HOME DEPOT INC SR UNSECURED 04/46 4.25                     | 622,270                         | 519,487            |
| 90,000                      | HOME DEPOT INC SR UNSECURED 04/50 3.35                     | 98,150                          | 88,972             |
| 210,000                     | HOME DEPOT INC SR UNSECURED 06/47 3.9                      | 245,337                         | 194,599            |
| 130,000                     | HOME DEPOT INC SR UNSECURED 09/56 3.5                      | 146,627                         | 127,526            |
| 160,000                     | HOME DEPOT INC SR UNSECURED 12/48 4.5                      | 206,864                         | 157,283            |
| 450,000                     | HONEYWELL INTERNATIONAL SR UNSECURED 06/50 2.8             | 467,762                         | 446,738            |
| 200,000                     | HSBC HOLDINGS PLC SR UNSECURED 05/32 VAR                   | 200,620                         | 200,000            |
| 490,000                     | HSBC HOLDINGS PLC SR UNSECURED 11/32 VAR                   | 494,067                         | 490,000            |
| 120,000                     | HSBC HOLDINGS PLC SUBORDINATED 05/32 7.625                 | 165,188                         | 168,871            |
| 970,000                     | HSBC HOLDINGS PLC SUBORDINATED 09/37 6.5                   | 1,342,044                       | 1,165,238          |
| 290,000                     | HUMANA INC SR UNSECURED 03/47 4.8                          | 367,384                         | 303,314            |
| 205,000                     | HUMANA INC SR UNSECURED 12/42 4.625                        | 252,367                         | 201,021            |
| 240,000                     | INDIANA UNIV HEALTH INC SECURED 11/48 3.97                 | 289,483                         | 240,000            |
| 30,000                      | INTEL CORP SR UNSECURED 03/50 4.75                         | 39,950                          | 33,578             |
| 380,000                     | INTEL CORP SR UNSECURED 08/41 2.8                          | 379,065                         | 379,654            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 540,000                     | INTEL CORP SR UNSECURED 08/61 3.2                          | 552,992                         | 548,380            |
| 163,000                     | INTEL CORP SR UNSECURED 12/47 3.734                        | 185,657                         | 162,892            |
| 820,000                     | INTESA SANPAOLO SPA SR UNSECURED 144A 01/48 4.375          | 926,026                         | 762,879            |
| 200,000                     | INTESA SANPAOLO SPA SR UNSECURED 144A 07/27 3.875          | 212,160                         | 199,989            |
| 200,000                     | INTESA SANPAOLO SPA SR UNSECURED 144A 09/49 4.7            | 239,096                         | 200,491            |
| 200,000                     | INTESA SANPAOLO SPA SUBORDINATED 144A 06/32 VAR            | 201,734                         | 200,000            |
| 400,000                     | INTESA SANPAOLO SPA SUBORDINATED 144A 06/42 VAR            | 410,960                         | 402,362            |
| 240,000                     | JOHNSON + JOHNSON SR UNSECURED 01/38 3.4                   | 270,286                         | 239,287            |
| 200,000                     | JOHNSON + JOHNSON SR UNSECURED 01/48 3.5                   | 229,258                         | 199,246            |
| 40,000                      | JOHNSON + JOHNSON SR UNSECURED 03/36 3.55                  | 45,756                          | 43,294             |
| 250,000                     | JOHNSON + JOHNSON SR UNSECURED 03/37 3.625                 | 287,000                         | 253,579            |
| 590,000                     | JOHNSON + JOHNSON SR UNSECURED 03/46 3.7                   | 693,097                         | 601,765            |
| 170,000                     | JOHNSON + JOHNSON SR UNSECURED 03/47 3.75                  | 199,895                         | 178,411            |
| 320,000                     | JOHNSON + JOHNSON SR UNSECURED 09/40 2.1                   | 302,797                         | 317,872            |
| 70,000                      | JOHNSON + JOHNSON SR UNSECURED 09/50 2.25                  | 64,572                          | 70,055             |
| 530,000                     | JOHNSON + JOHNSON SR UNSECURED 09/60 2.45                  | 500,442                         | 524,515            |
| 400,000                     | JPMORGAN CHASE + CO JR SUBORDINA 12/99 VAR                 | 399,000                         | 400,000            |
| 270,000                     | JPMORGAN CHASE + CO SR UNSECURED 01/49 VAR                 | 312,792                         | 286,893            |
| 570,000                     | JPMORGAN CHASE + CO SR UNSECURED 02/48 VAR                 | 696,808                         | 580,972            |
| 410,000                     | JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR                 | 427,991                         | 410,000            |
| 160,000                     | JPMORGAN CHASE + CO SR UNSECURED 04/51 VAR                 | 165,307                         | 160,000            |
| 1,490,000                   | JPMORGAN CHASE + CO SR UNSECURED 04/52 VAR                 | 1,594,330                       | 1,490,000          |
| 230,000                     | JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR                 | 269,751                         | 238,698            |
| 500,000                     | JPMORGAN CHASE + CO SUBORDINATED 05/31 VAR                 | 517,685                         | 500,000            |
| 810,000                     | JPMORGAN CHASE + CO SUBORDINATED 06/45 4.95                | 1,054,069                       | 856,489            |
| 140,000                     | JPMORGAN CHASE + CO SUBORDINATED 08/43 5.625               | 195,692                         | 159,611            |
| 160,000                     | KAISER FOUNDATION HOSPIT COMPANY GUAR 05/47 4.15           | 197,238                         | 158,482            |
| 310,000                     | KAISER FOUNDATION HOSPIT COMPANY GUAR 11/49 3.266          | 331,663                         | 310,439            |
| 140,000                     | KAISER FOUNDATION HOSPIT UNSECURED 06/41 2.81              | 140,756                         | 140,000            |
| 140,000                     | KAISER FOUNDATION HOSPIT UNSECURED 06/51 3.002             | 144,071                         | 140,000            |
| 230,000                     | KIMBERLY CLARK CORP SR UNSECURED 05/47 3.9                 | 275,556                         | 228,349            |
| 10,000                      | KIMBERLY CLARK CORP SR UNSECURED 07/46 3.2                 | 10,918                          | 8,668              |
| 80,000                      | KINDER MORGAN ENER PART COMPANY GUAR 03/43 5               | 93,170                          | 91,825             |
| 290,000                     | KINDER MORGAN ENER PART COMPANY GUAR 11/42 4.7             | 327,106                         | 252,958            |
| 130,000                     | KINDER MORGAN INC COMPANY GUAR 02/51 3.6                   | 130,737                         | 129,667            |
| 230,000                     | KINDER MORGAN INC COMPANY GUAR 03/48 5.2                   | 284,085                         | 268,668            |
| 510,000                     | KINDER MORGAN INC COMPANY GUAR 06/45 5.55                  | 644,803                         | 553,876            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 40,000                      | KINDER MORGAN INC/DELAWARE COMPANY GUAR 08/31 7.8          | 56,884                          | 56,683             |
| 180,000                     | KKR GROUP FIN CO X LLC COMPANY GUAR 144A 12/51 3.25        | 179,375                         | 179,417            |
| 510,000                     | KKR GROUP FINANCE CO III COMPANY GUAR 144A 06/44 5.125     | 657,900                         | 540,623            |
| 90,000                      | KKR GROUP FINANCE CO VII COMPANY GUAR 144A 02/50 3.625     | 96,599                          | 88,880             |
| 540,000                     | KYNDRYL HOLDINGS INC SR UNSECURED 144A 10/41 4.1           | 522,769                         | 535,915            |
| 580,000                     | L3HARRIS TECH INC SR UNSECURED 04/35 4.854                 | 707,148                         | 638,390            |
| 170,000                     | LAM RESEARCH CORP SR UNSECURED 06/50 2.875                 | 169,388                         | 169,553            |
| 140,000                     | LAM RESEARCH CORP SR UNSECURED 06/60 3.125                 | 142,647                         | 139,581            |
| 90,000                      | LAS VEGAS SANDS CORP SR UNSECURED 06/25 2.9                | 89,753                          | 87,806             |
| 710,000                     | LAS VEGAS SANDS CORP SR UNSECURED 08/26 3.5                | 718,655                         | 707,267            |
| 200,000                     | LLOYDS BANKING GROUP PLC SUBORDINATED 12/45 5.3            | 264,276                         | 212,793            |
| 160,000                     | LOCKHEED MARTIN CORP SR UNSECURED 06/50 2.8                | 159,472                         | 158,613            |
| 6,000                       | LOCKHEED MARTIN CORP SR UNSECURED 09/52 4.09               | 7,413                           | 5,981              |
| 170,000                     | LOWE S COS INC SR UNSECURED 09/41 2.8                      | 165,866                         | 169,820            |
| 900,000                     | LOWE S COS INC SR UNSECURED 10/50 3                        | 887,580                         | 908,016            |
| 140,000                     | M+T BANK CORPORATION JR SUBORDINA 12/99 VAR                | 137,172                         | 140,000            |
| 100,000                     | MAGELLAN MIDSTREAM PARTN SR UNSECURED 02/49 4.85           | 119,650                         | 99,371             |
| 280,000                     | MAGELLAN MIDSTREAM PARTN SR UNSECURED 09/46 4.25           | 311,091                         | 264,120            |
| 360,000                     | MAGELLAN MIDSTREAM PARTN SR UNSECURED 10/47 4.2            | 391,720                         | 357,628            |
| 300,000                     | MARATHON PETROLEUM CORP SR UNSECURED 09/44 4.75            | 353,043                         | 262,611            |
| 230,000                     | MARS INC COMPANY GUAR 144A 04/59 4.2                       | 293,977                         | 228,498            |
| 210,000                     | MARSH + MCLENNAN COS INC SR UNSECURED 12/51 2.9            | 209,576                         | 209,498            |
| 200,000                     | MASS INSTITUTE OF TECH UNSECURED 12/99 4.678               | 297,202                         | 226,494            |
| 50,000                      | MASS INSTITUTE OF TECH UNSECURED 12/99 5.6                 | 87,357                          | 64,448             |
| 150,000                     | MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375      | 158,183                         | 149,382            |
| 390,000                     | MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/77 4.9        | 509,406                         | 402,795            |
| 570,000                     | MASTERCARD INC SR UNSECURED 03/50 3.85                     | 685,032                         | 630,280            |
| 180,000                     | MASTERCARD INC SR UNSECURED 03/51 2.95                     | 186,237                         | 178,295            |
| 90,000                      | MAYO CLINIC UNSECURED 11/43 3.774                          | 104,377                         | 82,924             |
| 210,000                     | MCDONALD S CORP SR UNSECURED 03/47 4.45                    | 256,137                         | 209,656            |
| 520,000                     | MCDONALD S CORP SR UNSECURED 09/48 4.45                    | 640,266                         | 512,155            |
| 120,000                     | MCDONALD S CORP SR UNSECURED 10/37 6.3                     | 168,682                         | 152,177            |
| 190,000                     | MCDONALD S CORP SR UNSECURED 12/35 4.7                     | 231,321                         | 213,239            |
| 220,000                     | MCDONALD S CORP SR UNSECURED 12/45 4.875                   | 282,647                         | 224,312            |
| 170,000                     | MDC HOLDINGS INC COMPANY GUAR 01/31 2.5                    | 164,429                         | 170,000            |
| 180,000                     | MDC HOLDINGS INC COMPANY GUAR 01/43 6                      | 227,705                         | 180,481            |
| 370,000                     | MDGH GMTN RSC LTD COMPANY GUAR 144A 11/49 3.7              | 409,268                         | 370,000            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 200,000                     | MEDSTAR HEALTH INC SECURED 08/49 3.626                     | 218,410                         | 200,000            |
| 77,000                      | MEDTRONIC INC COMPANY GUAR 03/45 4.625                     | 100,842                         | 85,256             |
| 115,000                     | MEMORIAL SLOAN KETTERING SR UNSECURED 07/52 4.125          | 144,755                         | 114,285            |
| 140,000                     | MERCK + CO INC SR UNSECURED 03/39 3.9                      | 164,322                         | 138,541            |
| 240,000                     | MERCK + CO INC SR UNSECURED 03/49 4                        | 290,940                         | 236,858            |
| 230,000                     | MERCK + CO INC SR UNSECURED 06/50 2.45                     | 216,678                         | 224,584            |
| 340,000                     | MERCK + CO INC SR UNSECURED 12/51 2.75                     | 336,430                         | 341,063            |
| 230,000                     | METHODIST HOSPITAL/THE UNSECURED 12/50 2.705               | 222,371                         | 230,000            |
| 410,000                     | METLIFE INC JR SUBORDINA 12/66 6.4                         | 504,390                         | 440,545            |
| 200,000                     | MICRON TECHNOLOGY INC SR UNSECURED 04/32 2.703             | 200,226                         | 200,000            |
| 100,000                     | MICRON TECHNOLOGY INC SR UNSECURED 11/41 3.366             | 102,687                         | 100,000            |
| 1,713,000                   | MICROSOFT CORP SR UNSECURED 03/52 2.921                    | 1,818,726                       | 1,649,690          |
| 116,000                     | MICROSOFT CORP SR UNSECURED 03/62 3.041                    | 124,091                         | 108,963            |
| 697,000                     | MICROSOFT CORP SR UNSECURED 06/50 2.525                    | 679,707                         | 693,831            |
| 24,000                      | MICROSOFT CORP SR UNSECURED 06/60 2.675                    | 23,921                          | 22,544             |
| 230,000                     | MIDAMERICAN ENERGY CO 1ST MORTGAGE 04/50 3.15              | 240,734                         | 228,703            |
| 160,000                     | MIDAMERICAN ENERGY CO 1ST MORTGAGE 07/49 4.25              | 197,424                         | 159,024            |
| 460,000                     | MIDAMERICAN ENERGY CO 1ST MORTGAGE 08/48 3.65              | 517,022                         | 455,984            |
| 190,000                     | MONDELEZ INTERNATIONAL SR UNSECURED 09/50 2.625            | 177,470                         | 188,944            |
| 240,000                     | MORGAN STANLEY SR UNSECURED 01/52 VAR                      | 235,488                         | 240,000            |
| 180,000                     | MORGAN STANLEY SR UNSECURED 03/51 VAR                      | 268,871                         | 180,000            |
| 480,000                     | MORGAN STANLEY SR UNSECURED 04/42 VAR                      | 502,872                         | 493,609            |
| 310,000                     | MORGAN STANLEY SR UNSECURED 07/32 VAR                      | 303,202                         | 310,000            |
| 440,000                     | MORGAN STANLEY SR UNSECURED 10/32 VAR                      | 439,534                         | 440,000            |
| 780,000                     | MORGAN STANLEY SUBORDINATED 09/36 VAR                      | 751,101                         | 780,000            |
| 140,000                     | MPLX LP SR UNSECURED 03/47 5.2                             | 171,396                         | 143,000            |
| 500,000                     | MPLX LP SR UNSECURED 04/58 4.9                             | 575,375                         | 496,445            |
| 130,000                     | MPT OPER PARTNERSP/FINL COMPANY GUAR 08/29 4.625           | 137,150                         | 129,350            |
| 230,000                     | NASDAQ INC SR UNSECURED 12/40 2.5                          | 212,453                         | 230,000            |
| 49,000                      | NBCUNIVERSAL MEDIA LLC COMPANY GUAR 01/43 4.45             | 59,378                          | 61,006             |
| 150,000                     | NESTLE HOLDINGS INC COMPANY GUAR 144A 09/38 3.9            | 174,374                         | 148,397            |
| 90,000                      | NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/50 3.75       | 102,427                         | 89,450             |
| 300,000                     | NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/69 4.45       | 381,519                         | 298,319            |
| 170,000                     | NIKE INC SR UNSECURED 05/43 3.625                          | 193,837                         | 197,163            |
| 200,000                     | NIPPON LIFE INSURANCE SUBORDINATED 144A 01/50 VAR          | 206,500                         | 200,000            |
| 360,000                     | NIPPON LIFE INSURANCE SUBORDINATED 144A 01/51 VAR          | 352,800                         | 360,000            |
| 130,000                     | NISSAN MOTOR ACCEPTANCE SR UNSECURED 144A 03/28 2.75       | 129,067                         | 129,943            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 260,000                     | NISSAN MOTOR CO SR UNSECURED 144A 09/27 4.345              | 280,683                         | 260,000            |
| 140,000                     | NORFOLK SOUTHERN CORP SR UNSECURED 02/48 4.15              | 166,796                         | 137,420            |
| 110,000                     | NORFOLK SOUTHERN CORP SR UNSECURED 05/55 3.155             | 111,425                         | 109,927            |
| 356,000                     | NORFOLK SOUTHERN CORP SR UNSECURED 08/52 4.05              | 427,859                         | 363,200            |
| 380,000                     | NORTHERN STATES PWR MINN 1ST MORTGAGE 03/50 2.9            | 383,637                         | 372,670            |
| 400,000                     | NORTHERN STATES PWR MINN 1ST MORTGAGE 09/47 3.6            | 449,668                         | 395,840            |
| 150,000                     | NORTHROP GRUMMAN CORP SR UNSECURED 05/50 5.25              | 210,096                         | 149,111            |
| 1,130,000                   | NORTHROP GRUMMAN CORP SR UNSECURED 10/47 4.03              | 1,332,519                       | 1,131,812          |
| 110,000                     | NORTHWELL HEALTHCARE INC SECURED 11/47 4.26                | 129,863                         | 110,000            |
| 80,000                      | NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 03/51 3.45      | 85,489                          | 79,722             |
| 960,000                     | NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/47 3.85      | 1,082,150                       | 956,120            |
| 310,000                     | NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/59 3.625     | 341,372                         | 309,175            |
| 70,000                      | NUCOR CORP SR UNSECURED 12/55 2.979                        | 68,720                          | 69,503             |
| 110,000                     | NVIDIA CORP SR UNSECURED 04/40 3.5                         | 123,619                         | 109,780            |
| 80,000                      | NVIDIA CORP SR UNSECURED 04/50 3.5                         | 91,198                          | 80,231             |
| 100,000                     | NVIDIA CORP SR UNSECURED 04/60 3.7                         | 119,507                         | 101,645            |
| 30,000                      | NY + PRESBYTERIAN HOSPIT UNSECURED 08/45 4.024             | 36,676                          | 35,849             |
| 170,000                     | NYU HOSPITALS CENTER SECURED 07/55 3.38                    | 174,439                         | 170,000            |
| 520,000                     | OCCIDENTAL PETROLEUM COR SR UNSECURED 06/39 7.95           | 686,400                         | 705,181            |
| 410,000                     | OCCIDENTAL PETROLEUM COR SR UNSECURED 07/44 4.5            | 422,304                         | 412,537            |
| 540,000                     | OCCIDENTAL PETROLEUM COR SR UNSECURED 09/31 7.875          | 720,900                         | 767,794            |
| 30,000                      | OCCIDENTAL PETROLEUM COR SR UNSECURED 10/27 7.125          | 34,725                          | 37,266             |
| 140,000                     | OHIO ST UNIV OHSHGR 06/11 FIXED OID 4.8                    | 211,707                         | 152,450            |
| 260,000                     | ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7               | 298,873                         | 259,233            |
| 300,000                     | ONCOR ELECTRIC DELIVERY SR SECURED 09/49 3.1               | 313,044                         | 298,488            |
| 690,000                     | ORACLE CORP SR UNSECURED 03/51 3.95                        | 716,296                         | 689,724            |
| 470,000                     | ORACLE CORP SR UNSECURED 03/61 4.1                         | 489,843                         | 470,546            |
| 1,440,000                   | ORACLE CORP SR UNSECURED 07/46 4                           | 1,494,605                       | 1,467,350          |
| 270,000                     | ORLANDO HEALTH OBL GRP UNSECURED 10/48 4.089               | 319,105                         | 270,000            |
| 100,000                     | OTIS WORLDWIDE CORP SR UNSECURED 02/50 3.362               | 105,383                         | 99,982             |
| 270,000                     | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 02/31 2.5              | 257,191                         | 269,719            |
| 330,000                     | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/50 4.95             | 359,390                         | 351,192            |
| 60,000                      | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3              | 55,621                          | 59,701             |
| 130,000                     | PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/50 3.5              | 120,427                         | 129,180            |
| 420,000                     | PAYPAL HOLDINGS INC SR UNSECURED 06/50 3.25                | 449,858                         | 425,331            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 100,000                     | PEACEHEALTH OBLIGATED GR SR UNSECURED 11/48 4.787          | 132,822                         | 100,000            |
| 450,000                     | PECO ENERGY CO 1ST MORTGAGE 09/49 3                        | 454,239                         | 446,297            |
| 210,000                     | PETROBRAS GLOBAL FINANCE COMPANY GUAR 01/27 7.375          | 244,440                         | 220,169            |
| 460,000                     | PETROBRAS GLOBAL FINANCE COMPANY GUAR 03/49 6.9            | 489,900                         | 489,670            |
| 190,000                     | PETROBRAS GLOBAL FINANCE COMPANY GUAR 06/51 5.5            | 176,225                         | 183,247            |
| 200,000                     | PETROLEOS DEL PERU SA SR UNSECURED 144A 06/47 5.625        | 198,028                         | 229,436            |
| 60,000                      | PFIZER INC SR UNSECURED 05/40 2.55                         | 59,861                          | 59,627             |
| 180,000                     | PFIZER INC SR UNSECURED 05/50 2.7                          | 181,084                         | 178,533            |
| 660,000                     | PFIZER INC SR UNSECURED 12/46 4.125                        | 815,687                         | 674,604            |
| 160,000                     | PHILIP MORRIS INTL INC SR UNSECURED 05/38 6.375            | 224,514                         | 212,012            |
| 220,000                     | PHILIP MORRIS INTL INC SR UNSECURED 08/42 3.875            | 236,617                         | 207,316            |
| 20,000                      | PHILIP MORRIS INTL INC SR UNSECURED 11/44 4.25             | 22,834                          | 21,810             |
| 410,000                     | PIEDMONT NATURAL GAS CO SR UNSECURED 09/34 4.1             | 456,810                         | 404,535            |
| 200,000                     | PIEDMONT NATURAL GAS CO SR UNSECURED 11/46 3.64            | 211,974                         | 189,820            |
| 750,000                     | PROGRESS ENERGY INC SR UNSECURED 03/31 7.75                | 1,044,930                       | 1,021,320          |
| 200,000                     | PROLOGIS LP SR UNSECURED 10/50 2.125                       | 171,358                         | 196,876            |
| 240,000                     | PRUDENTIAL FINANCIAL INC SR UNSECURED 03/40 3              | 245,947                         | 239,390            |
| 380,000                     | PRUDENTIAL FINANCIAL INC SR UNSECURED 05/44 4.6            | 471,303                         | 410,444            |
| 150,000                     | RAYMOND JAMES FINANCIAL SR UNSECURED 04/51 3.75            | 165,674                         | 149,090            |
| 100,000                     | RAYMOND JAMES FINANCIAL SR UNSECURED 07/46 4.95            | 127,271                         | 102,808            |
| 70,000                      | RAYTHEON TECH CORP SR UNSECURED 05/47 4.05                 | 81,003                          | 79,731             |
| 420,000                     | RAYTHEON TECH CORP SR UNSECURED 06/42 4.5                  | 519,212                         | 451,772            |
| 610,000                     | RAYTHEON TECH CORP SR UNSECURED 07/50 3.125                | 622,975                         | 607,969            |
| 410,000                     | RAYTHEON TECH CORP SR UNSECURED 11/38 4.45                 | 494,132                         | 409,857            |
| 130,000                     | RAYTHEON TECH CORP SR UNSECURED 11/48 4.625                | 166,533                         | 129,588            |
| 100,000                     | REPUBLIC SERVICES INC SR UNSECURED 03/40 6.2               | 142,406                         | 122,416            |
| 260,000                     | REYNOLDS AMERICAN INC COMPANY GUAR 05/40 8.125             | 377,309                         | 332,719            |
| 210,000                     | RIO TINTO FIN USA LTD COMPANY GUAR 11/40 5.2               | 279,386                         | 235,904            |
| 280,000                     | ROCHE HOLDINGS INC COMPANY GUAR 144A 12/51 2.607           | 274,960                         | 280,000            |
| 140,000                     | ROCKETMTGE C0 ISSUER INC COMPANY GUAR 144A 10/26 2.875     | 138,950                         | 140,000            |
| 130,000                     | ROCKETMTGE CO ISSUER INC COMPANY GUAR 144A 10/33 4         | 131,674                         | 130,000            |
| 140,000                     | S+P GLOBAL INC COMPANY GUAR 08/60 2.3                      | 121,040                         | 137,798            |
| 290,000                     | S+P GLOBAL INC COMPANY GUAR 12/49 3.25                     | 314,346                         | 287,796            |
| 810,000                     | SALESFORCE.COM INC SR UNSECURED 07/51 2.9                  | 824,345                         | 807,740            |
| 410,000                     | SALESFORCE.COM INC SR UNSECURED 07/61 3.05                 | 421,673                         | 408,680            |
| 210,000                     | SAN DIEGO G + E 1ST MORTGAGE 04/42 4.3                     | 242,939                         | 239,121            |
| 110,000                     | SAN DIEGO G + E 1ST MORTGAGE 04/50 3.32                    | 115,762                         | 109,854            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 100,000                     | SAN DIEGO G + E 1ST MORTGAGE 06/47 3.75                    | 110,838                         | 99,554             |
| 580,000                     | SANDS CHINA LTD SR UNSECURED 08/28 5.4                     | 624,324                         | 587,471            |
| 600,000                     | SANDS CHINA LTD SR UNSECURED 144A 08/31 3.25               | 563,736                         | 599,562            |
| 375,000                     | SANTANDER UK GROUP HLDGS SUBORDINATED 144A 09/45<br>5.625  | 483,896                         | 423,821            |
| 410,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 04/50 3.25            | 436,211                         | 400,910            |
| 90,000                      | SHELL INTERNATIONAL FIN COMPANY GUAR 05/45 4.375           | 109,346                         | 96,062             |
| 570,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 05/46 4               | 662,842                         | 559,523            |
| 264,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 08/43 4.55            | 329,200                         | 264,145            |
| 220,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 09/46 3.75            | 247,031                         | 211,592            |
| 400,000                     | SHELL INTERNATIONAL FIN COMPANY GUAR 12/38 6.375           | 582,484                         | 544,860            |
| 280,000                     | SOCIEDAD QUIMICA Y MINER SR UNSECURED 144A 09/51 3.5       | 271,253                         | 277,687            |
| 360,000                     | SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65                | 380,930                         | 383,954            |
| 200,000                     | SOUTHERN CAL EDISON 1ST MORTGAGE 06/51 3.65                | 216,690                         | 199,532            |
| 370,000                     | SOUTHERN CAL EDISON 1ST REF MORT 04/47 4                   | 407,966                         | 379,046            |
| 790,000                     | SOUTHERN CAL EDISON 1ST REF MORT 10/43 4.65                | 922,641                         | 885,607            |
| 630,000                     | SOUTHERN COPPER CORP SR UNSECURED 11/42 5.25               | 793,013                         | 581,887            |
| 420,000                     | SOUTHERN NATURAL GAS SR UNSECURED 03/32 8                  | 584,060                         | 536,941            |
| 150,000                     | SOUTHERN NATURAL GAS SR UNSECURED 144A 03/47 4.8           | 178,620                         | 168,038            |
| 240,000                     | SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7            | 269,338                         | 238,620            |
| 200,000                     | SUZANO AUSTRIA GMBH COMPANY GUAR 144A 03/47 7              | 253,352                         | 219,640            |
| 650,000                     | T MOBILE USA INC SR SECURED 02/41 3                        | 634,602                         | 640,403            |
| 650,000                     | T MOBILE USA INC SR SECURED 02/51 3.3                      | 634,823                         | 636,541            |
| 30,000                      | T MOBILE USA INC SR SECURED 04/40 4.375                    | 34,296                          | 29,408             |
| 430,000                     | T MOBILE USA INC SR SECURED 144A 10/52 3.4                 | 428,018                         | 427,515            |
| 230,000                     | TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/47 4.27      | 277,801                         | 229,264            |
| 370,000                     | TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/50 3.3       | 385,862                         | 369,508            |
| 56,000                      | TEACHERS INSUR + ANNUITY SUBORDINATED 144A 12/39 6.85      | 83,545                          | 73,498             |
| 140,000                     | TECK RESOURCES LIMITED SR UNSECURED 02/43 5.4              | 170,713                         | 166,863            |
| 190,000                     | TECK RESOURCES LIMITED SR UNSECURED 07/41 6.25             | 251,995                         | 243,767            |
| 40,000                      | TECK RESOURCES LIMITED SR UNSECURED 08/40 6                | 51,161                          | 49,091             |
| 880,000                     | TELEFONICA EMISIONES SAU COMPANY GUAR 06/36 7.045          | 1,255,470                       | 1,118,437          |
| 260,000                     | TENCENT HOLDINGS LTD SR UNSECURED 144A 04/51 3.84          | 273,013                         | 259,909            |
| 200,000                     | TEVA PHARMACEUTICALS NE COMPANY GUAR 01/25 7.125           | 214,000                         | 200,000            |
| 380,000                     | TEXAS INSTRUMENTS INC SR UNSECURED 03/39 3.875             | 449,038                         | 378,330            |
| 590,000                     | TEXAS INSTRUMENTS INC SR UNSECURED 05/48 4.15              | 736,025                         | 587,380            |
| 150,000                     | TIME WARNER CABLE LLC SR SECURED 05/37 6.55                | 196,241                         | 178,297            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 815,000                     | TIME WARNER CABLE LLC SR SECURED 06/39 6.75                | 1,110,389                       | 1,006,369          |
| 380,000                     | TIME WARNER CABLE LLC SR SECURED 07/38 7.3                 | 537,818                         | 488,844            |
| 470,000                     | TIME WARNER CABLE LLC SR SECURED 09/42 4.5                 | 512,399                         | 460,333            |
| 460,000                     | TIME WARNER ENTERTAINMEN SR SECURED 07/33 8.375            | 669,769                         | 666,993            |
| 900,000                     | TRANSCONT GAS PIPE CORP SR UNSECURED 08/42 4.45            | 1,052,433                       | 794,966            |
| 250,000                     | TRANSCONT GAS PIPE LINE SR UNSECURED 03/48 4.6             | 302,180                         | 248,190            |
| 120,000                     | TRANSCONT GAS PIPE LINE SR UNSECURED 05/30 3.25            | 126,481                         | 119,744            |
| 180,000                     | TRANSCONT GAS PIPE LINE SR UNSECURED 05/50 3.95            | 201,632                         | 178,963            |
| 280,000                     | TRAVELERS COS INC SR UNSECURED 03/49 4.1                   | 338,696                         | 278,944            |
| 430,000                     | TSMC ARIZONA CORP COMPANY GUAR 10/41 3.125                 | 447,927                         | 425,261            |
| 340,000                     | TSMC ARIZONA CORP COMPANY GUAR 10/51 3.25                  | 358,119                         | 335,437            |
| 650,000                     | UBS AG LONDON SR UNSECURED 144A 06/48 4.5                  | 848,439                         | 718,066            |
| 84,000                      | UBS AG STAMFORD CT SUBORDINATED 09/26 7.75                 | 104,882                         | 112,334            |
| 760,000                     | UBS GROUP AG JR SUBORDINA 144A 12/99 VAR                   | 819,470                         | 760,000            |
| 110,000                     | UNION PACIFIC CORP SR UNSECURED 02/50 3.25                 | 117,895                         | 109,957            |
| 680,000                     | UNION PACIFIC CORP SR UNSECURED 02/70 3.75                 | 770,338                         | 690,577            |
| 480,000                     | UNION PACIFIC CORP SR UNSECURED 03/60 3.839                | 565,128                         | 481,662            |
| 250,000                     | UNION PACIFIC CORP SR UNSECURED 04/71 3.799                | 289,453                         | 260,199            |
| 160,000                     | UNION PACIFIC CORP SR UNSECURED 09/67 4.1                  | 194,307                         | 159,763            |
| 80,820                      | UNITED AIR 2020 1 B PTT PASS THRU CE 07/27 4.875           | 84,142                          | 80,820             |
| 10,000                      | UNITEDHEALTH GROUP INC SR UNSECURED 05/40 2.75             | 10,152                          | 9,708              |
| 140,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9              | 142,611                         | 142,652            |
| 270,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25             | 334,452                         | 268,142            |
| 960,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 07/45 4.75             | 1,256,707                       | 1,097,834          |
| 130,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5              | 144,143                         | 128,721            |
| 740,000                     | UNITEDHEALTH GROUP INC SR UNSECURED 08/59 3.875            | 885,588                         | 733,429            |
| 565,000                     | UNIV OF CALIFORNIA CA REVENUES UNVHGR 05/12 FIXED 4.858    | 831,070                         | 599,369            |
| 70,000                      | UNIV OF CALIFORNIA CA REVENUES UNVHGR 12/99 FIXED 4.767    | 100,138                         | 70,861             |
| 230,000                     | UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/20 FIXED 3.706    | 254,024                         | 230,000            |
| 200,000                     | UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/50 FIXED 3.006    | 205,778                         | 200,000            |
| 360,000                     | UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/60 FIXED 3.256    | 387,371                         | 360,000            |
| 710,000                     | UNIV OF VIRGINIA VA UNIV REVEN UNIHGR 09/17 FIXED 4.179    | 986,758                         | 710,000            |
| 105,000                     | UNIV SOUTHERN CALIFORNIA SR UNSECURED 10/11 5.25           | 168,179                         | 127,889            |
| 160,000                     | UNIV SOUTHERN CALIFORNIA SR UNSECURED 12/99 3.226          | 162,704                         | 160,000            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b><u>Identity of Issuer/Description of Investment</u></b> | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b> |
|-----------------------------|------------------------------------------------------------|---------------------------------|--------------------|
| 490,000                     | VERIZON COMMUNICATIONS SR UNSECURED 03/37 5.25             | 636,735                         | 501,737            |
| 1,000,000                   | VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4              | 1,046,940                       | 999,420            |
| 370,000                     | VERIZON COMMUNICATIONS SR UNSECURED 03/50 4                | 424,845                         | 369,865            |
| 2,540,000                   | VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55             | 2,735,224                       | 2,541,161          |
| 1,580,000                   | VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7              | 1,713,068                       | 1,569,854          |
| 390,000                     | VERIZON COMMUNICATIONS SR UNSECURED 08/46 4.125            | 452,287                         | 341,957            |
| 140,000                     | VERIZON COMMUNICATIONS SR UNSECURED 09/41 2.85             | 138,114                         | 139,815            |
| 90,000                      | VERIZON COMMUNICATIONS SR UNSECURED 09/43 6.55             | 140,660                         | 121,971            |
| 80,000                      | VERIZON COMMUNICATIONS SR UNSECURED 10/56 2.987            | 75,727                          | 70,500             |
| 120,000                     | VERIZON COMMUNICATIONS SR UNSECURED 11/40 2.65             | 114,026                         | 119,888            |
| 650,000                     | VERIZON COMMUNICATIONS SR UNSECURED 11/50 2.875            | 616,779                         | 648,310            |
| 460,000                     | VERIZON COMMUNICATIONS SR UNSECURED 11/60 3                | 434,676                         | 455,970            |
| 110,000                     | VIDEOTRON LTD SR UNSECURED 144A 06/29 3.625                | 110,549                         | 110,000            |
| 210,000                     | VIRGINIA ELEC + POWER CO SR UNSECURED 09/47 3.8            | 237,256                         | 209,068            |
| 400,000                     | VIRGINIA ELEC + POWER CO SR UNSECURED 11/38 8.875          | 705,380                         | 645,453            |
| 150,000                     | VISA INC SR UNSECURED 04/40 2.7                            | 153,275                         | 148,896            |
| 810,000                     | VISA INC SR UNSECURED 12/45 4.3                            | 1,019,280                       | 835,538            |
| 160,000                     | VODAFONE GROUP PLC SR UNSECURED 02/37 6.15                 | 216,896                         | 181,296            |
| 360,000                     | VODAFONE GROUP PLC SR UNSECURED 05/48 5.25                 | 468,900                         | 359,419            |
| 300,000                     | WACHOVIA CORP SUBORDINATED 10/35 6.55                      | 405,291                         | 383,586            |
| 500,000                     | WALMART INC SR UNSECURED 09/51 2.65                        | 511,225                         | 498,150            |
| 210,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 10/43 5.4             | 291,163                         | 260,511            |
| 660,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 11/37 6.65            | 978,285                         | 919,829            |
| 100,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 12/34 6.2             | 139,647                         | 131,779            |
| 100,000                     | WALT DISNEY COMPANY/THE COMPANY GUAR 12/35 6.4             | 143,106                         | 134,928            |
| 240,000                     | WEA FINANCE LLC/WESTFIEL COMPANY GUAR 144A 09/44 4.75      | 258,449                         | 244,054            |
| 360,000                     | WELLS FARGO + COMPANY SR UNSECURED 04/41 VAR               | 369,191                         | 360,000            |
| 740,000                     | WELLS FARGO + COMPANY SR UNSECURED 04/51 VAR               | 1,010,492                       | 837,451            |
| 393,000                     | WELLS FARGO + COMPANY SUBORDINATED 01/44 5.606             | 531,792                         | 398,644            |
| 100,000                     | WELLS FARGO + COMPANY SUBORDINATED 08/35 5.5               | 126,792                         | 117,745            |
| 1,210,000                   | WELLS FARGO + COMPANY SUBORDINATED 11/43 5.375             | 1,599,245                       | 1,408,712          |
| 1,100,000                   | WELLS FARGO + COMPANY SUBORDINATED 12/46 4.75              | 1,372,855                       | 1,119,062          |
| 170,000                     | WESLEYAN UNIVERSITY UNSECURED 07/16 4.781                  | 242,063                         | 171,562            |
| 10,000                      | WESTERN MIDSTREAM OPERAT SR UNSECURED 02/50 6.5            | 11,824                          | 9,993              |
| 20,000                      | WESTERN MIDSTREAM OPERAT SR UNSECURED 03/48 5.3            | 24,100                          | 20,191             |
| 110,000                     | WILLIAMS COMPANIES INC SR UNSECURED 10/51 3.5              | 111,126                         | 109,816            |
| 100,000                     | WILLIAMS COMPANIES INC SR UNSECURED 11/43 5.8              | 130,274                         | 125,386            |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b> | <b>Identity of Issuer/Description of Investment</b>     | <b>Current<br/>Value</b> | <b>Cost</b> |
|-----------------------------|---------------------------------------------------------|--------------------------|-------------|
| 110,000                     | WILLIS KNIGHTON MED CTR SECURED 03/51 3.065             | 107,729                  | 110,000     |
| 250,000                     | WILLIS KNIGHTON MED CTR SECURED 09/48 4.813             | 320,968                  | 250,000     |
| 100,000                     | WISCONSIN POWER + LIGHT SR UNSECURED 04/50 3.65         | 112,065                  | 99,873      |
| 140,000                     | WISCONSIN PUBLIC SERVICE SR UNSECURED 12/51 2.85        | 137,502                  | 139,747     |
| 50,000                      | WYETH LLC COMPANY GUAR 04/37 5.95                       | 70,416                   | 65,379      |
| 600,000                     | YAMANA GOLD INC COMPANY GUAR 12/27 4.625                | 647,687                  | 601,896     |
|                             |                                                         | 245,878,915              | 221,996,566 |
| <b>Government Bonds</b>     |                                                         |                          |             |
| 880,000                     | ABU DHABI GOVT INT L SR UNSECURED 144A 09/49 3.125      | 897,970                  | 890,133     |
| 480,000                     | ABU DHABI GOVT INT L SR UNSECURED 144A 10/47 4.125      | 574,411                  | 475,752     |
| 60,000                      | ALABAMA ECON SETTLEMENT AUTH B ABMGEN 09/32 FIXED 4.263 | 68,309                   | 60,000      |
| 200,000                     | AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/41 FIXED 7.834  | 330,684                  | 301,900     |
| 20,000                      | AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/50 FIXED 6.27   | 28,582                   | 23,552      |
| 1,300,000                   | CALIFORNIA ST CAS 10/39 FIXED 7.3                       | 2,039,466                | 1,868,212   |
| 60,000                      | ILLINOIS ST ILS 02/35 FIXED 6.63                        | 73,306                   | 63,273      |
| 350,000                     | ILLINOIS ST ILS 06/33 FIXED 5.1                         | 404,558                  | 309,061     |
| 280,000                     | JOBSONIO BEVERAGE SYS STWD LIQ JOBGEN 01/38 FIXED 2.833 | 288,660                  | 280,000     |
| 115,000                     | LOS ANGELES CA DEPT WTR PWR LOSUTL 07/45 FIXED 6.574    | 186,586                  | 171,721     |
| 370,000                     | MISSOURI ST HLTH EDUCTNL FAC MOSMED 08/57 FIXED 3.652   | 453,169                  | 370,000     |
| 180,000                     | NEW JERSEY ST TRANSPRTN TRUST NJSTRN 06/39 FIXED 4.081  | 199,561                  | 180,000     |
| 70,000                      | PORT AUTH OF NEW YORK NEW JE PORTRN 08/46 FIXED 4.96    | 95,206                   | 86,473      |
| 1,200,000                   | PORT AUTH OF NEW YORK NEW JE PORTRN 10/65 FIXED 4.81    | 1,646,424                | 1,258,728   |
| 330,000                     | QATAR ENERGY SR UNSECURED 144A 07/41 3.125              | 333,505                  | 328,782     |
| 490,000                     | QATAR ENERGY SR UNSECURED 144A 07/51 3.3                | 504,391                  | 490,000     |
| 37,458                      | REPUBLIC OF ARGENTINA SR UNSECURED 07/29 1              | 13,579                   | 20,649      |
| 110,028                     | REPUBLIC OF ARGENTINA SR UNSECURED 07/30 VAR            | 38,511                   | 57,216      |
| 361,770                     | REPUBLIC OF ARGENTINA SR UNSECURED 07/35 VAR            | 115,766                  | 169,127     |
| 990,000                     | REPUBLIC OF CHILE SR UNSECURED 05/41 3.1                | 968,715                  | 984,317     |
| 120,000                     | REPUBLIC OF COLOMBIA SR UNSECURED 01/41 6.125           | 123,511                  | 131,670     |
| 380,000                     | REPUBLIC OF COLOMBIA SR UNSECURED 06/45 5               | 342,950                  | 384,750     |
| 220,000                     | REPUBLIC OF INDONESIA SR UNSECURED 01/48 4.35           | 251,643                  | 218,165     |
| 660,000                     | REPUBLIC OF INDONESIA SR UNSECURED 10/49 3.7            | 697,930                  | 654,086     |
| 380,000                     | REPUBLIC OF PANAMA SR UNSECURED 07/60 3.87              | 380,000                  | 429,077     |
| 330,000                     | REPUBLIC OF PANAMA SR UNSUB 09/32 2.252                 | 313,088                  | 330,000     |
| 200,000                     | REPUBLIC OF PARAGUAY SR UNSECURED 144A 03/50 5.4        | 228,250                  | 243,726     |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b>             | <b>Identity of Issuer/Description of Investment</b>     | <b>Current<br/>Value</b> | <b>Cost</b> |
|-----------------------------------------|---------------------------------------------------------|--------------------------|-------------|
| 240,000                                 | REPUBLIC OF PERU SR UNSECURED 01/31 2.783               | 238,802                  | 240,005     |
| 180,000                                 | REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1         | 237,692                  | 162,360     |
| 100,000                                 | SAN DIEGO CNTY CA WTR AUTH FIN SDGWTR 05/49 FIXED 6.138 | 150,410                  | 143,358     |
| 140,000                                 | SAN FRANCISCO CITY CNTY CA P SFWTR 11/39 FIXED 3.303    | 144,746                  | 140,000     |
| 260,000                                 | STATE OF ISRAEL SR UNSECURED 01/48 4.125                | 318,209                  | 257,655     |
| 230,000                                 | STATE OF ISRAEL SR UNSECURED 07/50 3.875                | 268,336                  | 230,000     |
| 640,000                                 | STATE OF QATAR SR UNSECURED 144A 03/49 4.817            | 838,810                  | 640,000     |
| 370,000                                 | STATE OF QATAR SR UNSECURED 144A 04/50 4.4              | 459,647                  | 370,000     |
| 110,000                                 | TEXAS ST PRIV ACTIVITY BOND SU TXSTRN 12/49 FIXED 3.922 | 123,061                  | 110,000     |
| 830,000                                 | UNITED MEXICAN STATES SR UNSECURED 01/40 6.05           | 1,031,283                | 977,092     |
| 1,200,000                               | UNITED MEXICAN STATES SR UNSECURED 03/44 4.75           | 1,306,512                | 1,206,821   |
| 250,000                                 | UNITED MEXICAN STATES SR UNSECURED 08/41 4.28           | 259,063                  | 249,845     |
| 3,570,000                               | US TREASURY N/B 05/26 0.75                              | 3,496,637                | 3,550,477   |
| 80,000                                  | US TREASURY N/B 06/26 0.875                             | 78,731                   | 79,919      |
| 1,930,000                               | US TREASURY N/B 07/26 0.625                             | 1,876,693                | 1,914,865   |
| 120,000                                 | US TREASURY N/B 08/41 1.75                              | 116,344                  | 114,497     |
| 3,500,000                               | US TREASURY N/B 08/50 1.375                             | 3,065,930                | 3,166,168   |
| 110,000                                 | US TREASURY N/B 11/31 1.375                             | 108,607                  | 109,300     |
| 330,000                                 | US TREASURY N/B 11/41 2                                 | 333,765                  | 332,823     |
| 1,710,000                               | US TREASURY N/B 11/50 1.625                             | 1,593,173                | 1,497,218   |
|                                         |                                                         | 27,645,182               | 26,272,773  |
| <b>Investment Partnerships - Equity</b> |                                                         |                          |             |
| 1,231,759                               | ADAMS STREET GLOBAL SECONDARIE FUND 5                   | 3,934,097                | 1,231,759   |
| 1,532,827                               | CANYON CLO FUND LP LIMITED PARTNERSHIP                  | 6,740,901                | 1,532,827   |
| 1,563,989                               | DYAL III PENSION INVESTOR LP                            | 7,399,154                | 1,563,989   |
| 2,785                                   | FINTAN PARTNERS SPEC CREDIT FD II LP                    | 116,810                  | 2,785       |
| 317,551                                 | HARBOURVEST PARTNERS IX LIMITED PARTNERSHIP             | 18,107,099               | 317,551     |
| 967,500                                 | SHERIDAN PRODUCTION PTRS III B LIMITED PARTNERSHIP      | 2,888,000                | 967,500     |
| 4,192                                   | TPG OPPORTUNITIES PARTNERS II LIMITED PARTNERSHIP       | 196,638                  | 4,192       |
| 7,856,234                               | TRIDENT VII, L.P. LIMITED PARTNERSHIP                   | 15,618,053               | 7,856,234   |
| 4,951,377                               | WARBURG PINCUS PE XII, LP LIMITED PARTNERSHIP           | 15,138,304               | 4,951,377   |
| 5,075                                   | WARBURG PINCUS XI LP LIMITED PARTNERSHIP                | 5,420,379                | 5,075       |
|                                         |                                                         | 75,559,435               | 18,433,289  |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year  
As of December 31, 2021

| <b>Shares/Par<br/>Value</b>                        | <b><u>Identity of Issuer/Description of Investment</u></b>  | <b><u>Current<br/>Value</u></b> | <b><u>Cost</u></b>     |
|----------------------------------------------------|-------------------------------------------------------------|---------------------------------|------------------------|
| <b><u>Investment Partnership – Real Estate</u></b> |                                                             |                                 |                        |
| 89,848                                             | BLACKSTONE RE PARTNERS VII REIT                             | 1,759,545                       | 106,159                |
| 39,384                                             | BLACKSTONE REAL EST PRTNR IV EUROPE IV LP                   | 1,207,987                       | 39,384                 |
| 5,613,451                                          | BLACKSTONE REAL ESTATE PARTNER EUROPE V L.P.                | 10,491,057                      | 5,613,451              |
| 118,918                                            | CROSSHARBOR INSTITUTIONAL PARTNERS 2014 LP                  | 1,256,624                       | 118,918                |
| 9,536,561                                          | H/2 SPECIAL OPPTS IV                                        | 11,556,710                      | 9,536,561              |
| 306,565                                            | OAKTREE REAL ESTATE OPP VI LP LIMITED PARTNERSHIP           | 2,617,342                       | 306,565                |
| 149,800                                            | TOWNSQUARE REAF I, LP MUTUAL FUND                           | 2,597,434                       | 149,800                |
| 2,185,432                                          | TRUE NORTH REAL ESTATE III LIMITED PARTNERSHIP              | 3,455,327                       | 2,185,432              |
| 1,858,929                                          | USRA NET LEASE LLC USRA NET LEASE LLC                       | 6,949,752                       | 1,858,929              |
|                                                    |                                                             | <b>41,891,778</b>               | <b>19,915,199</b>      |
| <b><u>Commingled Funds - Equity</u></b>            |                                                             |                                 |                        |
| 7,378,764                                          | AON HEWITT COLLECTIVE INVT TR GLOBAL EQUITY CL I            | 159,086,155                     | 97,575,659             |
| 5,831,108                                          | MSCI ACWI EQUITY INDEX NL MUTUAL FUND                       | 159,295,846                     | 103,585,078            |
|                                                    |                                                             | <b>318,382,001</b>              | <b>201,160,737</b>     |
| <b><u>Commingled Funds - Bonds</u></b>             |                                                             |                                 |                        |
| 68,010,069                                         | AON HEWITT COLLECTIVE INVT TR LONG CR BD                    | 703,904,210                     | 683,587,307            |
| 28,181                                             | AON OPPORTUNISTIC CREDIT FUND AON OPPORTUNISTIC CREDIT FUND | 32,246,678                      | 28,195,428             |
| 4,040,732                                          | AON TR CO LLC MULTI ASSET CR                                | 43,612,241                      | 43,000,000             |
|                                                    |                                                             | <b>779,763,129</b>              | <b>754,782,735</b>     |
| <b><u>Commingled Funds - Government</u></b>        |                                                             |                                 |                        |
| 36,995,991                                         | AON HEWITT COLLECTIVE AGT 20 YEAR U.S. TREASURY             | 335,923,594                     | 345,629,153            |
|                                                    |                                                             | <b>335,923,594</b>              | <b>345,629,153</b>     |
|                                                    |                                                             | <b>\$1,842,921,472</b>          | <b>\$1,606,067,868</b> |

**Children's Hospital Medical Center  
Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions  
For the Year Ended December 31, 2021

| <u>Identity of<br/>Party<br/>Involved</u> | <u>Description of Assets</u>                        | <u>Number of<br/>Transactions</u> | <u>Purchase<br/>Price (A)**</u> | <u>Selling<br/>Price (A)**</u> | <u>Cost of Asset</u> | <u>Net Gain<br/>(Loss)</u> |
|-------------------------------------------|-----------------------------------------------------|-----------------------------------|---------------------------------|--------------------------------|----------------------|----------------------------|
| <b>-Single Transactions-</b>              |                                                     |                                   |                                 |                                |                      |                            |
| State Street                              | AON HEWITT COLLECTIVE INVT TR<br>LONG CR BD         |                                   | \$ 88,750,000                   | \$ -                           | \$ -                 | \$ -                       |
| <b>-Series in Same Security-</b>          |                                                     |                                   |                                 |                                |                      |                            |
| State Street                              | MSCI ACWI EQUITY INDEX NL MUTUAL<br>FUND            | 12                                | \$ -                            | \$207,573,948                  | \$154,214,845        | \$53,359,103               |
| State Street                              | AON HEWITT COLLECTIVE INVT TR<br>GLOBAL EQUITY CL I | 10                                | -                               | 212,500,000                    | 148,284,061          | 64,215,939                 |
| State Street                              | AON HEWITT COLLECTIVE INVT TR<br>LONG CR BD         | 13                                | \$335,700,000                   | -                              | -                    | -                          |
| State Street                              | AON HEWITT COLLECTIVE AGT 20<br>YEAR U.S. TREASURY  | 13                                | 146,800,000                     | -                              | -                    | -                          |
| State Street                              | STATE STREET SHORT TERM<br>INVESTMENT FUND 25 BPS   | 233                               | 456,422,448                     | 453,204,713                    | 453,204,713          | -                          |

(A) The current value of all assets acquired or disposed of at the time of acquisition or disposition is equal to the purchase price or selling price, respectively.

\*\* Amounts do not include transactional fees

## **SCHEDULE SB ATTACHMENTS**

---

**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2021**

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

| Attained Age | Attained Years of Credited Service <sup>1</sup> |        |        |        |        |        |        |         |        |           | Total  |
|--------------|-------------------------------------------------|--------|--------|--------|--------|--------|--------|---------|--------|-----------|--------|
|              | Under 1                                         | 1-4    | 5-9    | 10-14  | 15-19  | 20-24  | 25-29  | 30-34   | 35-39  | 40 & Over |        |
| Under 25     | 335                                             | 777    | 4      | 0      | 0      | 0      | 0      | 0       | 0      | 0         | 1,116  |
|              | 27,761                                          | 40,011 | -      | -      | -      | -      | -      | -       | -      | -         | 36,336 |
| 25-29        | 234                                             | 1,522  | 481    | 0      | 0      | 0      | 0      | 0       | 0      | 0         | 2,237  |
|              | 39,672                                          | 48,540 | 54,742 | -      | -      | -      | -      | -       | -      | -         | 48,946 |
| 30-34        | 117                                             | 868    | 887    | 253    | 1      | 0      | 0      | 0       | 0      | 0         | 2,126  |
|              | 39,107                                          | 51,309 | 59,918 | 66,639 | -      | -      | -      | -       | -      | -         | 56,057 |
| 35-39        | 100                                             | 531    | 667    | 644    | 101    | 0      | 0      | 0       | 0      | 0         | 2,043  |
|              | 34,107                                          | 49,565 | 61,519 | 71,423 | 82,230 | -      | -      | -       | -      | -         | 61,216 |
| 40-44        | 77                                              | 370    | 391    | 467    | 270    | 34     | 0      | 0       | 0      | 0         | 1,609  |
|              | 27,067                                          | 57,167 | 63,392 | 72,009 | 85,848 | 83,848 | -      | -       | -      | -         | 66,924 |
| 45-49        | 52                                              | 234    | 294    | 347    | 236    | 134    | 17     | 1       | 0      | 0         | 1,315  |
|              | 28,791                                          | 50,175 | 67,440 | 76,698 | 83,886 | 91,180 | -      | -       | -      | -         | 70,849 |
| 50-54        | 38                                              | 201    | 253    | 303    | 216    | 148    | 79     | 23      | 0      | 0         | 1,261  |
|              | 30,365                                          | 53,276 | 64,860 | 78,808 | 83,563 | 91,878 | 99,439 | 98,564  | -      | -         | 74,481 |
| 55-59        | 33                                              | 136    | 213    | 250    | 171    | 136    | 89     | 88      | 6      | 1         | 1,123  |
|              | 28,291                                          | 56,101 | 63,461 | 72,531 | 78,783 | 86,242 | 93,656 | 102,846 | -      | -         | 74,213 |
| 60-64        | 9                                               | 83     | 142    | 168    | 138    | 76     | 54     | 45      | 36     | 16        | 767    |
|              | -                                               | 60,952 | 63,172 | 74,463 | 78,138 | 82,537 | 87,984 | 98,402  | 99,363 | -         | 75,636 |
| 65-69        | 4                                               | 20     | 36     | 50     | 42     | 18     | 9      | 8       | 4      | 7         | 198    |
|              | -                                               | 37,901 | 72,659 | 72,951 | 71,258 | -      | -      | -       | -      | -         | 72,399 |
| 70 & over    | 1                                               | 7      | 7      | 9      | 1      | 2      | 4      | 1       | 2      | 1         | 35     |
|              | -                                               | -      | -      | -      | -      | -      | -      | -       | -      | -         | 66,974 |
| Total        | 1,000                                           | 4,749  | 3,375  | 2,491  | 1,176  | 548    | 252    | 166     | 48     | 25        | 13,830 |
|              | 32,608                                          | 49,114 | 61,411 | 72,977 | 82,261 | 88,250 | 92,829 | 101,021 | 99,428 | 86,074    | 61,250 |

<sup>1</sup> Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Children's Hospital Medical Center Retirement Plan  
 EIN / PN: 31-0833936/001  
 Plan Sponsor: Cincinnati Children's Hospital Medical Center  
 Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB, Part V Summary of Plan Provisions

### Plan sponsor

Cincinnati Children's Hospital Medical Center

### Plan

Cincinnati Children's Hospital Medical Center Retirement Plan

### Effective date and most recent amendment

The plan was originally effective January 1, 1961 and was restated January 1, 2017; and most recently amended with the third amendment effective January 1, 2021.

### Plan year

The twelve-month period ending December 31.

### Coverage and participation

An employee budgeted to work at least 20 hours per week participates on the January 1<sup>st</sup> or July 1<sup>st</sup> following the later of date of hire or age 21.

An employee budgeted to work less than 20 hours per week participates on the January 1<sup>st</sup> or July 1<sup>st</sup> following completion of one year of continuous service. Excluded employee groups include residents, clinical fellows, student co-ops and those eligible for the defined contribution plan sponsored by Cincinnati Children's Hospital Medical Center.

### Credited service

#### Traditional Formula:

A full year is credited for each calendar year the employee completes 2,000 hours of service. No service is credited for each calendar year the employee completes less than 1,000 hours of service. Credited Service is prorated for service between 1,000 and 2,000 hours of service.

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

---

## Stable Value Formula:

A full year is credited for each calendar year the employee completes 1,000 hours of service.

## Vesting service

One year of vesting service is granted for each calendar year the employee completes at least 1,000 hours of service.

## Final average compensation/salary

### Traditional Formula:

The monthly average of the highest five consecutive years of compensation. For this purpose, compensation is annualized for years the employee completes between 1,000 and 2,000 hours of service.

### Stable Value Formula:

Actual earnings are considered for each year in which the employee completes 1,000 hours of service.

## Normal retirement benefit

Normal Retirement Date: Later of age 65 or January 1 of calendar year following the participant's fourth year of plan participation.

### Traditional Formula:

Benefit Formula: The monthly benefit is the greater of:

- 1.4% of Final Average Monthly Compensation times years of Credited Service, or
- \$291.67 plus 1.4% of Final Average Monthly Compensation times years of Credited Service reduced by three years.

### Stable Value Formula:

Benefit formula: The benefit is expressed in terms of a single lump sum payable at age 65 as follows:

- The greater of 15% of career pay or \$30,000, for the first three years of service, plus

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

---

- 15% of pay for each additional year of service.

The payable lump sum benefit must be no less than the prescribed IRS minimum present value of the underlying annuity.

Normal form of benefit: Life annuity for single participants and 50% Joint and Survivor Annuity for married participants, which is actuarially equivalent to the life annuity.

## Late retirement

Participants retiring after their Normal Retirement Date receive the greater of:

- Accrued benefit calculated using pay and service as of their Late Retirement Date.
- Normal Retirement Benefit actuarially increased to Late Retirement Date.

## Early retirement benefit

### Traditional Formula:

Eligibility: Earlier of attainment of age 55 with 15 years of vesting service, age 62 with three years of vesting service or age 55 with age plus service equal to or exceeding 90 points.

Benefit: Accrued benefit as of the date of early retirement reduced by 1/3 of 1% for each month payments commence before Normal Retirement Date. Early retirement benefits are unreduced if attained age is at least 55 and age plus years of vesting service equal to or exceed 90 points.

### Stable Value Formula:

Accrued benefit payable at normal retirement date. Participants can elect to receive an immediate lump sum, calculated as the stable value account balance times  $0.95^{\text{years to normal retirement age}}$ . The lump sum is held to a minimum of the value of the normal retirement annuity benefit calculated as an IRC §417(e) lump sum. Alternatively, participants can elect to receive an immediate annuity which can be calculated using the conversion factors found in the appendix to the plan document.

## Disability benefit

None, except as provided by vested termination.

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

---

## Vested benefits upon termination of service

Vesting: Completion of three years of vesting service.

### Traditional Formula:

Accrued benefit payable at normal retirement date. A reduced benefit (described above) may be paid upon meeting early retirement eligibility. In addition, participants can elect to receive an immediate annuity prior to early retirement eligibility which is reduced actuarially from normal retirement date.

### Stable Value Formula:

Accrued benefit payable at normal retirement date. Participants can elect to receive an immediate lump sum, calculated as the stable value account balance times  $0.95^{\text{years to normal retirement age}}$ . The lump sum is compared to a minimum of the value of the normal retirement annuity benefit calculated as an IRC §417(e) lump sum. Alternatively, participants can elect to receive an immediate annuity which can be calculated using the conversion factors found in the appendix to the plan document.

## Death benefits for participants in active service

Eligibility: Death while actively employed. A participant is 100% vested in his accrued benefit upon death regardless of years of vesting service.

Benefit: A lump sum equal to the present value of the accrued benefit payable at normal retirement.

## Optional forms of retirement income in lieu of normal form

Lump sum, 50%, 66 2/3%, 75%, 100% joint and survivor annuity, life annuity with 10, 15, or 20 years certain.

## Changes in plan provisions since last actuarial valuation

None.

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

|                     |                     |
|---------------------|---------------------|
| Applicable month    | September           |
| Interest rate basis | Three-Segment Rates |

#### Interest rates:

|                         | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|-------------------------|-------------------------|-----------------------------|
| First segment rate      | 4.75%                   | 2.22%                       |
| Second segment rate     | 5.36%                   | 3.38%                       |
| Third segment rate      | 6.11%                   | 3.92%                       |
| Effective interest rate | 5.76%                   | 3.74%                       |

#### Annual rates of increase:

|                                   |       |
|-----------------------------------|-------|
| Compensation                      | 3.50% |
| Future Social Security wage bases | N/A   |
| Statutory limits on compensation  | 2.50% |

#### Administrative expenses

The amount included this year for plan-related expenses is \$61,131.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine (i) PBGC variable rate premiums if the alternative method is used, and (ii) the PBGC FTAP and the PBGC 4010 FS.

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

## Demographic and Other Assumptions

| <b>Inclusion date</b>                                          | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|----|------|-------------|------|
| <b>New or rehired employees</b>                                | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| <b>Mortality:</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| Healthy                                                        | Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).                                                                                                                                                                                                                                                                                                             |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| Disabled                                                       | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| <b>Termination (not due to disability or retirement) rates</b> | <p>The rates at which participants are assumed to leave the Company by age are shown below:</p> <p>A termination rate of 0.20 for the first year of employment, a termination rate of 0.17 for the second year, a termination rate of 0.15 for the third year and a termination rate of 0.13 for the fourth year, along with a table based on an experience study performed in 2018 thereafter. Illustrative rates in the following years are as follows:</p> <table><thead><tr><th>Age</th><th>Annual Rate</th></tr></thead><tbody><tr><td>20</td><td>0.13</td></tr><tr><td>25</td><td>0.13</td></tr><tr><td>30</td><td>0.11</td></tr><tr><td>35</td><td>0.08</td></tr><tr><td>40</td><td>0.07</td></tr><tr><td>45</td><td>0.06</td></tr><tr><td>50</td><td>0.04</td></tr><tr><td>55</td><td>0.05</td></tr><tr><td>57 and Over</td><td>0.07</td></tr></tbody></table> | Age | Annual Rate | 20 | 0.13 | 25 | 0.13 | 30 | 0.11 | 35 | 0.08 | 40 | 0.07 | 45 | 0.06 | 50 | 0.04 | 55 | 0.05 | 57 and Over | 0.07 |
| Age                                                            | Annual Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 20                                                             | 0.13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 25                                                             | 0.13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 30                                                             | 0.11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 35                                                             | 0.08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 40                                                             | 0.07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 45                                                             | 0.06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 50                                                             | 0.04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 55                                                             | 0.05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |
| 57 and Over                                                    | 0.07                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |             |    |      |    |      |    |      |    |      |    |      |    |      |    |      |    |      |             |      |

Plan Name: Children's Hospital Medical Center Retirement Plan  
EIN / PN: 31-0833936/001  
Plan Sponsor: Cincinnati Children's Hospital Medical Center  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Retirement

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age eligibility for Rule of 90 are shown below.

| Age | For Participants Not Yet Eligible Under Rule Of 90 | For Participants Eligible Under Rule Of 90 |
|-----|----------------------------------------------------|--------------------------------------------|
| 55  | 0.05                                               | 0.05                                       |
| 56  | 0.05                                               | 0.10                                       |
| 57  | 0.05                                               | 0.20                                       |
| 58  | 0.05                                               | 0.20                                       |
| 59  | 0.05                                               | 0.20                                       |
| 60  | 0.10                                               | 0.20                                       |
| 61  | 0.10                                               | 0.20                                       |
| 62  | 0.15                                               | 0.25                                       |
| 63  | 0.15                                               | 0.25                                       |
| 64  | 0.20                                               | 0.30                                       |
| 65  | 0.35                                               | 0.30                                       |
| 66  | 0.35                                               | 0.30                                       |
| 67  | 0.30                                               | 0.30                                       |
| 68  | 0.20                                               | 0.30                                       |
| 69  | 0.20                                               | 0.30                                       |
| 70  | 1.00                                               | 1.00                                       |

## Disability rates

None.

## Benefit

### commencement date:

Preretirement death benefit

Immediately for an active participant and normal retirement for former employees.

Retirement benefit

Lump sum elections for employees leaving employment are assumed to be made immediately upon termination of employment. Annuities are assumed to be elected at age 65 unless early retirement eligible.

## Form of payment

For valuation purposes, employees leaving employment are expected to elect forms of payment based on the following rates by age:

| Form of Payment    | Below Age 55 | Age 55 and Beyond |
|--------------------|--------------|-------------------|
| Immediate Lump Sum | 0.40         | 0.45              |
| Immediate Annuity  | 0.00         | 0.20              |
| Deferred Annuity   | 0.60         | 0.35              |

Former employees who have yet to commence payment are assumed to elect a life annuity.

Plan Name: Children's Hospital Medical Center Retirement Plan  
EIN / PN: 31-0833936/001  
Plan Sponsor: Cincinnati Children's Hospital Medical Center  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Percent married</b>             | For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.                                                                                                                                                                                                                                                                                                                             |
| <b>Spouse age</b>                  | Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.                                                                                                                                                                                                                                                                                                  |
| <b>Covered pay</b>                 | Compensation assumed to be paid in the current year beginning on the valuation date is actual compensation from the prior year multiplied by the assumed salary scale. Compensation is annualized for participants newly hired in the prior year.                                                                                                                                                                                                           |
| <b>Lump sum conversion factors</b> | <p>For lump sums from the Traditional Formula:</p> <ul style="list-style-type: none"><li>■ Segment rates</li><li>■ IRS Notice 2019-67 mortality assumption</li></ul> <p>Lump sums from the Stable Value Formula are the greater benefit resulting from the above assumption or the benefit using the plan assumption:</p> <ul style="list-style-type: none"><li>■ 5.0755385%</li><li>■ RP-2000 projected 10 years (blended 80% female / 20% male)</li></ul> |
| <b>Timing of benefit payments</b>  | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                                                                                                                                                                                                                                                                  |

### Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Actuarial value of assets</b> | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation |

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

## SCHEDULE SB ATTACHMENTS

of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values reflecting the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets below the market value of assets.

**Actuarial increases for active and inactive participants past normal retirement age**

Actuarial increases in final average earnings benefits for active participants over age 65 are valued assuming an increase of 3% per year after age 65, in addition to normal benefit accruals under the stable value formula.

Actuarial increases in final average earnings benefits for inactive participants over age 65 are valued assuming an increase of 7% per year after age 65.

**Benefits not valued**

We believe we have reflected all significant plan provisions in this valuation.

### Sources of Data and Other Information

Active and inactive participant data as of the census date were supplied by the Company via PensionPath. Data on persons receiving benefits were also supplied by the Company. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. Deferred vested participants or employees who transferred out of a DB-plan eligible position who did not have a benefit in the valuation data were valued using the average benefit of other deferred vested plan participants. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

### Assumptions Rationale - Significant Economic Assumptions

**Lump sum conversion rate**

Lump sum benefits in the Stable Value Formula are valued assuming the current lump sum conversion rate dictated by the plan remains unchanged in the future.

Lump sums on an IRC §417(e) basis are valued using the applicable interest rates as required by IRC §430.

Plan Name: Children's Hospital Medical Center Retirement Plan  
EIN / PN: 31-0833936/001  
Plan Sponsor: Cincinnati Children's Hospital Medical Center  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Demographic Assumptions

|                          |                                                                                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                  |
| <b>Termination</b>       | Termination rates were based on an experience study conducted in 2018.                                                                                                                                                   |
| <b>Retirement</b>        | Retirement rates were based on an experience study conducted in 2018.                                                                                                                                                    |
| <b>Form of payment</b>   | The percentage of retiring participants assumed to take annuities and lump sums is based on observed experience over the period 2015 – 2017, as well as anticipated future experience (and is being monitored annually). |

## Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                               |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Changes in Assumptions and Methods

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions and methods since prior valuation</b> | <p>The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2019 projection scale, as specified in the regulations under IRC §430(h)(3)-1.</p> <p>The valuation reflects the updated projection scale used in the “applicable mortality table” under IRC §417(e) provided by IRS for 2021 plan years, which decreased assumed lump sums.</p> |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Plan Name: Children's Hospital Medical Center Retirement Plan  
EIN / PN: 31-0833936/001  
Plan Sponsor: Cincinnati Children's Hospital Medical Center  
Valuation Date: January 1, 2021

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning \_\_\_\_\_ and ending \_\_\_\_\_

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                                                                                                                                                                                            |                                                             |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT                                                                                                                                                                                                                                                     | <b>B</b> Three-digit plan number (PN) ►                     | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CHILDREN'S HOSPITAL MEDICAL CENTER                                                                                                                                                                                                             | <b>D</b> Employer Identification Number (EIN)<br>31-0833936 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                             |     |

| <b>Part I Basic Information</b> |                                                                                                                                                                                                              |                            |                           |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 1                               | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>                                                                                                                                     |                            |                           |
| 2                               | Assets:                                                                                                                                                                                                      |                            |                           |
|                                 | a Market value . . . . .                                                                                                                                                                                     | <b>2a</b>                  | 1769411938                |
|                                 | b Actuarial value . . . . .                                                                                                                                                                                  | <b>2b</b>                  | 1600309355                |
| 3                               | Funding target/participant count breakdown                                                                                                                                                                   | (1) Number of participants | (2) Vested Funding Target |
|                                 | a For retired participants and beneficiaries receiving payment . . . . .                                                                                                                                     | 1596                       | 210556480                 |
|                                 | b For terminated vested participants . . . . .                                                                                                                                                               | 4472                       | 145426524                 |
|                                 | c For active participants . . . . .                                                                                                                                                                          | 13830                      | 559126555                 |
|                                 | d Total . . . . .                                                                                                                                                                                            | 19898                      | 915109559                 |
| 4                               | If the plan is in at-risk status, check the box and complete lines (a) and (b) . . . . . <input type="checkbox"/>                                                                                            |                            |                           |
|                                 | a Funding target disregarding prescribed at-risk assumptions . . . . .                                                                                                                                       | <b>4a</b>                  |                           |
|                                 | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor . . . . . | <b>4b</b>                  |                           |
| 5                               | Effective interest rate . . . . .                                                                                                                                                                            | <b>5</b>                   | 5.76 %                    |
| 6                               | Target normal cost . . . . .                                                                                                                                                                                 |                            |                           |
|                                 | a Present value of current plan year accruals . . . . .                                                                                                                                                      | <b>6a</b>                  | 37365440                  |
|                                 | b Expected plan-related expenses . . . . .                                                                                                                                                                   | <b>6b</b>                  | NONE                      |
|                                 | c Total (line 6a + line 6b) . . . . .                                                                                                                                                                        | <b>6c</b>                  | 37365440                  |

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                                                           |                                                                                                              |                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                                          | <div style="text-align: center;"> <br/> <b>DAVID M. HAUER</b><br/>         Signature of actuary       </div> | <div style="text-align: center;"> <b>OCTOBER 4, 2022</b><br/>         Date<br/> <b>20-06576</b><br/>         Most recent enrollment number<br/> <b>216-937-4000</b><br/>         Telephone number (including area code)       </div> |
| DAVID HAUER<br>Type or print name of actuary                                                                              |                                                                                                              |                                                                                                                                                                                                                                      |
| WILLIS TOWERS WATSON US LLC<br>Firm name<br>1001 LAKESIDE AVENUE, SUITE 1500<br>CLEVELAND OH 44114<br>Address of the firm |                                                                                                              |                                                                                                                                                                                                                                      |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐ ☐  
**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.** **Schedule SB (Form 5500) 2021 v. 201209**

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) . . . . .                                                             | 32848727              | NONE                   |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) . . . . .                                                          |                       |                        |
| <b>9</b> Amount remaining (line 7 minus line 8) . . . . .                                                                                                                | 32848727              | NONE                   |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>16.62%</u> . . . . .                                                                                 | 5459458               | NONE                   |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                           |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) . . . . .                                                                                      |                       | 162697938              |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.58 %</u> . . . . . |                       | 9078545                |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return . . . . .                                                                 |                       |                        |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance . . . . .                                                                        |                       | 171776483              |
| <b>d</b> Portion of (c) to be added to prefunding balance . . . . .                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections . . . . .                                                                                    |                       |                        |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) . . . . .                                                                         | 38308185              | NONE                   |

**Part III Funding Percentages**

|                                                                                                                                                                               |           |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage . . . . .                                                                                                                      | <b>14</b> | 162.80% |
| <b>15</b> Adjusted funding target attainment percentage . . . . .                                                                                                             | <b>15</b> | 166.79% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement. . . . . | <b>16</b> | 141.93% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. . . . .                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 06/11/2021               | 5983358                           |                                 | 07/28/2021               | 75000000                          |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶ 18(b)</b>    |                                   |                                 |                          | 80983358                          | <b>18(c)</b>                    |

**19** Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                            |            |          |
|----------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. . . . .                    | <b>19a</b> |          |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date . . . . .                                     | <b>19b</b> |          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. . . . . | <b>19c</b> | 78459647 |

**20** Quarterly contributions and liquidity shortfalls:

|                                                                                                                             |     |                                        |
|-----------------------------------------------------------------------------------------------------------------------------|-----|----------------------------------------|
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? . . . . .                                              | Yes | <input checked="" type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? . . . . . | Yes | No                                     |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                             |     |                                        |

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

|                                                     |                                                |                                                           |                                     |                                                     |
|-----------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                            | 1st segment:                                   | 2nd segment:                                              | 3rd segment:                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>a</b> Segment rates:                             | 4.75%                                          | 5.36%                                                     | 6.11%                               |                                                     |
| <b>b</b> Applicable month (enter code) . . . . .    |                                                |                                                           |                                     | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age . . . . . |                                                |                                                           |                                     | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions)     | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                           |                                         |                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. . . . . | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. . . . .                                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. . . . .                            | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. . . . .                                   | <b>27</b>                               |                                        |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                          |           |      |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>28</b> Unpaid minimum required contributions for all prior years . . . . .                                                            | <b>28</b> | NONE |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) . . . . . | <b>29</b> |      |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) . . . . .                                    | <b>30</b> | NONE |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                         |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                      |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) . . . . .                                                                                                                         | <b>31a</b>          | 37365440           |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a . . . . .                                                                                          | <b>31b</b>          | 37365440           |               |
| <b>32</b> Amortization installments:                                                                                                                                    | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment . . . . .                                                                                                               |                     |                    |               |
| <b>b</b> Waiver amortization installment. . . . .                                                                                                                       |                     |                    |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year ) and the waived amount . . . . . | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) . . . . .                                        | <b>34</b>           |                    |               |
|                                                                                                                                                                         | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement. . . . .                                                                                               |                     |                    |               |
| <b>36</b> Additional cash requirement (line 34 minus line 35) . . . . .                                                                                                 | <b>36</b>           |                    |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) . . . . .                                 | <b>37</b>           | 78459647           |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                     |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) . . . . .                                                                                                      | <b>38a</b>          | 78459647           |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances. . . . .                                                | <b>38b</b>          |                    |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) . . . . .                                                     | <b>39</b>           | NONE               |               |
| <b>40</b> Unpaid minimum required contributions for all years . . . . .                                                                                                 | <b>40</b>           | NONE               |               |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                      |                                         |                                   |      |      |
|--------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|------|------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:      |                                         |                                   |      |      |
| <b>a</b> Schedule elected. . . . .                                                   | <input type="checkbox"/> 2 plus 7 years | <input type="checkbox"/> 15 years |      |      |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made . . . . . | 2008                                    | 2009                              | 2010 | 2011 |

# SCHEDULE SB ATTACHMENTS

---

## Schedule SB – Statement by Enrolled Actuary

|                          |                                                    |
|--------------------------|----------------------------------------------------|
| <b>Plan Sponsor</b>      | Cincinnati Children's Hospital Medical Center      |
| <b>EIN/PN</b>            | 31-0833936/001                                     |
| <b>Plan Name</b>         | Children's Hospital Medical Center Retirement Plan |
| <b>Valuation Date</b>    | January 1, 2021                                    |
| <b>Enrolled Actuary</b>  | Lorna M Springer                                   |
| <b>Enrollment Number</b> | 20-07422                                           |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Statement of Actuarial Assumptions/Methods

### Economic Assumptions

#### Interest rate basis:

|                     |                     |
|---------------------|---------------------|
| Applicable month    | September           |
| Interest rate basis | Three-Segment Rates |

#### Interest rates:

|                         | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|-------------------------|-------------------------|-----------------------------|
| First segment rate      | 4.75%                   | 2.22%                       |
| Second segment rate     | 5.36%                   | 3.38%                       |
| Third segment rate      | 6.11%                   | 3.92%                       |
| Effective interest rate | 5.76%                   | 3.74%                       |

#### Annual rates of increase:

|                                   |       |
|-----------------------------------|-------|
| Compensation                      | 3.50% |
| Future Social Security wage bases | N/A   |
| Statutory limits on compensation  | 2.50% |

#### Administrative expenses

The amount included this year for plan-related expenses is \$61,131.

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine (i) PBGC variable rate premiums if the alternative method is used, and (ii) the PBGC FTAP and the PBGC 4010 FS.

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

## Demographic and Other Assumptions

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inclusion date</b>                                          | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>New or rehired employees</b>                                | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Mortality:</b>                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Healthy                                                        | Separate rates for non-annuitants (based on RP-2014 "Employees" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 "Healthy Annuitants" table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019). |
| Disabled                                                       | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Termination (not due to disability or retirement) rates</b> | <p>The rates at which participants are assumed to leave the Company by age are shown below:</p> <p>A termination rate of 0.20 for the first year of employment, a termination rate of 0.17 for the second year, a termination rate of 0.15 for the third year and a termination rate of 0.13 for the fourth year, along with a table based on an experience study performed in 2018 thereafter. Illustrative rates in the following years are as follows:</p>                                                                                              |

| Age         | Annual Rate |
|-------------|-------------|
| 20          | 0.13        |
| 25          | 0.13        |
| 30          | 0.11        |
| 35          | 0.08        |
| 40          | 0.07        |
| 45          | 0.06        |
| 50          | 0.04        |
| 55          | 0.05        |
| 57 and Over | 0.07        |

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

# SCHEDULE SB ATTACHMENTS

## Retirement

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age eligibility for Rule of 90 are shown below.

| Age | For Participants Not Yet Eligible Under Rule Of 90 | For Participants Eligible Under Rule Of 90 |
|-----|----------------------------------------------------|--------------------------------------------|
| 55  | 0.05                                               | 0.05                                       |
| 56  | 0.05                                               | 0.10                                       |
| 57  | 0.05                                               | 0.20                                       |
| 58  | 0.05                                               | 0.20                                       |
| 59  | 0.05                                               | 0.20                                       |
| 60  | 0.10                                               | 0.20                                       |
| 61  | 0.10                                               | 0.20                                       |
| 62  | 0.15                                               | 0.25                                       |
| 63  | 0.15                                               | 0.25                                       |
| 64  | 0.20                                               | 0.30                                       |
| 65  | 0.35                                               | 0.30                                       |
| 66  | 0.35                                               | 0.30                                       |
| 67  | 0.30                                               | 0.30                                       |
| 68  | 0.20                                               | 0.30                                       |
| 69  | 0.20                                               | 0.30                                       |
| 70  | 1.00                                               | 1.00                                       |

## Disability rates

None.

## Benefit

### commencement date:

Preretirement death benefit

Immediately for an active participant and normal retirement for former employees.

Retirement benefit

Lump sum elections for employees leaving employment are assumed to be made immediately upon termination of employment. Annuities are assumed to be elected at age 65 unless early retirement eligible.

## Form of payment

For valuation purposes, employees leaving employment are expected to elect forms of payment based on the following rates by age:

| Form of Payment    | Below Age 55 | Age 55 and Beyond |
|--------------------|--------------|-------------------|
| Immediate Lump Sum | 0.40         | 0.45              |
| Immediate Annuity  | 0.00         | 0.20              |
| Deferred Annuity   | 0.60         | 0.35              |

Former employees who have yet to commence payment are assumed to elect a life annuity.

Plan Name: Children's Hospital Medical Center Retirement Plan  
EIN / PN: 31-0833936/001  
Plan Sponsor: Cincinnati Children's Hospital Medical Center  
Valuation Date: January 1, 2021

## SCHEDULE SB ATTACHMENTS

|                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Percent married</b>             | For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.                                                                                                                                                                                                                                                                                                                             |
| <b>Spouse age</b>                  | Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.                                                                                                                                                                                                                                                                                                  |
| <b>Covered pay</b>                 | Compensation assumed to be paid in the current year beginning on the valuation date is actual compensation from the prior year multiplied by the assumed salary scale. Compensation is annualized for participants newly hired in the prior year.                                                                                                                                                                                                           |
| <b>Lump sum conversion factors</b> | <p>For lump sums from the Traditional Formula:</p> <ul style="list-style-type: none"><li>■ Segment rates</li><li>■ IRS Notice 2019-67 mortality assumption</li></ul> <p>Lump sums from the Stable Value Formula are the greater benefit resulting from the above assumption or the benefit using the plan assumption:</p> <ul style="list-style-type: none"><li>■ 5.0755385%</li><li>■ RP-2000 projected 10 years (blended 80% female / 20% male)</li></ul> |
| <b>Timing of benefit payments</b>  | Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.                                                                                                                                                                                                                                                                                                                                  |

### Methods

|                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Valuation date</b>            | First day of plan year.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Funding target</b>            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Target normal cost</b>        | Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Actuarial value of assets</b> | Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation |

|                 |                                                    |
|-----------------|----------------------------------------------------|
| Plan Name:      | Children's Hospital Medical Center Retirement Plan |
| EIN / PN:       | 31-0833936/001                                     |
| Plan Sponsor:   | Cincinnati Children's Hospital Medical Center      |
| Valuation Date: | January 1, 2021                                    |

## SCHEDULE SB ATTACHMENTS

of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values reflecting the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets below the market value of assets.

**Actuarial increases for active and inactive participants past normal retirement age**

Actuarial increases in final average earnings benefits for active participants over age 65 are valued assuming an increase of 3% per year after age 65, in addition to normal benefit accruals under the stable value formula.

Actuarial increases in final average earnings benefits for inactive participants over age 65 are valued assuming an increase of 7% per year after age 65.

**Benefits not valued**

We believe we have reflected all significant plan provisions in this valuation.

### Sources of Data and Other Information

Active and inactive participant data as of the census date were supplied by the Company via PensionPath. Data on persons receiving benefits were also supplied by the Company. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. Deferred vested participants or employees who transferred out of a DB-plan eligible position who did not have a benefit in the valuation data were valued using the average benefit of other deferred vested plan participants. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

### Assumptions Rationale - Significant Economic Assumptions

**Lump sum conversion rate**

Lump sum benefits in the Stable Value Formula are valued assuming the current lump sum conversion rate dictated by the plan remains unchanged in the future.

Lump sums on an IRC §417(e) basis are valued using the applicable interest rates as required by IRC §430.

Plan Name: Children's Hospital Medical Center Retirement Plan  
EIN / PN: 31-0833936/001  
Plan Sponsor: Cincinnati Children's Hospital Medical Center  
Valuation Date: January 1, 2021

# SCHEDULE SB ATTACHMENTS

## Assumptions Rationale - Significant Demographic Assumptions

|                          |                                                                                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                                                                  |
| <b>Termination</b>       | Termination rates were based on an experience study conducted in 2018.                                                                                                                                                   |
| <b>Retirement</b>        | Retirement rates were based on an experience study conducted in 2018.                                                                                                                                                    |
| <b>Form of payment</b>   | The percentage of retiring participants assumed to take annuities and lump sums is based on observed experience over the period 2015 – 2017, as well as anticipated future experience (and is being monitored annually). |

## Source of Prescribed Methods

|                        |                                                                                                                                                                                                                                                                                                                                               |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law,” as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Changes in Assumptions and Methods

|                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Change in assumptions and methods since prior valuation</b> | <p>The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2019 projection scale, as specified in the regulations under IRC §430(h)(3)-1.</p> <p>The valuation reflects the updated projection scale used in the “applicable mortality table” under IRC §417(e) provided by IRS for 2021 plan years, which decreased assumed lump sums.</p> |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Plan Name: Children's Hospital Medical Center Retirement Plan  
EIN / PN: 31-0833936/001  
Plan Sponsor: Cincinnati Children's Hospital Medical Center  
Valuation Date: January 1, 2021