

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2022</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>01/01/1961</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	CHILDREN'S HOSPITAL MEDICAL CENTER		2b Employer Identification Number (EIN) <u>31-0833936</u>
	3333 BURNET AVENUE, MLC 4900 CINCINNATI, OH 45229-3039		2c Plan Sponsor's telephone number <u>513-636-8778</u>
			2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2023	AMANDA VONDERHAAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	20713
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	13957
a(2) Total number of active participants at the end of the plan year		6a(2)	13449
b Retired or separated participants receiving benefits		6b	1567
c Other retired or separated participants entitled to future benefits.....		6c	5577
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	20593
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	96
f Total. Add lines 6d and 6e		6f	20689
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	830
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>1847749055</u>
b Actuarial value	2b <u>1782072550</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>1625</u> <u>222208281</u> <u>222208281</u>
b For terminated vested participants.....	<u>5131</u> <u>171687929</u> <u>171687929</u>
c For active participants.....	<u>13957</u> <u>570956619</u> <u>615901797</u>
d Total	<u>20713</u> <u>964852829</u> <u>1009798007</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
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	4b
5 Effective interest rate.....	5 <u>5.59 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>39345429</u>
b Expected plan-related expenses	6b <u>1717584</u>
c Total (line 6a + line 6b)	6c <u>41063013</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.

SIGN HERE		<u>10/03/2023</u> Date
	Signature of actuary	<u>23-06576</u> Most recent enrollment number
<u>DAVID HAUER</u> Type or print name of actuary		<u>216-937-4000</u> Telephone number (including area code)
<u>WILLIS TOWERS WATSON US LLC</u> Firm name		
<u>1001 LAKESIDE AVENUE, SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</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 ☐

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	38308185	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	38308185	0
10 Interest on line 9 using prior year's actual return of <u>6.59</u> %	2524509	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		78459647
b(1) 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>5.76</u> %.....		4519276
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		82978923
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	40832694	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	172.43 %
15 Adjusted funding target attainment percentage	15	176.47 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	166.79 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date.	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	
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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %
			☐ 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 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	0
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	41063013
b Excess assets, if applicable, but not greater than line 31a		31b	41063013
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
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	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
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 the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLACKSTONE REAL ESTATE ASSOC VII LP	345 PARK AVENUE NEW YORK, NY 10154
45-3450248	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HARBOURVEST PARTNERS LP	ONE FINANCIAL CENTER BOSTON, MA 02111
74-3130888	

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

(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

BLACKSTONE RE ASSOCIATES EUR V LP

345 PARK AVENUE
NEW YORK, NY 10154

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

450 LEXINGTON AVENUE
NEW YORK, NY 10154

13-6358475

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

WARBURG PINCUS LLC

450 LEXINGTON AVENUE
NEW YORK, NY 10154

13-3536050

(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

345 PARK AVENUE
NEW YORK, NY 10154

98-1126155

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

HARBOURVEST IX-CREDIT OPP ASSOC

ONE FINANCIAL CENTER
BOSTON, MA 02111

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

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

ONE FINANCIAL CENTER
BOSTON, MA 0211132-0292082

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

HARBOURVEST IX-BUYOUT ASSOCIATES LP

ONE FINANCIAL CENTER
BOSTON, MA 0211132-0292083

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

ALIGHT SOLUTIONS LLC

4 OVERLOOK POINT
LINCOLNSHIRE, IL 6006982-1061233

(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

(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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51	NONE	42816	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

TRUE NORTH MANAGEMENT GROUP, LLC

27-0087074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	62570	Yes ☐ No ☒

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

USRA

47-1438665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	118207	Yes ☐ No ☒

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

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

STATE STREET BANK & TRUST COMPANY

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 25 99	NONE	222200	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

AON INVESTMENTS USA INC

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	203287	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div> This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER		D Employer Identification Number (EIN) 31-0833936
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TR LT CREDIT BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 524662425
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TR GLOBAL EQUITY		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77622869
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TREASURY STRIPS		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 230140233
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MSCI ACWI EQUITY INDEX		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 80-0300291-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77407961
a Name of MTIA, CCT, PSA, or 103-12 IE: ADAMS STREET GLOBAL SECONDARY FUND		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC		
c EIN-PN 45-3710222-006	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2578321
a Name of MTIA, CCT, PSA, or 103-12 IE: ASP GSF 5 (SUNSHINE HOLDINGS) LP		
b Name of sponsor of entity listed in (a): ADAMS STREET PARTNERS, LLC		
c EIN-PN 61-1803802-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 303994
a Name of MTIA, CCT, PSA, or 103-12 IE: AON TR CO LLC MULTI ASSET CR		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24639317

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

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA, INC.

c EIN-PN 98-1554296-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25868999
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON COLLECTIVE INVT TR

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10161576
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON PRVT CR OPPTS FD II

b Name of sponsor of entity listed in (a): AON INVESTMENTS USA INC.

c EIN-PN 87-3885623-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5093380
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	48275832655028
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	178774383411895
(2) U.S. Government securities		1c(2)	1066988021134241
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	10295920485323462
(B) All other		1c(3)(B)	14291971185117002
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	11351711699541386
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	1434068724975596760
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	39340972882315
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	1697530210356801

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1847749055	1286018890

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	914675
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	914675

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1847749055	1285104215
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	156222	
(B) U.S. Government securities	2b(1)(B)	424695	
(C) Corporate debt instruments	2b(1)(C)	9117910	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	748176	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10447003
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	278454110	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	337819744	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-59365634
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-39403943	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-39403943

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-349388940
(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)		1945252
(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 income amounts in column (b) and enter total	2d		-435766262
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	123749994	
(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)		123749994
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)	1411000	
(4) Other	2i(4)	1717584	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3128584
j Total expenses. Add all expense amounts in column (b) and enter total	2j		126878578
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-562644840
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 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.)		X	
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		9000000
4e	X		9000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 469956.

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER		D Employer Identification Number (EIN) 31-0833936
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 31-0281170 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 638
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a 0
b Enter the amount contributed by the employer to the plan for this plan year.....		6b 0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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
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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	<p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p>a Enter the percentage of plan assets held as: Stock: <u>13.0</u> % Investment-Grade Debt: <u>79.0</u> % High-Yield Debt: <u>0.0</u> % Real Estate: <u>3.0</u> % Other: <u>5.0</u> %</p> <p>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</p> <p>c What duration measure was used to calculate line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):</p>
20	<p>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.</p> <p>a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No</p> <p>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:</p> <p>☐ Yes.</p> <p>☐ 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.</p> <p>☐ 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.</p> <p>☐ No. Other. Provide explanation _____</p>

<p style="text-align: center; font-weight: bold; font-size: 1.2em;">Structured Attachment</p> <p style="text-align: center; font-size: 0.8em;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: 0.8em;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: 0.8em;">Pension Benefit Guaranty Corporation</p>	<p style="font-weight: bold; font-size: 1.2em;">Schedule SB, line 26a</p> <p style="font-weight: bold; font-size: 1.1em;">Schedule of Active Participant Data</p>	<p style="font-weight: bold; font-size: 1.2em;">2022</p> <hr/> <p style="font-size: 0.8em;">This Form is Open to Public Inspection</p>
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Name of Plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	31-0833936	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	31-0833936	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN						
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	31-0833936	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN							
Plan Year Begin Date	01/01/2022	Plan Year End Date	12/31/2022	EIN	31-0833936	PN	001	

[illegible]

Children's Hospital Medical Center Retirement Plan

Financial Statements As of and For the Years Ended
December 31, 2022 and 2021 and Supplemental Schedules As of and
For the Year Ended December 31, 2022 and Independent Auditor's
Report

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

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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

We have performed audits 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 statements of net assets available for plan benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Children's Hospital Medical Center Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits 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 a qualified institution as of December 31, 2022 and 2021, and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying 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 financial statements related to assets held by and certified to by a qualified institution 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

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 audits did not extend to the certified investment information, except for obtaining and reading the certification, 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 Matter – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents 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 audits 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 a qualified institution 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).

FORVIS, LLP

Cincinnati, Ohio
August 31, 2023

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, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
Assets		
Cash and investments, at fair value (Note 3):		
Cash and cash equivalents	\$ 3,411,895	\$ 17,877,438
Corporate bonds	170,440,464	245,878,915
Government bonds	31,491,042	27,645,182
Investment partnerships:		
Equity	67,929,569	75,559,435
Real estate	34,494,133	41,891,778
Commingled funds:		
Equity	155,030,829	318,382,001
Bond	580,264,121	779,763,129
Government	230,140,233	335,923,594
Real Estate	10,161,576	-
	<u>1,283,363,862</u>	<u>1,842,921,472</u>
Securities sold receivable	-	2,348,421
Investment income receivable	<u>2,655,028</u>	<u>2,479,162</u>
Total assets	<u>1,286,018,890</u>	<u>1,847,749,055</u>
Liabilities		
Investment purchases payable	638,971	-
Trustee fees payable	<u>275,704</u>	-
Total liabilities	914,675	-
Net Assets Available for Plan Benefits	<u><u>\$1,285,104,215</u></u>	<u><u>\$1,847,749,055</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, 2022 and 2021**

	<u>2022</u>	<u>2021</u>
Employer contributions	\$ -	\$ 80,983,358
Investment income:		
Interest income	10,447,004	11,154,634
Investment expenses	(890,280)	(923,012)
Net (depreciation) appreciation in fair value of investments	(446,213,266)	104,414,139
	<u>(436,656,542)</u>	<u>114,645,761</u>
Benefits paid to participants	(123,749,994)	(117,590,502)
PBGC premium	(1,717,584)	-
Administrative expenses and taxes	<u>(520,720)</u>	<u>(15,175)</u>
(Decrease) Increase in Net Assets Available for Plan Benefits	(562,644,840)	78,023,442
Net Assets Available for Plan Benefits:		
Beginning of year	<u>1,847,749,055</u>	<u>1,769,725,613</u>
End of year	<u><u>\$1,285,104,215</u></u>	<u><u>\$1,847,749,055</u></u>

See accompanying notes to financial statements.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements
December 31, 2022 and 2021

(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, 2022 and 2021

- (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. Cincinnati Children's did not make contributions to the plan in 2022. In 2021, Cincinnati Children's contributed approximately \$81 million 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 and benefit payment administrator of the Plan. Alight Solutions LLC also provides 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. Beginning in 2022, several administrative expenses are paid from plan assets that were previously paid by Cincinnati Children's.
- (f) Termination Priorities – Although it has not expressed any intent to do so, Cincinnati Children's has the right, 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, 2022 and 2021

- (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.

- (e) Reclassifications – Prior year fund management fees in the amount of \$932,012 were reclassified from administrative expenses and taxes to investment expenses on the Statement of Changes in Net Assets Available for Plan Benefits to conform to current year presentation. This had no impact on the beginning of year 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

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2022 and 2021

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, government, and 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, 2022 and 2021, 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, 2022, the plan held approximately \$909.8 million of investments in commingled funds with no lockup period and daily liquidity, \$24.6 million of investments in commingled funds with no lockup period and monthly or semi-monthly liquidity, \$10.2 million of investments in commingled funds with lockup periods less than one year, and \$31 million of investments in commingled funds with multi-year lockup periods greater than five years. 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.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2022 and 2021

On December 31, 2022, the plan also held \$67.9 million in nine private equity partnerships of which \$17.3 million of commitments were unfunded and \$34.5 million in nine real estate investment partnerships of which \$4.5 million of commitments were unfunded. 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. 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, 2022.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$3,411,895	\$ -	\$ -	\$ 3,411,895
Corporate bonds	-	170,440,464	-	170,440,464
Government bonds	-	31,491,042	-	31,491,042
Total assets in the fair value hierarchy	3,411,895	201,931,506	-	205,343,401
Investments measured at net asset value ¹ :				
Investment partnerships:				
Equity				67,929,569
Real estate				34,494,133
Commingled investment funds:				
Equity				155,030,829
Bond				580,264,121
Government				230,140,233
Real estate				10,161,576
Total assets at fair value	<u>\$3,411,895</u>	<u>\$201,931,506</u>	<u>\$ -</u>	<u>\$1,283,363,862</u>

¹ 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, 2022 and 2021

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 ² :				
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>

(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 WTW, 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.

² 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, 2022 and 2021

The Plan's latest actuarial valuation was prepared as of January 1, 2022. A summary of significant actuarial assumptions and the actuarial methods used in preparing the actuarial valuation for 2022 is as follows:

<u>Actuarial Assumption</u>	<u>2022</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-2021 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, 2022 is as follows:

	<u>2022</u>
Actuarial present value of accumulated plan benefits:	
Vested-	
Participants currently receiving benefits	\$ 216,516,569
Other participants	850,671,095
Nonvested	52,692,201
	<u>\$1,119,879,865</u>

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

	<u>2022</u>
Actuarial present value of accumulated plan benefits as of January 1, 2021	\$1,089,607,584
Increase (decrease) during the year attributable to:	
Benefits accumulated	44,607,994
Net experience losses	38,821,481
Interest	59,069,670
Benefits paid	(117,590,502)
Assumption changes	5,363,638
Actuarial present value of accumulated plan benefits as of January 1, 2022	<u>\$1,119,879,865</u>

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements
December 31, 2022 and 2021

(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, a qualified institution, has 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, 2022 and 2021.
- Investment income as shown in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2022 and 2021.
- Investment information included in the accompanying Schedule of Assets Held at End of Year as of December 31, 2022 and Schedule of Reportable Transactions for the year ended December 31, 2022.

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 –

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Certain assumptions pertaining to interest rates, inflation rates and employee demographics are used to calculate plan contributions and the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions could be material to the financial statements.

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

Notes to Financial Statements
December 31, 2022 and 2021

(9) Subsequent Events –

Subsequent events have been evaluated through August 31, 2023, 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, 2022

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
Cash and Cash Equivalents			
	CASH	\$ 1,610,438	\$ 1,610,438
1,801,456	*STATE STREET SHORT TERM INVESTMENT FUND 25 BPS	1,801,457	1,801,457
		3,411,895	3,411,895
Corporate Bonds			
110,000	3M COMPANY SR UNSECURED 04/50 3.7	84,202	109,622
340,000	3M COMPANY SR UNSECURED 08/49 3.25	236,106	332,146
460,000	3M COMPANY SR UNSECURED 10/47 3.625	342,281	455,667
11,000	ABBVIE INC SR UNSECURED 03/45 4.75	9,879	12,942
200,000	ABBVIE INC SR UNSECURED 05/45 4.7	177,640	195,210
810,000	ABBVIE INC SR UNSECURED 11/39 4.05	693,320	807,141
2,220,000	ABBVIE INC SR UNSECURED 11/49 4.25	1,842,356	2,165,339
290,000	ADVANCED MICRO DEVICES SR UNSECURED 06/52 4.393	254,663	290,000
90,000	ADVENT HEALTH SYSTEM BONDS 03/49 3.63	63,737	90,000
100,000	AEP TRANSMISSION CO LLC SR UNSECURED 04/50 3.65	76,270	99,964
270,000	AEP TRANSMISSION CO LLC SR UNSECURED 06/49 3.8	210,306	268,418
130,000	AEP TRANSMISSION CO LLC SR UNSECURED 06/52 4.5	114,340	129,172
70,000	AEP TRANSMISSION CO LLC SR UNSECURED 09/49 3.15	48,431	69,488
150,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 01/32 3.3	117,264	149,436
300,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/33 3.4	227,457	298,710
430,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/41 3.85	304,000	432,701
340,000	AETNA INC SR UNSECURED 08/47 3.875	261,076	338,562
75,000	AETNA INC SR UNSECURED 11/42 4.125	61,232	73,686
150,000	AHS HOSPITAL CORP UNSECURED 07/45 5.024	144,260	178,817
360,000	ALEXANDRIA REAL ESTATE E COMPANY GUAR 05/51 3	227,606	358,517
520,000	ALIBABA GROUP HOLDING SR UNSECURED 02/41 2.7	331,573	516,178
880,000	ALIBABA GROUP HOLDING SR UNSECURED 02/51 3.15	546,269	860,349
80,000	ALLSTATE CORP JR SUBORDINA 05/67 VAR	78,000	87,760
210,000	ALPHABET INC SR UNSECURED 08/50 2.05	122,737	208,226
680,000	ALPHABET INC SR UNSECURED 08/60 2.25	383,071	673,248
60,000	ALTRIA GROUP INC COMPANY GUAR 02/32 2.45	45,263	60,002
810,000	ALTRIA GROUP INC COMPANY GUAR 02/39 5.8	746,877	808,355
310,000	ALTRIA GROUP INC COMPANY GUAR 02/41 3.4	205,607	308,423
1,800,000	ALTRIA GROUP INC COMPANY GUAR 02/49 5.95	1,600,614	1,862,876
262,000	ALTRIA GROUP INC COMPANY GUAR 02/59 6.2	244,936	268,883
480,000	AMAZON.COM INC SR UNSECURED 04/52 3.95	397,286	405,340

**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, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
1,050,000	AMAZON.COM INC SR UNSECURED 05/51 3.1	747,821	1,051,509
290,000	AMAZON.COM INC SR UNSECURED 05/61 3.25	198,531	287,622
880,000	AMAZON.COM INC SR UNSECURED 06/50 2.5	554,585	870,998
140,000	AMERICAN EXPRESS CO JR SUBORDINA 12/99 VAR	115,009	140,000
130,000	AMERICO LIFE INC SR UNSECURED 144A 04/31 3.45	98,861	129,652
160,000	AMGEN INC SR UNSECURED 06/51 4.663	137,662	153,614
30,000	ANALOG DEVICES INC SR UNSECURED 10/51 2.95	20,216	29,752
640,000	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	604,442	611,624
500,000	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9	454,540	468,786
60,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2	74,965	91,775
280,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/49 5.55	276,807	279,305
1,170,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/59 5.8	1,196,758	1,165,847
220,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/38 4.375	196,660	216,820
262,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/48 4.6	227,665	260,517
340,000	APACHE CORP SR UNSECURED 01/44 4.25	237,810	320,840
170,000	APACHE CORP SR UNSECURED 02/42 5.25	138,846	181,917
280,000	APPLE INC SR UNSECURED 02/45 3.45	225,053	258,065
480,000	APPLE INC SR UNSECURED 05/50 2.65	317,573	474,069
580,000	APPLE INC SR UNSECURED 08/46 3.85	492,455	556,884
360,000	AT+T INC SR UNSECURED 02/61 3.5	235,771	362,580
150,000	AT+T INC SR UNSECURED 03/41 6.375	156,045	214,988
804,000	AT+T INC SR UNSECURED 03/48 4.5	654,617	702,477
60,000	AT+T INC SR UNSECURED 03/57 5.7	57,539	74,051
720,000	AT+T INC SR UNSECURED 06/44 4.8	621,805	681,270
100,000	AT+T INC SR UNSECURED 06/51 3.65	70,431	82,275
30,000	AT+T INC SR UNSECURED 06/60 3.85	20,813	23,694
2,780,000	AT+T INC SR UNSECURED 09/53 3.5	1,876,333	2,518,426
60,000	AT+T INC SR UNSECURED 09/55 3.55	40,034	38,842
416,000	AT+T INC SR UNSECURED 09/59 3.65	278,441	337,816
1,930,000	AT+T INC SR UNSECURED 12/57 3.8	1,331,564	1,634,220
770,000	BANK OF AMERICA CORP SR UNSECURED 01/48 VAR	649,364	804,892
140,000	BANK OF AMERICA CORP SR UNSECURED 03/50 VAR	114,826	140,000
980,000	BANK OF AMERICA CORP SR UNSECURED 04/33 VAR	896,406	980,000
1,440,000	BANK OF AMERICA CORP SR UNSECURED 04/42 VAR	1,055,722	1,440,000
1,170,000	BANK OF AMERICA CORP SR UNSECURED 06/41 VAR	787,059	1,204,442
170,000	BANK OF AMERICA CORP SR UNSECURED 07/33 VAR	161,396	170,000
230,000	BANK OF AMERICA CORP SR UNSECURED 10/51 VAR	140,999	230,000

**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, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
910,000	BANK OF AMERICA CORP SUBORDINATED 09/36 VAR	668,632	910,000
190,000	BAPTIST HEALTHCARE UNSECURED 08/50 3.54	136,374	189,999
410,000	BARCLAYS PLC SUBORDINATED 06/30 VAR	377,635	410,618
300,000	BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75	302,940	331,468
280,000	BARRICK PD AU FIN PTY LT COMPANY GUAR 10/39 5.95	285,583	313,210
500,000	BAT CAPITAL CORP COMPANY GUAR 08/37 4.39	388,750	502,088
170,000	BAT CAPITAL CORP COMPANY GUAR 09/40 3.734	115,433	170,000
280,000	BECTON DICKINSON AND CO SR UNSECURED 06/47 4.669	246,388	287,186
174,000	BECTON DICKINSON AND CO SR UNSECURED 12/44 4.685	155,518	181,564
858,000	BERKSHIRE HATHAWAY ENERG SR UNSECURED 04/36 6.125	900,324	1,086,574
380,000	BERKSHIRE HATHAWAY FIN COMPANY GUAR 01/49 4.25	338,280	342,022
1,040,000	BERKSHIRE HATHAWAY FIN COMPANY GUAR 08/48 4.2	915,023	1,034,727
150,000	BHP BILLITON FIN USA LTD COMPANY GUAR 09/43 5	145,320	171,841
150,000	BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 01/52 3.2	95,694	149,567
100,000	BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 07/45 4.45	80,670	99,576
30,000	BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 08/42 6.25	30,263	35,133
1,110,000	BNP PARIBAS JR SUBORDINA 144A 12/99 VAR	1,096,125	1,110,000
200,000	BNP PARIBAS JR SUBORDINA 144A 12/99 VAR	208,510	200,000
280,000	BNP PARIBAS SR UNSECURED 144A 04/32 VAR	218,960	280,000
210,000	BNP PARIBAS SUBORDINATED 144A 01/41 2.824	128,864	210,000
53,000	BOEING CO SR UNSECURED 02/40 5.875	50,875	72,317
50,000	BOEING CO SR UNSECURED 03/35 3.3	36,845	46,444
50,000	BOEING CO SR UNSECURED 03/39 6.875	52,797	71,567
310,000	BOEING CO SR UNSECURED 03/47 3.65	207,954	308,640
310,000	BOEING CO SR UNSECURED 05/49 3.9	217,673	304,072
710,000	BOEING CO SR UNSECURED 05/50 5.805	658,298	804,563
370,000	BOEING CO SR UNSECURED 05/60 5.93	337,048	427,125
180,000	BOEING CO SR UNSECURED 06/46 3.375	116,955	165,801
560,000	BOEING CO SR UNSECURED 08/59 3.95	376,051	554,764
440,000	BON SECOURS MERCY SECURED 06/50 3.205	293,198	440,000
950,000	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	633,622	936,610
330,000	BPCE SA SUBORDINATED 144A 10/32 VAR	240,791	330,000
260,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125	231,340	259,111
530,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25	455,450	525,537
60,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/47 4.35	52,859	70,718
30,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/50 2.55	18,791	29,912

**Children's Hospital Medical Center
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Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year
As of December 31, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
9,000	BROADCOM INC SR UNSECURED 144A 11/36 3.187	6,465	8,990
180,000	BURLINGTN NORTH SANTA FE SR UNSECURED 03/41 5.05	175,635	186,789
170,000	BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55	153,695	185,438
10,000	BURLINGTON RESOURCES LLC COMPANY GUAR 12/31 7.4	11,484	13,930
420,000	CALIFORNIA INSTITUTE OF SR UNSECURED 09/19 3.65	267,515	418,937
110,000	CALIFORNIA INSTITUTE OF SR UNSECURED 11/11 4.7	91,851	121,010
170,000	CAMERON LNG LLC SR SECURED 144A 01/39 3.701	134,660	170,000
390,000	CANADIAN NATL RESOURCES SR UNSECURED 06/33 6.45	398,428	458,827
260,000	CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/41 3	196,014	258,643
300,000	CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/51 3.1	201,687	297,852
20,000	CARLYLE FINANCE LLC COMPANY GUAR 144A 09/48 5.65	17,787	20,052
160,000	CARLYLE HOLDINGS II FIN COMPANY GUAR 144A 03/43 5.625	142,461	171,832
90,000	CARRIER GLOBAL CORP SR UNSECURED 04/50 3.577	64,175	90,252
80,000	CATERPILLAR INC SR UNSECURED 08/42 3.803	68,151	76,273
180,000	CENTERPOINT ENER HOUSTON GENL REF MOR 02/49 4.25	156,488	178,907
180,000	CENTERPOINT ENER HOUSTON GENL REF MOR 04/44 4.5	161,296	208,877
460,000	CHARLES SCHWAB CORP JR SUBORDINA 12/99 VAR	366,827	460,000
360,000	CHARTER COMM OPT LLC/CAP SR SECURED 03/42 3.5	230,674	357,311
660,000	CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75	540,335	645,822
120,000	CHARTER COMM OPT LLC/CAP SR SECURED 04/61 3.85	69,403	108,707
410,000	CHARTER COMM OPT LLC/CAP SR SECURED 04/63 5.5	312,629	407,173
520,000	CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375	407,909	521,282
850,000	CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5	553,851	846,124
250,000	CHARTER COMM OPT LLC/CAP SR SECURED 06/62 3.95	147,475	247,965
30,000	CHARTER COMM OPT LLC/CAP SR SECURED 10/35 6.384	29,244	35,130
705,000	CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484	635,748	806,708
100,000	CHEVRON USA INC COMPANY GUAR 08/50 2.343	62,003	100,000
120,000	CHILDREN S HOSPITAL/DC UNSECURED 07/50 2.928	75,739	120,000
340,000	CHUBB INA HOLDINGS INC COMPANY GUAR 12/61 3.05	220,310	338,120
180,000	CI FINANCIAL CORP SR UNSECURED 06/51 4.1	106,087	179,906
550,000	CIGNA CORP COMPANY GUAR 08/38 4.8	510,417	549,115
360,000	CIGNA CORP COMPANY GUAR 10/47 3.875	279,090	344,566
1,090,000	CIGNA CORP COMPANY GUAR 12/48 4.9	982,101	1,031,253
420,000	CIGNA CORP SR UNSECURED 03/50 3.4	297,667	419,215
210,000	CITIGROUP INC JR SUBORDINA 12/99 VAR	171,450	210,000
170,000	CITIGROUP INC SR UNSECURED 03/33 VAR	145,399	170,000
1,820,000	CITIGROUP INC SR UNSECURED 07/39 8.125	2,236,744	2,683,240

**Children's Hospital Medical Center
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Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year
As of December 31, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
290,000	CITIGROUP INC SR UNSECURED 07/48 4.65	249,405	284,363
380,000	CITIGROUP INC SR UNSECURED 11/32 VAR	295,515	380,000
260,000	CITIGROUP INC SR UNSECURED 11/42 VAR	179,421	260,000
100,000	CITIGROUP INC SUBORDINATED 10/33 6	99,914	121,624
460,000	CITY OF HOPE/THE SR SECURED 11/43 5.623	462,001	566,126
40,000	CLAREMONT MCKENNA UNSECURED 01/22 3.775	25,327	33,633
85,000	CLEVELAND CLINIC FOUND UNSECURED 01/14 4.858	72,233	87,770
80,000	CLEVELAND ELECTRIC ILLUM SR UNSECURED 12/36 5.95	79,362	98,661
270,000	COCA COLA CO/THE SR UNSECURED 03/51 2.5	174,690	264,429
50,000	COCA COLA CO/THE SR UNSECURED 06/40 2.5	36,434	50,573
10,000	COCA COLA CO/THE SR UNSECURED 06/50 2.6	6,623	10,378
580,000	COMCAST CORP COMPANY GUAR 03/38 3.9	499,827	577,186
160,000	COMCAST CORP COMPANY GUAR 04/40 3.75	131,957	159,130
160,000	COMCAST CORP COMPANY GUAR 11/47 3.969	127,821	139,215
454,000	COMCAST CORP COMPANY GUAR 11/49 3.999	358,250	448,337
1,728,000	COMCAST CORP COMPANY GUAR 11/51 2.887	1,109,808	1,663,165
430,000	COMCAST CORP COMPANY GUAR 11/52 4.049	340,315	427,443
310,000	COMCAST CORP COMPANY GUAR 11/56 2.937	191,712	308,128
1,736,000	COMCAST CORP COMPANY GUAR 11/63 2.987	1,049,690	1,722,372
200,000	COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/31 3.348	156,106	200,000
220,000	COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/51 4.677	143,048	220,000
340,000	COMMONSPIRIT HEALTH SECURED 11/42 4.35	286,858	333,497
80,000	COMMONSPIRIT HEALTH SR SECURED 10/30 2.782	65,986	80,000
230,000	COMMONSPIRIT HEALTH SR SECURED 10/50 3.91	170,221	230,000
370,000	COMMONWEALTH BANK AUST SUBORDINATED 144A 09/39 3.743	270,318	370,000
110,000	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4	90,361	109,979
170,000	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4	137,499	168,616
340,000	COMMONWEALTH EDISON CO 1ST MORTGAGE 08/47 3.75	263,684	340,322
290,000	COMMUNITY HEALTH NETWORK UNSECURED 05/50 3.099	182,137	290,000
285,000	CON EDISON CO OF NY INC SR UNSECURED 12/54 4.625	241,609	289,612
370,000	CON EDISON CO OF NY INC SR UNSECURED 12/60 3	230,173	367,773
50,000	CONNECTICUT LIGHT + PWR 1ST REF MORT 04/44 4.3	43,122	54,019
320,000	CONOCOPHILLIPS COMPANY GUAR 05/38 5.9	336,163	373,482
120,000	CONSUMERS ENERGY CO 1ST MORTGAGE 05/60 2.5	67,166	117,374
180,000	CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9	133,443	204,621
120,000	CORNING INC SR UNSECURED 11/49 3.9	87,353	119,664

**Children's Hospital Medical Center
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240,000	COTTAGE HEALTH SYSTEM SECURED 11/49 3.304	168,346	240,000
300,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/49 VAR	234,459	319,500
310,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR	247,726	311,459
1,390,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR	1,210,787	1,390,000
220,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A VAR	157,667	220,000
270,000	CREDIT SUISSE GROUP AG SR UNSECURED 06/23 3.8	262,913	259,200
830,000	CREDIT SUISSE GROUP AG SR UNSECURED 144A 05/32 VAR	573,489	830,000
900,000	CREDIT SUISSE GROUP AG SR UNSECURED 144A 08/33 VAR	789,651	900,000
330,000	CREDIT SUISSE GROUP AG SR UNSECURED 144A 11/33 VAR	337,877	330,000
20,000	CREDIT SUISSE USA INC COMPANY GUAR 07/32 7.125	20,209	24,989
150,000	CSL FINANCE PLC COMPANY GUAR 144A 04/42 4.625	134,768	149,981
170,000	CSL FINANCE PLC COMPANY GUAR 144A 04/62 4.95	150,899	169,470
1,050,000	CVS HEALTH CORP SR UNSECURED 03/38 4.78	956,477	1,032,128
1,580,000	CVS HEALTH CORP SR UNSECURED 03/48 5.05	1,418,113	1,521,615
660,000	CVS HEALTH CORP SR UNSECURED 07/45 5.125	601,531	716,836
110,000	DALLAS FORT WORTH TX INTERNATI DALAPT 11/51 FIXED 4.507	98,870	110,000
200,000	DCP MIDSTREAM OPERATING COMPANY GUAR 02/32 3.25	165,426	200,000
320,000	DEERE + COMPANY SR UNSECURED 09/49 2.875	228,096	320,659
1,140,000	DEVON ENERGY CORPORATION SR UNSECURED 06/45 5	984,299	1,098,343
260,000	DEVON ENERGY CORPORATION SR UNSECURED 07/41 5.6	242,562	294,843
80,000	DH EUROPE FINANCE II COMPANY GUAR 11/39 3.25	63,774	79,847
380,000	DIAMONDBACK ENERGY INC COMPANY GUAR 03/51 4.4	289,476	334,380
400,000	DIAMONDBACK ENERGY INC COMPANY GUAR 03/53 6.25	386,544	399,940
170,000	DOMINION ENERGY INC SR UNSECURED 12/44 4.7	144,726	184,748
180,000	DTE ELECTRIC CO GENL REF MOR 04/51 3.25	128,779	178,497
280,000	DTE ELECTRIC CO GENL REF MOR 08/47 3.75	218,879	279,849
900,000	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 10/46 3.4	646,362	807,362
250,000	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 11/52 5.95	266,075	248,828
220,000	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3	147,481	218,746
190,000	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25	131,830	185,750
100,000	DUKE UNIVERSITY HEALTH SR UNSECURED 06/47 3.92	82,253	100,000
500,000	EATON CORP COMPANY GUAR 11/42 4.15	427,290	495,731
360,000	ECOPETROL SA SR UNSECURED 05/45 5.875	250,582	302,550
20,000	ECOPETROL SA SR UNSECURED 11/31 4.625	15,277	20,000
210,000	ECOPETROL SA SR UNSECURED 11/51 5.875	141,229	210,000
140,000	EDISON INTERNATIONAL JR SUBORDINA 12/99 VAR	114,575	140,000

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30,000	ELEVANCE HEALTH INC SR UNSECURED 01/44 5.1	28,273	34,901
150,000	ELEVANCE HEALTH INC SR UNSECURED 03/48 4.55	130,935	149,489
440,000	ELEVANCE HEALTH INC SR UNSECURED 05/52 4.55	382,215	438,282
270,000	ELEVANCE HEALTH INC SR UNSECURED 08/44 4.65	241,067	272,134
320,000	ELEVANCE HEALTH INC SR UNSECURED 10/52 6.1	341,142	322,655
480,000	EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8	308,803	478,934
220,000	ENEL FINANCE INTL NV COMPANY GUAR 144A 10/52 7.75	235,024	209,033
320,000	ENERGY TRANSFER LP COMPANY GUAR 05/45 5.35	271,372	314,832
70,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	51,975	67,200
280,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	242,200	280,830
640,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	534,400	637,073
130,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	111,800	130,000
100,000	ENERGY TRANSFER LP SR UNSECURED 03/35 4.9	89,050	93,168
235,000	ENERGY TRANSFER LP SR UNSECURED 04/49 6.25	218,519	287,151
500,000	ENERGY TRANSFER LP SR UNSECURED 05/50 5	399,465	396,625
270,000	ENERGY TRANSFER LP SR UNSECURED 06/38 5.8	247,188	278,059
30,000	ENERGY TRANSFER LP SR UNSECURED 07/38 7.5	31,868	33,864
120,000	ENERGY TRANSFER LP SR UNSECURED 10/36 6.625	120,298	134,512
70,000	ENERGY TRANSFER LP SR UNSECURED 10/43 5.95	64,314	77,881
180,000	ENERGY TRANSFER LP SR UNSECURED 12/45 6.125	166,543	207,456
90,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/50 4.2	70,764	89,813
180,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/51 3.7	129,762	177,800
20,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/60 3.95	14,433	19,800
90,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95	90,166	119,298
80,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1	71,896	97,162
280,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/49 4.8	238,594	278,292
280,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	186,250	278,027
290,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/78 VAR	221,142	266,868
110,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/35 5.75	107,234	121,704
200,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/44 4.85	176,288	217,263
760,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 04/38 7.55	848,236	1,132,689
880,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 05/46 4.9	765,204	916,508
165,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 09/40 6.45	172,077	196,304
440,000	EOG RESOURCES INC SR UNSECURED 04/50 4.95	418,634	429,998
520,000	EXELON CORP SR UNSECURED 06/35 5.625	527,041	636,085
330,000	EXXON MOBIL CORPORATION SR UNSECURED 03/40 4.227	296,927	330,000
130,000	EXXON MOBIL CORPORATION SR UNSECURED 03/46 4.114	110,591	132,195

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260,000	EXXON MOBIL CORPORATION SR UNSECURED 03/50 4.327	227,695	259,999
190,000	EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452	143,038	190,000
190,000	EXXON MOBIL CORPORATION SR UNSECURED 08/39 2.995	145,215	190,000
80,000	EXXON MOBIL CORPORATION SR UNSECURED 08/49 3.095	57,172	80,000
1,203,000	FIRSTENERGY CORP SR UNSECURED 07/47 5.1	1,074,026	1,228,589
220,000	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15	158,462	218,598
270,000	FOMENTO ECONOMICO MEX SR UNSECURED 01/50 3.5	189,354	264,684
310,000	FORD MOTOR COMPANY SR UNSECURED 01/43 4.75	222,515	294,177
280,000	FORD MOTOR COMPANY SR UNSECURED 02/32 3.25	209,983	280,184
200,000	FORD MOTOR CREDIT CO LLC SR UNSECURED 11/30 4	164,168	190,000
330,000	FOX CORP SR UNSECURED 01/39 5.476	300,277	334,740
340,000	FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45	306,694	339,678
80,000	FREEPORT MCMORAN INC COMPANY GUAR 11/34 5.4	75,550	78,226
340,000	GE HEALTHCARE TECH INC COMPANY GUAR 144A 11/52 6.377	361,117	340,000
880,000	GENERAL DYNAMICS CORP COMPANY GUAR 04/40 4.25	802,859	913,533
220,000	GENERAL DYNAMICS CORP COMPANY GUAR 04/50 4.25	195,143	220,845
50,000	GENERAL ELECTRIC CO SR UNSECURED 05/40 4.25	40,646	43,667
460,000	GENERAL MOTORS CO SR UNSECURED 04/46 6.75	441,002	535,330
120,000	GENERAL MOTORS CO SR UNSECURED 04/49 5.95	104,581	112,938
20,000	GENERAL MOTORS CO SR UNSECURED 10/32 5.6	18,580	19,951
720,000	GEORGIA POWER CO SR UNSECURED 03/42 4.3	618,214	719,909
100,000	GILEAD SCIENCES INC SR UNSECURED 03/46 4.75	89,993	110,689
580,000	GILEAD SCIENCES INC SR UNSECURED 03/47 4.15	479,034	550,069
150,000	GILEAD SCIENCES INC SR UNSECURED 09/36 4	132,219	153,031
150,000	GILEAD SCIENCES INC SR UNSECURED 12/41 5.65	153,027	163,579
110,000	GLAXOSMITHKLINE CAP INC COMPANY GUAR 05/38 6.375	124,433	151,869
960,000	GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.3	861,984	966,743
610,000	GLENCORE FINANCE CANADA COMPANY GUAR 144A 11/41 6	574,277	679,320
130,000	GLENCORE FUNDING LLC COMPANY GUAR 144A 09/51 3.375	84,323	128,067
160,000	GOLDMAN SACHS GROUP INC SR UNSECURED 02/41 6.25	166,990	208,793
670,000	GOLDMAN SACHS GROUP INC SR UNSECURED 07/32 VAR	519,860	670,000
490,000	GOLDMAN SACHS GROUP INC SR UNSECURED 10/32 VAR	386,889	489,999
1,755,000	GOLDMAN SACHS GROUP INC SUBORDINATED 05/45 5.15	1,576,376	1,870,644
292,000	GUARDIAN LIFE INSURANCE SUBORDINATED 144A 01/77 4.85	238,278	307,550
180,000	HACKENSACK MERIDIAN HLTH SECURED 07/57 4.5	152,860	178,387
190,000	HACKENSACK MERIDIAN HLTH SECURED 09/50 2.875	122,818	190,000
170,000	HACKENSACK MERIDIAN HLTH SR SECURED 07/48 4.211	142,297	170,000

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630,000	HALLIBURTON CO SR UNSECURED 11/35 4.85	582,819	673,707
320,000	HARTFORD HEALTHCARE CORP SR UNSECURED 07/54 3.447	223,453	320,000
170,000	HCA INC COMPANY GUAR 06/39 5.125	152,113	168,446
170,000	HERSHEY COMPANY SR UNSECURED 06/50 2.65	110,310	169,441
190,000	HOAG MEMORIAL HOSPITAL UNSECURED 07/52 3.803	147,907	190,000
140,000	HOME DEPOT INC SR UNSECURED 03/45 4.4	125,084	158,985
80,000	HOME DEPOT INC SR UNSECURED 04/40 3.3	63,696	79,291
500,000	HOME DEPOT INC SR UNSECURED 04/46 4.25	432,910	519,487
90,000	HOME DEPOT INC SR UNSECURED 04/50 3.35	66,063	88,972
600,000	HOME DEPOT INC SR UNSECURED 04/52 3.625	463,152	587,178
210,000	HOME DEPOT INC SR UNSECURED 06/47 3.9	172,631	194,599
130,000	HOME DEPOT INC SR UNSECURED 09/56 3.5	96,842	127,526
160,000	HOME DEPOT INC SR UNSECURED 12/48 4.5	145,086	157,283
200,000	HSBC HOLDINGS PLC SR UNSECURED 05/32 VAR	154,736	200,000
120,000	HSBC HOLDINGS PLC SUBORDINATED 05/32 7.625	122,936	168,871
970,000	HSBC HOLDINGS PLC SUBORDINATED 09/37 6.5	989,012	1,165,238
290,000	HUMANA INC SR UNSECURED 03/47 4.8	254,527	303,314
205,000	HUMANA INC SR UNSECURED 12/42 4.625	178,826	201,021
240,000	INDIANA UNIV HEALTH INC SECURED 11/48 3.97	194,940	240,000
170,000	INOVA HEALTH SYSTEMS FOU UNSECURED 05/52 4.068	140,752	169,999
380,000	INTEL CORP SR UNSECURED 08/41 2.8	265,331	379,654
260,000	INTEL CORP SR UNSECURED 08/52 4.9	230,012	259,472
540,000	INTEL CORP SR UNSECURED 08/61 3.2	338,180	548,380
163,000	INTEL CORP SR UNSECURED 12/47 3.734	122,155	162,892
440,000	INTERCONTINENTALEXCHANGE SR UNSECURED 06/52 4.95	410,894	406,453
500,000	INTERCONTINENTALEXCHANGE SR UNSECURED 06/62 5.2	476,072	496,862
820,000	INTESA SANPAOLO SPA SR UNSECURED 144A 01/48 4.375	514,804	762,879
200,000	INTESA SANPAOLO SPA SR UNSECURED 144A 09/49 4.7	140,616	200,491
200,000	INTESA SANPAOLO SPA SUBORDINATED 144A 06/32 VAR	146,942	200,000
400,000	INTESA SANPAOLO SPA SUBORDINATED 144A 06/42 VAR	256,860	402,362
200,000	JOHNSON + JOHNSON SR UNSECURED 01/48 3.5	162,886	199,246
590,000	JOHNSON + JOHNSON SR UNSECURED 03/46 3.7	494,957	601,765
170,000	JOHNSON + JOHNSON SR UNSECURED 03/47 3.75	143,081	178,411
30,000	JOHNSON + JOHNSON SR UNSECURED 09/50 2.25	18,564	30,023
530,000	JOHNSON + JOHNSON SR UNSECURED 09/60 2.45	323,491	524,515
350,000	JPMORGAN CHASE + CO JR SUBORDINA 12/99 VAR	299,688	350,000
270,000	JPMORGAN CHASE + CO SR UNSECURED 01/49 VAR	206,869	286,893

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570,000	JPMORGAN CHASE + CO SR UNSECURED 02/48 VAR	466,118	580,972
360,000	JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR	261,331	360,000
780,000	JPMORGAN CHASE + CO SR UNSECURED 04/52 VAR	527,140	780,000
230,000	JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR	179,400	238,698
470,000	JPMORGAN CHASE + CO SUBORDINATED 06/45 4.95	419,922	496,975
140,000	JPMORGAN CHASE + CO SUBORDINATED 08/43 5.625	135,933	159,611
160,000	KAISER FOUNDATION HOSPIT COMPANY GUAR 05/47 4.15	135,555	158,482
310,000	KAISER FOUNDATION HOSPIT COMPANY GUAR 11/49 3.266	223,888	310,439
140,000	KAISER FOUNDATION HOSPIT UNSECURED 06/41 2.81	101,440	140,000
230,000	KIMBERLY CLARK CORP SR UNSECURED 05/47 3.9	188,405	228,349
80,000	KINDER MORGAN ENER PART COMPANY GUAR 03/43 5	68,331	91,825
70,000	KINDER MORGAN ENER PART COMPANY GUAR 08/33 7.3	75,546	77,503
290,000	KINDER MORGAN ENER PART COMPANY GUAR 11/42 4.7	239,572	252,958
130,000	KINDER MORGAN INC COMPANY GUAR 02/51 3.6	89,539	129,667
230,000	KINDER MORGAN INC COMPANY GUAR 03/48 5.2	198,453	268,668
510,000	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	465,023	553,876
70,000	KKR GROUP FIN CO X LLC COMPANY GUAR 144A 12/51 3.25	44,307	69,773
390,000	KKR GROUP FINANCE CO III COMPANY GUAR 144A 06/44 5.125	338,454	413,417
90,000	KKR GROUP FINANCE CO VII COMPANY GUAR 144A 02/50 3.625	61,707	88,880
310,000	KLA CORP SR UNSECURED 07/52 4.95	287,913	307,160
540,000	KYNDRYL HOLDINGS INC SR UNSECURED 10/41 4.1	323,357	535,915
410,000	L3HARRIS TECH INC SR UNSECURED 04/35 4.854	382,030	451,276
170,000	LAM RESEARCH CORP SR UNSECURED 06/50 2.875	113,596	169,553
140,000	LAM RESEARCH CORP SR UNSECURED 06/60 3.125	91,820	139,580
90,000	LAS VEGAS SANDS CORP SR UNSECURED 06/25 2.9	82,707	87,806
590,000	LAS VEGAS SANDS CORP SR UNSECURED 08/26 3.5	532,652	587,729
160,000	LOCKHEED MARTIN CORP SR UNSECURED 06/50 2.8	107,683	158,613
690,000	LOCKHEED MARTIN CORP SR UNSECURED 06/62 4.3	579,614	685,259
6,000	LOCKHEED MARTIN CORP SR UNSECURED 09/52 4.09	5,025	5,981
310,000	LOWE S COS INC SR UNSECURED 04/52 4.25	245,768	309,789
170,000	LOWE S COS INC SR UNSECURED 09/41 2.8	115,684	169,820
900,000	LOWE S COS INC SR UNSECURED 10/50 3	572,526	908,016
50,000	M+T BANK CORPORATION JR SUBORDINA 12/99 VAR	38,751	50,000
80,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 02/49 4.85	66,074	79,497
280,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 09/46 4.25	211,462	264,120
20,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 10/43 5.15	17,442	21,164
360,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 10/47 4.2	269,644	357,627

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300,000	MARATHON PETROLEUM CORP SR UNSECURED 09/44 4.75	250,500	262,611
210,000	MARSH + MCLENNAN COS INC SR UNSECURED 12/51 2.9	134,566	209,498
200,000	MASS INSTITUTE OF TECH UNSECURED 12/99 4.678	170,270	226,494
50,000	MASS INSTITUTE OF TECH UNSECURED 12/99 5.6	51,709	64,448
100,000	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	69,121	99,588
390,000	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/77 4.9	318,513	402,795
340,000	MASTERCARD INC SR UNSECURED 03/50 3.85	283,710	375,956
180,000	MASTERCARD INC SR UNSECURED 03/51 2.95	127,399	178,295
90,000	MAYO CLINIC UNSECURED 11/43 3.774	73,746	82,924
210,000	MCDONALD S CORP SR UNSECURED 03/47 4.45	182,039	209,656
520,000	MCDONALD S CORP SR UNSECURED 09/48 4.45	452,228	512,155
120,000	MCDONALD S CORP SR UNSECURED 10/37 6.3	130,627	152,177
190,000	MCDONALD S CORP SR UNSECURED 12/35 4.7	181,707	213,239
220,000	MCDONALD S CORP SR UNSECURED 12/45 4.875	203,313	224,312
180,000	MDC HOLDINGS INC COMPANY GUAR 01/43 6	146,237	180,481
370,000	MDGH GMTN RSC LTD COMPANY GUAR 144A 11/49 3.7	305,811	370,000
200,000	MEDSTAR HEALTH INC SECURED 08/49 3.626	143,858	200,000
77,000	MEDTRONIC INC COMPANY GUAR 03/45 4.625	71,710	85,256
115,000	MEMORIAL SLOAN KETTERING SR UNSECURED 07/52 4.125	96,244	114,284
140,000	MERCK + CO INC SR UNSECURED 03/39 3.9	122,859	138,541
240,000	MERCK + CO INC SR UNSECURED 03/49 4	204,427	236,858
280,000	META PLATFORMS INC SR UNSECURED 08/52 4.45	222,502	279,538
230,000	METHODIST HOSPITAL/THE UNSECURED 12/50 2.705	146,680	229,999
410,000	METLIFE INC JR SUBORDINA 12/66 6.4	396,511	440,545
50,000	MICHIGAN ST UNIV REVENUES MISHGR 08/22 FIXED 4.165	36,847	47,748
50,000	MICRON TECHNOLOGY INC SR UNSECURED 11/41 3.366	33,385	50,000
1,193,000	MICROSOFT CORP SR UNSECURED 03/52 2.921	844,048	1,148,909
116,000	MICROSOFT CORP SR UNSECURED 03/62 3.041	80,147	108,963
697,000	MICROSOFT CORP SR UNSECURED 06/50 2.525	458,661	693,831
230,000	MIDAMERICAN ENERGY CO 1ST MORTGAGE 04/50 3.15	162,780	228,703
160,000	MIDAMERICAN ENERGY CO 1ST MORTGAGE 07/49 4.25	135,717	159,024
460,000	MIDAMERICAN ENERGY CO 1ST MORTGAGE 08/48 3.65	360,939	455,984
190,000	MONDELEZ INTERNATIONAL SR UNSECURED 09/50 2.625	118,043	188,944
180,000	MORGAN STANLEY SR UNSECURED 03/51 VAR	178,960	180,000
430,000	MORGAN STANLEY SR UNSECURED 04/42 VAR	318,191	442,191
100,000	MORGAN STANLEY SR UNSECURED 10/33 VAR	104,781	100,000
220,000	MORGAN STANLEY SUBORDINATED 04/37 VAR	201,159	219,999

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Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year
As of December 31, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
780,000	MORGAN STANLEY SUBORDINATED 09/36 VAR	565,601	780,000
140,000	MPLX LP SR UNSECURED 03/47 5.2	118,824	143,000
500,000	MPLX LP SR UNSECURED 04/58 4.9	391,610	496,445
49,000	NBCUNIVERSAL MEDIA LLC COMPANY GUAR 01/43 4.45	43,079	61,005
190,000	NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/69 4.45	156,366	188,935
170,000	NIKE INC SR UNSECURED 05/43 3.625	140,842	197,163
200,000	NIPPON LIFE INSURANCE SUBORDINATED 144A 01/50 VAR	169,636	200,000
360,000	NIPPON LIFE INSURANCE SUBORDINATED 144A 01/51 VAR	288,900	360,000
130,000	NISSAN MOTOR ACCEPTANCE SR UNSECURED 144A 03/28 2.75	105,295	129,943
260,000	NISSAN MOTOR CO SR UNSECURED 144A 09/27 4.345	235,755	260,000
140,000	NORFOLK SOUTHERN CORP SR UNSECURED 02/48 4.15	114,948	137,420
110,000	NORFOLK SOUTHERN CORP SR UNSECURED 05/55 3.155	72,797	109,927
400,000	NORFOLK SOUTHERN CORP SR UNSECURED 06/53 4.55	347,672	399,231
356,000	NORFOLK SOUTHERN CORP SR UNSECURED 08/52 4.05	285,149	363,200
380,000	NORTHERN STATES PWR MINN 1ST MORTGAGE 03/50 2.9	259,909	372,670
400,000	NORTHERN STATES PWR MINN 1ST MORTGAGE 09/47 3.6	308,076	395,840
100,000	NORTHROP GRUMMAN CORP SR UNSECURED 05/50 5.25	98,469	99,407
1,130,000	NORTHROP GRUMMAN CORP SR UNSECURED 10/47 4.03	936,408	1,131,812
50,000	NORTHROP GRUMMAN CORP SR UNSECURED 11/40 5.05	47,971	49,872
110,000	NORTHWELL HEALTHCARE INC SECURED 11/47 4.26	87,368	110,000
80,000	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 03/51 3.45	55,845	79,722
650,000	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/47 3.85	495,833	647,373
310,000	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/59 3.625	213,327	309,175
70,000	NUCOR CORP SR UNSECURED 12/55 2.979	43,300	69,503
110,000	NVIDIA CORP SR UNSECURED 04/40 3.5	89,079	109,780
80,000	NVIDIA CORP SR UNSECURED 04/50 3.5	60,381	80,231
100,000	NVIDIA CORP SR UNSECURED 04/60 3.7	73,750	101,645
30,000	NY + PRESBYTERIAN HOSPIT UNSECURED 08/45 4.024	24,844	35,849
170,000	NYU LANGONE HOSPITALS SECURED 07/55 3.38	113,433	170,000
520,000	OCCIDENTAL PETROLEUM COR SR UNSECURED 06/39 7.95	563,914	705,181
30,000	OCCIDENTAL PETROLEUM COR SR UNSECURED 10/27 7.125	31,050	37,266
150,000	OHIO EDISON CO SR UNSECURED 144A 01/33 5.5	148,559	149,687
230,000	OHIO ST UNIV OHSGR 06/11 FIXED OID 4.8	189,308	252,448
260,000	ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7	204,984	259,233
300,000	ONCOR ELECTRIC DELIVERY SR SECURED 09/49 3.1	212,334	298,488

**Children's Hospital Medical Center
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Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
190,000	ONCOR ELECTRIC DELIVERY SR SECURED 144A 06/52 4.6	173,677	188,284
190,000	ORACLE CORP SR UNSECURED 03/51 3.95	135,364	189,924
370,000	ORACLE CORP SR UNSECURED 03/61 4.1	256,843	370,430
1,440,000	ORACLE CORP SR UNSECURED 07/46 4	1,049,386	1,467,350
770,000	ORACLE CORP SR UNSECURED 11/52 6.9	823,769	769,723
270,000	ORLANDO HEALTH OBL GRP UNSECURED 10/48 4.089	212,466	270,000
100,000	OTIS WORLDWIDE CORP SR UNSECURED 02/50 3.362	69,943	99,982
250,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 02/31 2.5	193,973	249,739
610,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/50 4.95	472,652	582,533
60,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3	40,624	59,701
110,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/50 3.5	68,323	109,306
420,000	PAYPAL HOLDINGS INC SR UNSECURED 06/50 3.25	285,424	425,331
360,000	PAYPAL HOLDINGS INC SR UNSECURED 06/52 5.05	325,973	358,837
100,000	PEACEHEALTH OBLIGATED GR SR UNSECURED 11/48 4.787	86,483	100,000
450,000	PECO ENERGY CO 1ST MORTGAGE 09/49 3	307,125	446,297
50,000	PEPSICO INC SR UNSECURED 07/52 4.2	45,519	49,941
430,000	PETROBRAS GLOBAL FINANCE COMPANY GUAR 03/49 6.9	385,916	457,735
190,000	PETROBRAS GLOBAL FINANCE COMPANY GUAR 06/51 5.5	145,690	183,247
200,000	PETROLEOS DEL PERU SA SR UNSECURED 144A 06/47 5.625	130,690	229,436
60,000	PFIZER INC SR UNSECURED 05/40 2.55	43,385	59,627
660,000	PFIZER INC SR UNSECURED 12/46 4.125	579,968	674,604
140,000	PG+E WILDFIRE RECOVERY SR SECURED 06/43 5.081	134,280	139,993
80,000	PG+E WILDFIRE RECOVERY SR SECURED 06/54 5.099	75,218	79,992
80,000	PG+E WILDFIRE RECOVERY SR SECURED 12/49 5.212	77,224	79,999
160,000	PHILIP MORRIS INTL INC SR UNSECURED 05/38 6.375	170,315	212,012
220,000	PHILIP MORRIS INTL INC SR UNSECURED 08/42 3.875	167,022	207,316
20,000	PHILIP MORRIS INTL INC SR UNSECURED 11/44 4.25	16,057	21,810
200,000	PIEDMONT NATURAL GAS CO SR UNSECURED 05/52 5.05	180,452	198,258
410,000	PIEDMONT NATURAL GAS CO SR UNSECURED 09/34 4.1	350,423	404,535
200,000	PIEDMONT NATURAL GAS CO SR UNSECURED 11/46 3.64	142,778	189,820
750,000	PROGRESS ENERGY INC SR UNSECURED 03/31 7.75	849,683	1,021,320
200,000	PROLOGIS LP SR UNSECURED 10/50 2.125	110,866	196,876
1,600	PRUDENTIAL FINANCIAL INC PREFERRED STOCK 09/62 5.95	38,752	40,000
240,000	PRUDENTIAL FINANCIAL INC SR UNSECURED 03/40 3	178,538	239,390
380,000	PRUDENTIAL FINANCIAL INC SR UNSECURED 05/44 4.6	337,676	410,444
320,000	QUALCOMM INC SR UNSECURED 05/52 4.5	280,246	313,027
100,000	RAYMOND JAMES FINANCIAL SR UNSECURED 07/46 4.95	88,902	102,808

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Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
70,000	RAYTHEON TECH CORP SR UNSECURED 05/47 4.05	57,401	79,731
420,000	RAYTHEON TECH CORP SR UNSECURED 06/42 4.5	377,714	451,772
540,000	RAYTHEON TECH CORP SR UNSECURED 07/50 3.125	378,016	538,202
70,000	RAYTHEON TECH CORP SR UNSECURED 09/51 2.82	45,343	53,057
410,000	RAYTHEON TECH CORP SR UNSECURED 11/38 4.45	372,411	409,857
160,000	RAYTHEON TECH CORP SR UNSECURED 11/46 3.75	123,490	138,050
120,000	RAYTHEON TECH CORP SR UNSECURED 11/48 4.625	108,128	119,620
540,000	RELIANCE INDUSTRIES LTD SR UNSECURED 144A 01/52 3.625	354,316	532,505
100,000	REPUBLIC SERVICES INC SR UNSECURED 03/40 6.2	105,714	122,416
260,000	REYNOLDS AMERICAN INC COMPANY GUAR 05/40 8.125	280,764	332,719
210,000	RIO TINTO FIN USA LTD COMPANY GUAR 11/40 5.2	209,318	235,904
140,000	ROCKETMTGE CO ISSUER INC COMPANY GUAR 144A 10/26 2.875	120,002	140,000
130,000	ROCKETMTGE CO ISSUER INC COMPANY GUAR 144A 10/33 4	97,092	130,000
240,000	S+P GLOBAL INC COMPANY GUAR 12/49 3.25	171,614	238,176
810,000	SALESFORCE INC SR UNSECURED 07/51 2.9	530,890	807,740
410,000	SALESFORCE INC SR UNSECURED 07/61 3.05	260,342	408,680
210,000	SAN DIEGO G + E 1ST MORTGAGE 04/42 4.3	172,662	239,121
110,000	SAN DIEGO G + E 1ST MORTGAGE 04/50 3.32	78,620	109,854
100,000	SAN DIEGO G + E 1ST MORTGAGE 06/47 3.75	77,631	99,554
580,000	SANDS CHINA LTD SR UNSECURED 08/28 5.9	543,054	587,471
600,000	SANDS CHINA LTD SR UNSECURED 08/31 3.75	472,140	599,562
375,000	SANTANDER UK GROUP HLDGS SUBORDINATED 144A 09/45 5.625	286,883	423,821
400,000	SHELL INTERNATIONAL FIN COMPANY GUAR 04/50 3.25	286,912	391,132
60,000	SHELL INTERNATIONAL FIN COMPANY GUAR 05/45 4.375	52,428	64,042
570,000	SHELL INTERNATIONAL FIN COMPANY GUAR 05/46 4	464,784	559,523
264,000	SHELL INTERNATIONAL FIN COMPANY GUAR 08/43 4.55	238,371	264,145
220,000	SHELL INTERNATIONAL FIN COMPANY GUAR 09/46 3.75	172,284	211,592
400,000	SHELL INTERNATIONAL FIN COMPANY GUAR 12/38 6.375	439,788	544,860
280,000	SOCIEDAD QUIMICA Y MINER SR UNSECURED 144A 09/51 3.5	205,923	277,687
360,000	SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65	262,915	383,954
200,000	SOUTHERN CAL EDISON 1ST MORTGAGE 06/51 3.65	145,364	199,532
370,000	SOUTHERN CAL EDISON 1ST REF MORT 04/47 4	289,144	379,046
790,000	SOUTHERN CAL EDISON 1ST REF MORT 10/43 4.65	682,837	885,607
630,000	SOUTHERN COPPER CORP SR UNSECURED 11/42 5.25	601,133	581,887
420,000	SOUTHERN NATURAL GAS SR UNSECURED 03/32 8	460,698	536,941
150,000	SOUTHERN NATURAL GAS SR UNSECURED 144A 03/47 4.8	121,694	168,038

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240,000	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7	180,206	238,620
200,000	SUZANO AUSTRIA GMBH COMPANY GUAR 144A 03/47 7	199,516	219,640
650,000	T MOBILE USA INC COMPANY GUAR 02/41 3	458,653	640,403
650,000	T MOBILE USA INC COMPANY GUAR 02/51 3.3	433,771	636,541
30,000	T MOBILE USA INC COMPANY GUAR 04/40 4.375	25,602	29,408
370,000	T MOBILE USA INC COMPANY GUAR 10/52 3.4	248,622	367,861
500,000	TARGA RESOURCES CORP COMPANY GUAR 04/52 4.95	395,555	496,934
420,000	TARGA RESOURCES CORP COMPANY GUAR 07/52 6.25	396,375	419,047
230,000	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/47 4.27	188,062	229,264
90,000	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/50 3.3	62,222	89,880
56,000	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 12/39 6.85	61,637	73,498
140,000	TECK RESOURCES LIMITED SR UNSECURED 02/43 5.4	124,305	166,863
190,000	TECK RESOURCES LIMITED SR UNSECURED 07/41 6.25	186,284	243,767
40,000	TECK RESOURCES LIMITED SR UNSECURED 08/40 6	38,169	49,091
880,000	TELEFONICA EMISIONES SAU COMPANY GUAR 06/36 7.045	902,229	1,118,437
260,000	TENCENT HOLDINGS LTD SR UNSECURED 144A 04/51 3.84	184,207	259,909
150,000	TEXAS ELECTRIC MKT STABL SR SECURED 144A 02/52 5.167	142,538	149,985
590,000	TEXAS INSTRUMENTS INC SR UNSECURED 05/48 4.15	522,097	587,380
490,000	TIME WARNER CABLE ENTRMN SR SECURED 07/33 8.375	544,317	709,755
150,000	TIME WARNER CABLE LLC SR SECURED 05/37 6.55	142,809	178,297
915,000	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	866,505	1,095,081
350,000	TIME WARNER CABLE LLC SR SECURED 07/38 7.3	347,190	450,727
470,000	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	344,092	460,333
190,000	TIME WARNER CABLE LLC SR SECURED 11/40 5.875	165,534	151,609
250,000	TRANSCONT GAS PIPE LINE SR UNSECURED 03/48 4.6	207,780	248,190
180,000	TRANSCONT GAS PIPE LINE SR UNSECURED 05/50 3.95	136,870	178,963
900,000	TRANSCONT GAS PIPE LINE SR UNSECURED 08/42 4.45	763,308	794,966
280,000	TRAVELERS COS INC SR UNSECURED 03/49 4.1	227,676	278,944
430,000	TSMC ARIZONA CORP COMPANY GUAR 10/41 3.125	333,766	425,261
340,000	TSMC ARIZONA CORP COMPANY GUAR 10/51 3.25	244,164	335,437
200,000	UBS AG LONDON SR UNSECURED 144A 06/48 4.5	168,388	220,943
84,000	UBS AG STAMFORD CT SUBORDINATED 09/26 7.75	90,188	112,334
560,000	UBS GROUP AG JR SUBORDINA 144A 12/99 VAR	550,939	560,000
250,000	UBS GROUP AG SR UNSECURED 144A 02/43 VAR	171,698	250,000
110,000	UNION PACIFIC CORP SR UNSECURED 02/50 3.25	79,262	109,957
680,000	UNION PACIFIC CORP SR UNSECURED 02/70 3.75	495,686	690,577
480,000	UNION PACIFIC CORP SR UNSECURED 03/60 3.839	370,790	481,662

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250,000	UNION PACIFIC CORP SR UNSECURED 04/71 3.799	184,123	260,199
160,000	UNION PACIFIC CORP SR UNSECURED 09/67 4.1	124,982	159,763
68,580	UNITED AIR 2020 1 B PTT PASS THRU CE 07/27 4.875	65,246	68,580
670,000	UNITEDHEALTH GROUP INC SR UNSECURED 02/53 5.875	723,446	664,915
500,000	UNITEDHEALTH GROUP INC SR UNSECURED 02/63 6.05	542,570	494,100
10,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/40 2.75	7,255	9,708
140,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9	94,713	142,652
460,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/52 4.75	424,575	455,860
350,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/62 4.95	327,558	346,570
270,000	UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25	233,215	268,142
530,000	UNITEDHEALTH GROUP INC SR UNSECURED 07/45 4.75	496,308	606,096
130,000	UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5	106,246	128,721
740,000	UNITEDHEALTH GROUP INC SR UNSECURED 08/59 3.875	578,902	733,429
565,000	UNIV OF CALIFORNIA CA REVENUES UNVHGR 05/12 FIXED 4.858	476,278	599,369
70,000	UNIV OF CALIFORNIA CA REVENUES UNVHGR 12/99 FIXED 4.767	57,107	70,861
230,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/20 FIXED 3.706	144,530	230,000
190,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/50 FIXED 3.006	125,474	190,000
180,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/53 FIXED 4.563	157,468	180,000
360,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/60 FIXED 3.256	233,298	360,000
120,000	UNIV OF MICHIGAN MI UNVHGR 04/22 FIXED 4.454	97,288	120,000
140,000	UNIV OF MICHIGAN MI UNVHGR 04/52 FIXED 3.504	109,208	140,000
100,000	UNIV OF MINNESOTA MN UNIHGR 04/52 FIXED 4.048	84,740	100,000
710,000	UNIV OF VIRGINIA VA UNIV REVEN UNIHGR 09/17 FIXED 4.179	541,496	710,000
105,000	UNIV SOUTHERN CALIFORNIA SR UNSECURED 10/11 5.25	101,831	127,889
160,000	UNIV SOUTHERN CALIFORNIA SR UNSECURED 10/20 3.226	92,776	160,000
60,000	UNIVERSITY OF MIAMI SR UNSECURED 04/52 4.063	48,894	60,000
490,000	VERIZON COMMUNICATIONS SR UNSECURED 03/37 5.25	483,865	501,737
570,000	VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4	428,583	569,669
370,000	VERIZON COMMUNICATIONS SR UNSECURED 03/50 4	289,473	369,865
10,000	VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55	7,124	10,005
570,000	VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7	397,569	566,340
390,000	VERIZON COMMUNICATIONS SR UNSECURED 08/46 4.125	309,847	341,957
140,000	VERIZON COMMUNICATIONS SR UNSECURED 09/41 2.85	96,348	139,815

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90,000	VERIZON COMMUNICATIONS SR UNSECURED 09/43 6.55	97,759	121,971
80,000	VERIZON COMMUNICATIONS SR UNSECURED 10/56 2.987	48,808	70,500
120,000	VERIZON COMMUNICATIONS SR UNSECURED 11/40 2.65	80,998	119,888
460,000	VERIZON COMMUNICATIONS SR UNSECURED 11/50 2.875	288,402	458,804
210,000	VIRGINIA ELEC + POWER CO SR UNSECURED 09/47 3.8	160,530	209,068
400,000	VIRGINIA ELEC + POWER CO SR UNSECURED 11/38 8.875	523,344	645,453
150,000	VISA INC SR UNSECURED 04/40 2.7	113,627	148,896
810,000	VISA INC SR UNSECURED 12/45 4.3	739,417	835,538
160,000	VODAFONE GROUP PLC SR UNSECURED 02/37 6.15	162,098	181,296
230,000	VODAFONE GROUP PLC SR UNSECURED 05/48 5.25	202,568	229,629
100,000	WACHOVIA CORP SUBORDINATED 08/35 5.5	97,074	117,745
300,000	WACHOVIA CORP SUBORDINATED 10/35 6.55	304,764	383,586
500,000	WALMART INC SR UNSECURED 09/51 2.65	338,050	498,150
210,000	WALT DISNEY COMPANY/THE COMPANY GUAR 10/43 5.4	209,549	260,511
450,000	WALT DISNEY COMPANY/THE COMPANY GUAR 11/37 6.65	509,625	627,156
100,000	WALT DISNEY COMPANY/THE COMPANY GUAR 12/35 6.4	109,393	134,928
890,000	WARNERMEDIA HOLDINGS INC COMPANY GUAR 144A 03/42 5.05	680,921	890,000
1,220,000	WARNERMEDIA HOLDINGS INC COMPANY GUAR 144A 03/52 5.141	886,903	1,200,834
590,000	WARNERMEDIA HOLDINGS INC COMPANY GUAR 144A 03/62 5.391	430,706	590,000
200,000	WASHINGTON UNIVERSITY SR UNSECURED 04/22 4.349	156,662	200,000
170,000	WASHINGTON UNIVERSITY SR UNSECURED 04/54 3.524	133,567	170,000
240,000	WEA FINANCE LLC/WESTFIEL COMPANY GUAR 144A 09/44 4.75	165,946	244,054
360,000	WELLS FARGO + COMPANY SR UNSECURED 04/41 VAR	256,784	360,000
960,000	WELLS FARGO + COMPANY SR UNSECURED 04/51 VAR	845,645	972,699
690,000	WELLS FARGO + COMPANY SR UNSECURED 04/53 VAR	584,230	689,232
393,000	WELLS FARGO + COMPANY SUBORDINATED 01/44 5.606	381,010	398,644
1,210,000	WELLS FARGO + COMPANY SUBORDINATED 11/43 5.375	1,124,913	1,408,712
1,050,000	WELLS FARGO + COMPANY SUBORDINATED 12/46 4.75	879,323	1,068,195
170,000	WESLEYAN UNIVERSITY UNSECURED 07/16 4.781	132,447	171,562
10,000	WESTERN MIDSTREAM OPERAT SR UNSECURED 02/50 5.5	8,238	9,993
20,000	WESTERN MIDSTREAM OPERAT SR UNSECURED 03/48 5.3	16,445	20,191
30,000	WILLIAMS COMPANIES INC SR UNSECURED 10/51 3.5	20,417	29,950
100,000	WILLIAMS COMPANIES INC SR UNSECURED 11/43 5.8	95,081	125,386
110,000	WILLIS KNIGHTON MED CTR SECURED 03/51 3.065	69,142	110,000
250,000	WILLIS KNIGHTON MED CTR SECURED 09/48 4.813	220,243	250,000

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100,000	WISCONSIN POWER + LIGHT SR UNSECURED 04/50 3.65	73,236	99,873
140,000	WISCONSIN PUBLIC SERVICE SR UNSECURED 12/51 2.85	89,527	139,747
50,000	WYETH LLC COMPANY GUAR 04/37 5.95	53,769	65,379
600,000	YAMANA GOLD INC COMPANY GUAR 12/27 4.625	561,642	601,896
		170,440,464	212,448,911
Government Bonds			
60,000	ALABAMA ECON SETTLEMENT AUTH B ABMGEN 09/32 FIXED 4.263	55,778	60,000
200,000	AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/41 FIXED 7.834	244,442	301,900
20,000	AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/50 FIXED 6.27	21,143	23,552
1,300,000	CALIFORNIA ST CAS 10/39 FIXED 7.3	1,579,331	1,868,212
60,000	ILLINOIS ST ILS 02/35 FIXED 6.63	60,823	63,273
350,000	ILLINOIS ST ILS 06/33 FIXED 5.1	335,909	309,061
280,000	JOBSONIO BEVERAGE SYS STWD LIQ JOBGEN 01/38 FIXED 2.833	218,761	280,000
115,000	LOS ANGELES CA DEPT WTR PWR LOSUTL 07/45 FIXED 6.574	135,372	171,721
150,000	LOUISIANA ST LOCAL GOVT ENVRNM LASGOV 08/39 FIXED 4.475	139,568	150,000
370,000	MISSOURI ST HLTH EDUCTNL FAC MOSMED 08/57 FIXED 3.652	283,609	370,000
180,000	NEW JERSEY ST TRANSPRTN TRUST NJSTRN 06/39 FIXED 4.081	148,869	180,000
70,000	PORT AUTH OF NEW YORK NEW JE PORTRN 08/46 FIXED 4.96	67,933	86,473
1,200,000	PORT AUTH OF NEW YORK NEW JE PORTRN 10/65 FIXED 4.81	1,111,992	1,258,728
330,000	QATAR ENERGY SR UNSECURED 144A 07/41 3.125	253,575	328,782
490,000	QATAR ENERGY SR UNSECURED 144A 07/51 3.3	361,375	490,000
37,458	REPUBLIC OF ARGENTINA SR UNSECURED 07/29 1	9,944	20,649
110,028	REPUBLIC OF ARGENTINA SR UNSECURED 07/30 VAR	29,673	57,216
361,770	REPUBLIC OF ARGENTINA SR UNSECURED 07/35 VAR	91,763	169,127
630,000	REPUBLIC OF CHILE SR UNSECURED 05/41 3.1	452,554	626,384
120,000	REPUBLIC OF COLOMBIA SR UNSECURED 01/41 6.125	95,404	131,670
380,000	REPUBLIC OF COLOMBIA SR UNSECURED 06/45 5	258,518	384,750
220,000	REPUBLIC OF INDONESIA SR UNSECURED 01/48 4.35	188,932	218,165
660,000	REPUBLIC OF INDONESIA SR UNSECURED 10/49 3.7	506,966	654,086
380,000	REPUBLIC OF PANAMA SR UNSECURED 07/60 3.87	244,773	429,077
330,000	REPUBLIC OF PANAMA SR UNSUB 09/32 2.252	244,368	330,000
180,000	REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1	176,371	162,360
100,000	SAN DIEGO CNTY CA WTR AUTH FIN SDGWTR 05/49 FIXED 6.138	110,596	143,358
140,000	SAN FRANCISCO CITY CNTY CA P SFOWTR 11/39 FIXED 3.303	114,408	140,000

**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, 2022

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
260,000	STATE OF ISRAEL SR UNSECURED 01/48 4.125	227,456	257,655
230,000	STATE OF ISRAEL SR UNSECURED 07/50 3.875	193,446	230,000
110,000	TEXAS ST PRIV ACTIVITY BOND SU TXSTRN 12/49 FIXED 3.922	83,299	110,000
830,000	UNITED MEXICAN STATES SR UNSECURED 01/40 6.05	805,083	977,092
430,000	UNITED MEXICAN STATES SR UNSECURED 02/34 3.5	344,116	427,661
1,200,000	UNITED MEXICAN STATES SR UNSECURED 03/44 4.75	967,896	1,206,821
250,000	UNITED MEXICAN STATES SR UNSECURED 08/41 4.28	192,755	249,845
7,660,000	US TREASURY N/B 02/52 2.25	5,326,687	6,759,626
6,120,000	US TREASURY N/B 05/52 2.875	4,903,650	5,402,625
230,000	US TREASURY N/B 08/42 3.375	205,563	222,975
8,010,000	US TREASURY N/B 08/52 3	6,599,519	7,114,661
500,000	US TREASURY N/B 11/32 4.125	510,235	526,875
2,530,000	US TREASURY N/B 11/42 4	2,477,022	2,535,980
1,110,000	US TREASURY N/B 11/52 4	1,111,565	1,161,549
		31,491,042	36,591,909
Investment Partnerships - Equity			
293,393	ADAMS STREET GLOBAL SECONDARIE FUND 5	2,882,315	293,393
132,522	CANYON CLO FUND LP LIMITED PARTNERSHIP	4,729,323	132,522
607,384	DYAL III PENSION INVESTOR LP	7,728,053	607,384
274,137	HARBOURVEST PARTNERS IX LIMITED PARTNERSHIP	15,560,042	274,137
355,000	SHERIDAN PRODUCTION PTRS III B LIMITED PARTNERSHIP	3,697,000	355,000
3,035	TPG OPPORTUNITIES PARTNERS II LIMITED PARTNERSHIP	166,836	3,035
6,443,591	TRIDENT VII, L.P. LIMITED PARTNERSHIP	15,731,003	6,443,591
1,856,619	WARBURG PINCUS PE XII, LP LIMITED PARTNERSHIP	13,754,589	1,856,619
4,416	WARBURG PINCUS XI LP LIMITED PARTNERSHIP	3,680,408	4,416
		67,929,569	9,970,097
Investment Partnership – Real Estate			
38,574	BLACKSTONE RE PARTNERS VII REIT	812,021	45,577
35,510	BLACKSTONE REAL EST PRTNR IV EUROPE IV LP	917,295	35,510
1,444,237	BLACKSTONE REAL ESTATE PARTNER EUROPE V L.P.	5,865,751	1,444,237
96,265	CROSSHARBOR INSTITUTIONAL PARTNERS 2014 LP	878,084	96,265
7,788,908	H/2 SPECIAL OPPTS IV	9,876,251	7,788,908
231,565	OAKTREE REAL ESTATE OPP VI LP LIMITED PARTNERSHIP	2,317,250	231,565
118,377	TOWNSQUARE REAF I, LP MUTUAL FUND	1,821,334	118,377

**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, 2022

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
2,185,432	TRUE NORTH REAL ESTATE III LIMITED PARTNERSHIP	3,220,581	2,185,432
1,014,569	USRA NET LEASE LLC USRA NET LEASE LLC	8,785,566	1,014,569
		<u>34,494,133</u>	<u>12,960,440</u>
	Commingled Funds - Equity		
4,365,741	AON HEWITT COLLECTIVE INVT TR GLOBAL EQUITY CL I	77,622,868	57,731,893
3,455,313	MSCI ACWI EQUITY INDEX NL MUTUAL FUND	77,407,961	61,380,955
		<u>155,030,829</u>	<u>119,112,848</u>
	Commingled Funds - Bonds		
67,873,535	AON HEWITT COLLECTIVE INVT TR LONG CR BD	524,662,425	679,477,067
23,532	AON OPPORTUNISTIC CREDIT FUND AON OPPORTUNISTIC CREDIT FUND	25,868,999	23,543,311
5,093,380	AON PRVT CR OPPS FD II	5,093,380	5,093,380
2,497,618	AON TR CO LLC MULTI ASSET CR	24,639,317	26,578,741
		<u>580,264,121</u>	<u>734,692,499</u>
	Commingled Funds - Government		
42,073,169	AON HEWITT COLLECTIVE AGT 20 YEAR U.S. TREASURY	230,140,233	378,085,911
		<u>230,140,233</u>	<u>378,085,911</u>
	Commingled Funds – Real Estate		
646,233	AON COLLECTIVE INVT TR CORE REAL ESTATE	10,161,576	10,000,000
		<u>10,161,576</u>	<u>10,000,000</u>
		<u>\$1,283,363,862</u>	<u>\$1,517,274,510</u>

**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, 2022

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Number of Transactions</u>	<u>Purchase Price (A)**</u>	<u>Selling Price (A)**</u>	<u>Cost of Asset</u>	<u>Net Gain (Loss)</u>
-Single Transactions-						
N/A		0	\$ -	\$ -	\$ -	\$ -
-Series in Same Security-						
State Street	STATE STREET SHORT TERM INVESTMENT FUND 25 BPS	479	223,824,824	239,900,806	239,900,806	-

(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

**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, 2022

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
Cash and Cash Equivalents			
	CASH	\$ 1,610,438	\$ 1,610,438
1,801,456	*STATE STREET SHORT TERM INVESTMENT FUND 25 BPS	1,801,457	1,801,457
		3,411,895	3,411,895
Corporate Bonds			
110,000	3M COMPANY SR UNSECURED 04/50 3.7	84,202	109,622
340,000	3M COMPANY SR UNSECURED 08/49 3.25	236,106	332,146
460,000	3M COMPANY SR UNSECURED 10/47 3.625	342,281	455,667
11,000	ABBVIE INC SR UNSECURED 03/45 4.75	9,879	12,942
200,000	ABBVIE INC SR UNSECURED 05/45 4.7	177,640	195,210
810,000	ABBVIE INC SR UNSECURED 11/39 4.05	693,320	807,141
2,220,000	ABBVIE INC SR UNSECURED 11/49 4.25	1,842,356	2,165,339
290,000	ADVANCED MICRO DEVICES SR UNSECURED 06/52 4.393	254,663	290,000
90,000	ADVENT HEALTH SYSTEM BONDS 03/49 3.63	63,737	90,000
100,000	AEP TRANSMISSION CO LLC SR UNSECURED 04/50 3.65	76,270	99,964
270,000	AEP TRANSMISSION CO LLC SR UNSECURED 06/49 3.8	210,306	268,418
130,000	AEP TRANSMISSION CO LLC SR UNSECURED 06/52 4.5	114,340	129,172
70,000	AEP TRANSMISSION CO LLC SR UNSECURED 09/49 3.15	48,431	69,488
150,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 01/32 3.3	117,264	149,436
300,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/33 3.4	227,457	298,710
430,000	AERCAP IRELAND CAP/GLOBA COMPANY GUAR 10/41 3.85	304,000	432,701
340,000	AETNA INC SR UNSECURED 08/47 3.875	261,076	338,562
75,000	AETNA INC SR UNSECURED 11/42 4.125	61,232	73,686
150,000	AHS HOSPITAL CORP UNSECURED 07/45 5.024	144,260	178,817
360,000	ALEXANDRIA REAL ESTATE E COMPANY GUAR 05/51 3	227,606	358,517
520,000	ALIBABA GROUP HOLDING SR UNSECURED 02/41 2.7	331,573	516,178
880,000	ALIBABA GROUP HOLDING SR UNSECURED 02/51 3.15	546,269	860,349
80,000	ALLSTATE CORP JR SUBORDINA 05/67 VAR	78,000	87,760
210,000	ALPHABET INC SR UNSECURED 08/50 2.05	122,737	208,226
680,000	ALPHABET INC SR UNSECURED 08/60 2.25	383,071	673,248
60,000	ALTRIA GROUP INC COMPANY GUAR 02/32 2.45	45,263	60,002
810,000	ALTRIA GROUP INC COMPANY GUAR 02/39 5.8	746,877	808,355
310,000	ALTRIA GROUP INC COMPANY GUAR 02/41 3.4	205,607	308,423
1,800,000	ALTRIA GROUP INC COMPANY GUAR 02/49 5.95	1,600,614	1,862,876
262,000	ALTRIA GROUP INC COMPANY GUAR 02/59 6.2	244,936	268,883
480,000	AMAZON.COM INC SR UNSECURED 04/52 3.95	397,286	405,340

**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, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
1,050,000	AMAZON.COM INC SR UNSECURED 05/51 3.1	747,821	1,051,509
290,000	AMAZON.COM INC SR UNSECURED 05/61 3.25	198,531	287,622
880,000	AMAZON.COM INC SR UNSECURED 06/50 2.5	554,585	870,998
140,000	AMERICAN EXPRESS CO JR SUBORDINA 12/99 VAR	115,009	140,000
130,000	AMERICO LIFE INC SR UNSECURED 144A 04/31 3.45	98,861	129,652
160,000	AMGEN INC SR UNSECURED 06/51 4.663	137,662	153,614
30,000	ANALOG DEVICES INC SR UNSECURED 10/51 2.95	20,216	29,752
640,000	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/36 4.7	604,442	611,624
500,000	ANHEUSER BUSCH CO/INBEV COMPANY GUAR 02/46 4.9	454,540	468,786
60,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/39 8.2	74,965	91,775
280,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/49 5.55	276,807	279,305
1,170,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 01/59 5.8	1,196,758	1,165,847
220,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/38 4.375	196,660	216,820
262,000	ANHEUSER BUSCH INBEV WOR COMPANY GUAR 04/48 4.6	227,665	260,517
340,000	APACHE CORP SR UNSECURED 01/44 4.25	237,810	320,840
170,000	APACHE CORP SR UNSECURED 02/42 5.25	138,846	181,917
280,000	APPLE INC SR UNSECURED 02/45 3.45	225,053	258,065
480,000	APPLE INC SR UNSECURED 05/50 2.65	317,573	474,069
580,000	APPLE INC SR UNSECURED 08/46 3.85	492,455	556,884
360,000	AT+T INC SR UNSECURED 02/61 3.5	235,771	362,580
150,000	AT+T INC SR UNSECURED 03/41 6.375	156,045	214,988
804,000	AT+T INC SR UNSECURED 03/48 4.5	654,617	702,477
60,000	AT+T INC SR UNSECURED 03/57 5.7	57,539	74,051
720,000	AT+T INC SR UNSECURED 06/44 4.8	621,805	681,270
100,000	AT+T INC SR UNSECURED 06/51 3.65	70,431	82,275
30,000	AT+T INC SR UNSECURED 06/60 3.85	20,813	23,694
2,780,000	AT+T INC SR UNSECURED 09/53 3.5	1,876,333	2,518,426
60,000	AT+T INC SR UNSECURED 09/55 3.55	40,034	38,842
416,000	AT+T INC SR UNSECURED 09/59 3.65	278,441	337,816
1,930,000	AT+T INC SR UNSECURED 12/57 3.8	1,331,564	1,634,220
770,000	BANK OF AMERICA CORP SR UNSECURED 01/48 VAR	649,364	804,892
140,000	BANK OF AMERICA CORP SR UNSECURED 03/50 VAR	114,826	140,000
980,000	BANK OF AMERICA CORP SR UNSECURED 04/33 VAR	896,406	980,000
1,440,000	BANK OF AMERICA CORP SR UNSECURED 04/42 VAR	1,055,722	1,440,000
1,170,000	BANK OF AMERICA CORP SR UNSECURED 06/41 VAR	787,059	1,204,442
170,000	BANK OF AMERICA CORP SR UNSECURED 07/33 VAR	161,396	170,000
230,000	BANK OF AMERICA CORP SR UNSECURED 10/51 VAR	140,999	230,000

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

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As of December 31, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
910,000	BANK OF AMERICA CORP SUBORDINATED 09/36 VAR	668,632	910,000
190,000	BAPTIST HEALTHCARE UNSECURED 08/50 3.54	136,374	189,999
410,000	BARCLAYS PLC SUBORDINATED 06/30 VAR	377,635	410,618
300,000	BARRICK NA FINANCE LLC COMPANY GUAR 05/43 5.75	302,940	331,468
280,000	BARRICK PD AU FIN PTY LT COMPANY GUAR 10/39 5.95	285,583	313,210
500,000	BAT CAPITAL CORP COMPANY GUAR 08/37 4.39	388,750	502,088
170,000	BAT CAPITAL CORP COMPANY GUAR 09/40 3.734	115,433	170,000
280,000	BECTON DICKINSON AND CO SR UNSECURED 06/47 4.669	246,388	287,186
174,000	BECTON DICKINSON AND CO SR UNSECURED 12/44 4.685	155,518	181,564
858,000	BERKSHIRE HATHAWAY ENERG SR UNSECURED 04/36 6.125	900,324	1,086,574
380,000	BERKSHIRE HATHAWAY FIN COMPANY GUAR 01/49 4.25	338,280	342,022
1,040,000	BERKSHIRE HATHAWAY FIN COMPANY GUAR 08/48 4.2	915,023	1,034,727
150,000	BHP BILLITON FIN USA LTD COMPANY GUAR 09/43 5	145,320	171,841
150,000	BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 01/52 3.2	95,694	149,567
100,000	BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 07/45 4.45	80,670	99,576
30,000	BLACKSTONE HOLDINGS FINA COMPANY GUAR 144A 08/42 6.25	30,263	35,133
1,110,000	BNP PARIBAS JR SUBORDINA 144A 12/99 VAR	1,096,125	1,110,000
200,000	BNP PARIBAS JR SUBORDINA 144A 12/99 VAR	208,510	200,000
280,000	BNP PARIBAS SR UNSECURED 144A 04/32 VAR	218,960	280,000
210,000	BNP PARIBAS SUBORDINATED 144A 01/41 2.824	128,864	210,000
53,000	BOEING CO SR UNSECURED 02/40 5.875	50,875	72,317
50,000	BOEING CO SR UNSECURED 03/35 3.3	36,845	46,444
50,000	BOEING CO SR UNSECURED 03/39 6.875	52,797	71,567
310,000	BOEING CO SR UNSECURED 03/47 3.65	207,954	308,640
310,000	BOEING CO SR UNSECURED 05/49 3.9	217,673	304,072
710,000	BOEING CO SR UNSECURED 05/50 5.805	658,298	804,563
370,000	BOEING CO SR UNSECURED 05/60 5.93	337,048	427,125
180,000	BOEING CO SR UNSECURED 06/46 3.375	116,955	165,801
560,000	BOEING CO SR UNSECURED 08/59 3.95	376,051	554,764
440,000	BON SECOURS MERCY SECURED 06/50 3.205	293,198	440,000
950,000	BP CAP MARKETS AMERICA COMPANY GUAR 02/50 3	633,622	936,610
330,000	BPCE SA SUBORDINATED 144A 10/32 VAR	240,791	330,000
260,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 06/39 4.125	231,340	259,111
530,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 10/49 4.25	455,450	525,537
60,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/47 4.35	52,859	70,718
30,000	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/50 2.55	18,791	29,912

**Children's Hospital Medical Center
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As of December 31, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
9,000	BROADCOM INC SR UNSECURED 144A 11/36 3.187	6,465	8,990
180,000	BURLINGTN NORTH SANTA FE SR UNSECURED 03/41 5.05	175,635	186,789
170,000	BURLINGTN NORTH SANTA FE SR UNSECURED 09/44 4.55	153,695	185,438
10,000	BURLINGTON RESOURCES LLC COMPANY GUAR 12/31 7.4	11,484	13,930
420,000	CALIFORNIA INSTITUTE OF SR UNSECURED 09/19 3.65	267,515	418,937
110,000	CALIFORNIA INSTITUTE OF SR UNSECURED 11/11 4.7	91,851	121,010
170,000	CAMERON LNG LLC SR SECURED 144A 01/39 3.701	134,660	170,000
390,000	CANADIAN NATL RESOURCES SR UNSECURED 06/33 6.45	398,428	458,827
260,000	CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/41 3	196,014	258,643
300,000	CANADIAN PACIFIC RAILWAY COMPANY GUAR 12/51 3.1	201,687	297,852
20,000	CARLYLE FINANCE LLC COMPANY GUAR 144A 09/48 5.65	17,787	20,052
160,000	CARLYLE HOLDINGS II FIN COMPANY GUAR 144A 03/43 5.625	142,461	171,832
90,000	CARRIER GLOBAL CORP SR UNSECURED 04/50 3.577	64,175	90,252
80,000	CATERPILLAR INC SR UNSECURED 08/42 3.803	68,151	76,273
180,000	CENTERPOINT ENER HOUSTON GENL REF MOR 02/49 4.25	156,488	178,907
180,000	CENTERPOINT ENER HOUSTON GENL REF MOR 04/44 4.5	161,296	208,877
460,000	CHARLES SCHWAB CORP JR SUBORDINA 12/99 VAR	366,827	460,000
360,000	CHARTER COMM OPT LLC/CAP SR SECURED 03/42 3.5	230,674	357,311
660,000	CHARTER COMM OPT LLC/CAP SR SECURED 04/48 5.75	540,335	645,822
120,000	CHARTER COMM OPT LLC/CAP SR SECURED 04/61 3.85	69,403	108,707
410,000	CHARTER COMM OPT LLC/CAP SR SECURED 04/63 5.5	312,629	407,173
520,000	CHARTER COMM OPT LLC/CAP SR SECURED 05/47 5.375	407,909	521,282
850,000	CHARTER COMM OPT LLC/CAP SR SECURED 06/41 3.5	553,851	846,124
250,000	CHARTER COMM OPT LLC/CAP SR SECURED 06/62 3.95	147,475	247,965
30,000	CHARTER COMM OPT LLC/CAP SR SECURED 10/35 6.384	29,244	35,130
705,000	CHARTER COMM OPT LLC/CAP SR SECURED 10/45 6.484	635,748	806,708
100,000	CHEVRON USA INC COMPANY GUAR 08/50 2.343	62,003	100,000
120,000	CHILDREN S HOSPITAL/DC UNSECURED 07/50 2.928	75,739	120,000
340,000	CHUBB INA HOLDINGS INC COMPANY GUAR 12/61 3.05	220,310	338,120
180,000	CI FINANCIAL CORP SR UNSECURED 06/51 4.1	106,087	179,906
550,000	CIGNA CORP COMPANY GUAR 08/38 4.8	510,417	549,115
360,000	CIGNA CORP COMPANY GUAR 10/47 3.875	279,090	344,566
1,090,000	CIGNA CORP COMPANY GUAR 12/48 4.9	982,101	1,031,253
420,000	CIGNA CORP SR UNSECURED 03/50 3.4	297,667	419,215
210,000	CITIGROUP INC JR SUBORDINA 12/99 VAR	171,450	210,000
170,000	CITIGROUP INC SR UNSECURED 03/33 VAR	145,399	170,000
1,820,000	CITIGROUP INC SR UNSECURED 07/39 8.125	2,236,744	2,683,240

**Children's Hospital Medical Center
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As of December 31, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
290,000	CITIGROUP INC SR UNSECURED 07/48 4.65	249,405	284,363
380,000	CITIGROUP INC SR UNSECURED 11/32 VAR	295,515	380,000
260,000	CITIGROUP INC SR UNSECURED 11/42 VAR	179,421	260,000
100,000	CITIGROUP INC SUBORDINATED 10/33 6	99,914	121,624
460,000	CITY OF HOPE/THE SR SECURED 11/43 5.623	462,001	566,126
40,000	CLAREMONT MCKENNA UNSECURED 01/22 3.775	25,327	33,633
85,000	CLEVELAND CLINIC FOUND UNSECURED 01/14 4.858	72,233	87,770
80,000	CLEVELAND ELECTRIC ILLUM SR UNSECURED 12/36 5.95	79,362	98,661
270,000	COCA COLA CO/THE SR UNSECURED 03/51 2.5	174,690	264,429
50,000	COCA COLA CO/THE SR UNSECURED 06/40 2.5	36,434	50,573
10,000	COCA COLA CO/THE SR UNSECURED 06/50 2.6	6,623	10,378
580,000	COMCAST CORP COMPANY GUAR 03/38 3.9	499,827	577,186
160,000	COMCAST CORP COMPANY GUAR 04/40 3.75	131,957	159,130
160,000	COMCAST CORP COMPANY GUAR 11/47 3.969	127,821	139,215
454,000	COMCAST CORP COMPANY GUAR 11/49 3.999	358,250	448,337
1,728,000	COMCAST CORP COMPANY GUAR 11/51 2.887	1,109,808	1,663,165
430,000	COMCAST CORP COMPANY GUAR 11/52 4.049	340,315	427,443
310,000	COMCAST CORP COMPANY GUAR 11/56 2.937	191,712	308,128
1,736,000	COMCAST CORP COMPANY GUAR 11/63 2.987	1,049,690	1,722,372
200,000	COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/31 3.348	156,106	200,000
220,000	COMISION FEDERAL DE ELEC COMPANY GUAR 144A 02/51 4.677	143,048	220,000
340,000	COMMONSPIRIT HEALTH SECURED 11/42 4.35	286,858	333,497
80,000	COMMONSPIRIT HEALTH SR SECURED 10/30 2.782	65,986	80,000
230,000	COMMONSPIRIT HEALTH SR SECURED 10/50 3.91	170,221	230,000
370,000	COMMONWEALTH BANK AUST SUBORDINATED 144A 09/39 3.743	270,318	370,000
110,000	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/48 4	90,361	109,979
170,000	COMMONWEALTH EDISON CO 1ST MORTGAGE 03/49 4	137,499	168,616
340,000	COMMONWEALTH EDISON CO 1ST MORTGAGE 08/47 3.75	263,684	340,322
290,000	COMMUNITY HEALTH NETWORK UNSECURED 05/50 3.099	182,137	290,000
285,000	CON EDISON CO OF NY INC SR UNSECURED 12/54 4.625	241,609	289,612
370,000	CON EDISON CO OF NY INC SR UNSECURED 12/60 3	230,173	367,773
50,000	CONNECTICUT LIGHT + PWR 1ST REF MORT 04/44 4.3	43,122	54,019
320,000	CONOCOPHILLIPS COMPANY GUAR 05/38 5.9	336,163	373,482
120,000	CONSUMERS ENERGY CO 1ST MORTGAGE 05/60 2.5	67,166	117,374
180,000	CONTINENTAL RESOURCES COMPANY GUAR 06/44 4.9	133,443	204,621
120,000	CORNING INC SR UNSECURED 11/49 3.9	87,353	119,664

**Children's Hospital Medical Center
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Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
240,000	COTTAGE HEALTH SYSTEM SECURED 11/49 3.304	168,346	240,000
300,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/49 VAR	234,459	319,500
310,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR	247,726	311,459
1,390,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A 12/99 VAR	1,210,787	1,390,000
220,000	CREDIT SUISSE GROUP AG JR SUBORDINA 144A VAR	157,667	220,000
270,000	CREDIT SUISSE GROUP AG SR UNSECURED 06/23 3.8	262,913	259,200
830,000	CREDIT SUISSE GROUP AG SR UNSECURED 144A 05/32 VAR	573,489	830,000
900,000	CREDIT SUISSE GROUP AG SR UNSECURED 144A 08/33 VAR	789,651	900,000
330,000	CREDIT SUISSE GROUP AG SR UNSECURED 144A 11/33 VAR	337,877	330,000
20,000	CREDIT SUISSE USA INC COMPANY GUAR 07/32 7.125	20,209	24,989
150,000	CSL FINANCE PLC COMPANY GUAR 144A 04/42 4.625	134,768	149,981
170,000	CSL FINANCE PLC COMPANY GUAR 144A 04/62 4.95	150,899	169,470
1,050,000	CVS HEALTH CORP SR UNSECURED 03/38 4.78	956,477	1,032,128
1,580,000	CVS HEALTH CORP SR UNSECURED 03/48 5.05	1,418,113	1,521,615
660,000	CVS HEALTH CORP SR UNSECURED 07/45 5.125	601,531	716,836
110,000	DALLAS FORT WORTH TX INTERNATI DALAPT 11/51 FIXED 4.507	98,870	110,000
200,000	DCP MIDSTREAM OPERATING COMPANY GUAR 02/32 3.25	165,426	200,000
320,000	DEERE + COMPANY SR UNSECURED 09/49 2.875	228,096	320,659
1,140,000	DEVON ENERGY CORPORATION SR UNSECURED 06/45 5	984,299	1,098,343
260,000	DEVON ENERGY CORPORATION SR UNSECURED 07/41 5.6	242,562	294,843
80,000	DH EUROPE FINANCE II COMPANY GUAR 11/39 3.25	63,774	79,847
380,000	DIAMONDBACK ENERGY INC COMPANY GUAR 03/51 4.4	289,476	334,380
400,000	DIAMONDBACK ENERGY INC COMPANY GUAR 03/53 6.25	386,544	399,940
170,000	DOMINION ENERGY INC SR UNSECURED 12/44 4.7	144,726	184,748
180,000	DTE ELECTRIC CO GENL REF MOR 04/51 3.25	128,779	178,497
280,000	DTE ELECTRIC CO GENL REF MOR 08/47 3.75	218,879	279,849
900,000	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 10/46 3.4	646,362	807,362
250,000	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 11/52 5.95	266,075	248,828
220,000	DUKE ENERGY FLORIDA LLC 1ST MORTGAGE 12/51 3	147,481	218,746
190,000	DUKE ENERGY INDIANA LLC 1ST MORTGAGE 10/49 3.25	131,830	185,750
100,000	DUKE UNIVERSITY HEALTH SR UNSECURED 06/47 3.92	82,253	100,000
500,000	EATON CORP COMPANY GUAR 11/42 4.15	427,290	495,731
360,000	ECOPETROL SA SR UNSECURED 05/45 5.875	250,582	302,550
20,000	ECOPETROL SA SR UNSECURED 11/31 4.625	15,277	20,000
210,000	ECOPETROL SA SR UNSECURED 11/51 5.875	141,229	210,000
140,000	EDISON INTERNATIONAL JR SUBORDINA 12/99 VAR	114,575	140,000

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30,000	ELEVANCE HEALTH INC SR UNSECURED 01/44 5.1	28,273	34,901
150,000	ELEVANCE HEALTH INC SR UNSECURED 03/48 4.55	130,935	149,489
440,000	ELEVANCE HEALTH INC SR UNSECURED 05/52 4.55	382,215	438,282
270,000	ELEVANCE HEALTH INC SR UNSECURED 08/44 4.65	241,067	272,134
320,000	ELEVANCE HEALTH INC SR UNSECURED 10/52 6.1	341,142	322,655
480,000	EMERSON ELECTRIC CO SR UNSECURED 12/51 2.8	308,803	478,934
220,000	ENEL FINANCE INTL NV COMPANY GUAR 144A 10/52 7.75	235,024	209,033
320,000	ENERGY TRANSFER LP COMPANY GUAR 05/45 5.35	271,372	314,832
70,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	51,975	67,200
280,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	242,200	280,830
640,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	534,400	637,073
130,000	ENERGY TRANSFER LP JR SUBORDINA 12/99 VAR	111,800	130,000
100,000	ENERGY TRANSFER LP SR UNSECURED 03/35 4.9	89,050	93,168
235,000	ENERGY TRANSFER LP SR UNSECURED 04/49 6.25	218,519	287,151
500,000	ENERGY TRANSFER LP SR UNSECURED 05/50 5	399,465	396,625
270,000	ENERGY TRANSFER LP SR UNSECURED 06/38 5.8	247,188	278,059
30,000	ENERGY TRANSFER LP SR UNSECURED 07/38 7.5	31,868	33,864
120,000	ENERGY TRANSFER LP SR UNSECURED 10/36 6.625	120,298	134,512
70,000	ENERGY TRANSFER LP SR UNSECURED 10/43 5.95	64,314	77,881
180,000	ENERGY TRANSFER LP SR UNSECURED 12/45 6.125	166,543	207,456
90,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/50 4.2	70,764	89,813
180,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/51 3.7	129,762	177,800
20,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 01/60 3.95	14,433	19,800
90,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/41 5.95	90,166	119,298
80,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/45 5.1	71,896	97,162
280,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/49 4.8	238,594	278,292
280,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/53 3.3	186,250	278,027
290,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 02/78 VAR	221,142	266,868
110,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/35 5.75	107,234	121,704
200,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 03/44 4.85	176,288	217,263
760,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 04/38 7.55	848,236	1,132,689
880,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 05/46 4.9	765,204	916,508
165,000	ENTERPRISE PRODUCTS OPER COMPANY GUAR 09/40 6.45	172,077	196,304
440,000	EOG RESOURCES INC SR UNSECURED 04/50 4.95	418,634	429,998
520,000	EXELON CORP SR UNSECURED 06/35 5.625	527,041	636,085
330,000	EXXON MOBIL CORPORATION SR UNSECURED 03/40 4.227	296,927	330,000
130,000	EXXON MOBIL CORPORATION SR UNSECURED 03/46 4.114	110,591	132,195

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260,000	EXXON MOBIL CORPORATION SR UNSECURED 03/50 4.327	227,695	259,999
190,000	EXXON MOBIL CORPORATION SR UNSECURED 04/51 3.452	143,038	190,000
190,000	EXXON MOBIL CORPORATION SR UNSECURED 08/39 2.995	145,215	190,000
80,000	EXXON MOBIL CORPORATION SR UNSECURED 08/49 3.095	57,172	80,000
1,203,000	FIRSTENERGY CORP SR UNSECURED 07/47 5.1	1,074,026	1,228,589
220,000	FLORIDA POWER + LIGHT CO 1ST MORTGAGE 10/49 3.15	158,462	218,598
270,000	FOMENTO ECONOMICO MEX SR UNSECURED 01/50 3.5	189,354	264,684
310,000	FORD MOTOR COMPANY SR UNSECURED 01/43 4.75	222,515	294,177
280,000	FORD MOTOR COMPANY SR UNSECURED 02/32 3.25	209,983	280,184
200,000	FORD MOTOR CREDIT CO LLC SR UNSECURED 11/30 4	164,168	190,000
330,000	FOX CORP SR UNSECURED 01/39 5.476	300,277	334,740
340,000	FREEPORT MCMORAN INC COMPANY GUAR 03/43 5.45	306,694	339,678
80,000	FREEPORT MCMORAN INC COMPANY GUAR 11/34 5.4	75,550	78,226
340,000	GE HEALTHCARE TECH INC COMPANY GUAR 144A 11/52 6.377	361,117	340,000
880,000	GENERAL DYNAMICS CORP COMPANY GUAR 04/40 4.25	802,859	913,533
220,000	GENERAL DYNAMICS CORP COMPANY GUAR 04/50 4.25	195,143	220,845
50,000	GENERAL ELECTRIC CO SR UNSECURED 05/40 4.25	40,646	43,667
460,000	GENERAL MOTORS CO SR UNSECURED 04/46 6.75	441,002	535,330
120,000	GENERAL MOTORS CO SR UNSECURED 04/49 5.95	104,581	112,938
20,000	GENERAL MOTORS CO SR UNSECURED 10/32 5.6	18,580	19,951
720,000	GEORGIA POWER CO SR UNSECURED 03/42 4.3	618,214	719,909
100,000	GILEAD SCIENCES INC SR UNSECURED 03/46 4.75	89,993	110,689
580,000	GILEAD SCIENCES INC SR UNSECURED 03/47 4.15	479,034	550,069
150,000	GILEAD SCIENCES INC SR UNSECURED 09/36 4	132,219	153,031
150,000	GILEAD SCIENCES INC SR UNSECURED 12/41 5.65	153,027	163,579
110,000	GLAXOSMITHKLINE CAP INC COMPANY GUAR 05/38 6.375	124,433	151,869
960,000	GLENCORE FINANCE CANADA COMPANY GUAR 144A 10/42 5.3	861,984	966,743
610,000	GLENCORE FINANCE CANADA COMPANY GUAR 144A 11/41 6	574,277	679,320
130,000	GLENCORE FUNDING LLC COMPANY GUAR 144A 09/51 3.375	84,323	128,067
160,000	GOLDMAN SACHS GROUP INC SR UNSECURED 02/41 6.25	166,990	208,793
670,000	GOLDMAN SACHS GROUP INC SR UNSECURED 07/32 VAR	519,860	670,000
490,000	GOLDMAN SACHS GROUP INC SR UNSECURED 10/32 VAR	386,889	489,999
1,755,000	GOLDMAN SACHS GROUP INC SUBORDINATED 05/45 5.15	1,576,376	1,870,644
292,000	GUARDIAN LIFE INSURANCE SUBORDINATED 144A 01/77 4.85	238,278	307,550
180,000	HACKENSACK MERIDIAN HLTH SECURED 07/57 4.5	152,860	178,387
190,000	HACKENSACK MERIDIAN HLTH SECURED 09/50 2.875	122,818	190,000
170,000	HACKENSACK MERIDIAN HLTH SR SECURED 07/48 4.211	142,297	170,000

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630,000	HALLIBURTON CO SR UNSECURED 11/35 4.85	582,819	673,707
320,000	HARTFORD HEALTHCARE CORP SR UNSECURED 07/54 3.447	223,453	320,000
170,000	HCA INC COMPANY GUAR 06/39 5.125	152,113	168,446
170,000	HERSHEY COMPANY SR UNSECURED 06/50 2.65	110,310	169,441
190,000	HOAG MEMORIAL HOSPITAL UNSECURED 07/52 3.803	147,907	190,000
140,000	HOME DEPOT INC SR UNSECURED 03/45 4.4	125,084	158,985
80,000	HOME DEPOT INC SR UNSECURED 04/40 3.3	63,696	79,291
500,000	HOME DEPOT INC SR UNSECURED 04/46 4.25	432,910	519,487
90,000	HOME DEPOT INC SR UNSECURED 04/50 3.35	66,063	88,972
600,000	HOME DEPOT INC SR UNSECURED 04/52 3.625	463,152	587,178
210,000	HOME DEPOT INC SR UNSECURED 06/47 3.9	172,631	194,599
130,000	HOME DEPOT INC SR UNSECURED 09/56 3.5	96,842	127,526
160,000	HOME DEPOT INC SR UNSECURED 12/48 4.5	145,086	157,283
200,000	HSBC HOLDINGS PLC SR UNSECURED 05/32 VAR	154,736	200,000
120,000	HSBC HOLDINGS PLC SUBORDINATED 05/32 7.625	122,936	168,871
970,000	HSBC HOLDINGS PLC SUBORDINATED 09/37 6.5	989,012	1,165,238
290,000	HUMANA INC SR UNSECURED 03/47 4.8	254,527	303,314
205,000	HUMANA INC SR UNSECURED 12/42 4.625	178,826	201,021
240,000	INDIANA UNIV HEALTH INC SECURED 11/48 3.97	194,940	240,000
170,000	INOVA HEALTH SYSTEMS FOU UNSECURED 05/52 4.068	140,752	169,999
380,000	INTEL CORP SR UNSECURED 08/41 2.8	265,331	379,654
260,000	INTEL CORP SR UNSECURED 08/52 4.9	230,012	259,472
540,000	INTEL CORP SR UNSECURED 08/61 3.2	338,180	548,380
163,000	INTEL CORP SR UNSECURED 12/47 3.734	122,155	162,892
440,000	INTERCONTINENTALEXCHANGE SR UNSECURED 06/52 4.95	410,894	406,453
500,000	INTERCONTINENTALEXCHANGE SR UNSECURED 06/62 5.2	476,072	496,862
820,000	INTESA SANPAOLO SPA SR UNSECURED 144A 01/48 4.375	514,804	762,879
200,000	INTESA SANPAOLO SPA SR UNSECURED 144A 09/49 4.7	140,616	200,491
200,000	INTESA SANPAOLO SPA SUBORDINATED 144A 06/32 VAR	146,942	200,000
400,000	INTESA SANPAOLO SPA SUBORDINATED 144A 06/42 VAR	256,860	402,362
200,000	JOHNSON + JOHNSON SR UNSECURED 01/48 3.5	162,886	199,246
590,000	JOHNSON + JOHNSON SR UNSECURED 03/46 3.7	494,957	601,765
170,000	JOHNSON + JOHNSON SR UNSECURED 03/47 3.75	143,081	178,411
30,000	JOHNSON + JOHNSON SR UNSECURED 09/50 2.25	18,564	30,023
530,000	JOHNSON + JOHNSON SR UNSECURED 09/60 2.45	323,491	524,515
350,000	JPMORGAN CHASE + CO JR SUBORDINA 12/99 VAR	299,688	350,000
270,000	JPMORGAN CHASE + CO SR UNSECURED 01/49 VAR	206,869	286,893

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570,000	JPMORGAN CHASE + CO SR UNSECURED 02/48 VAR	466,118	580,972
360,000	JPMORGAN CHASE + CO SR UNSECURED 04/42 VAR	261,331	360,000
780,000	JPMORGAN CHASE + CO SR UNSECURED 04/52 VAR	527,140	780,000
230,000	JPMORGAN CHASE + CO SR UNSECURED 11/48 VAR	179,400	238,698
470,000	JPMORGAN CHASE + CO SUBORDINATED 06/45 4.95	419,922	496,975
140,000	JPMORGAN CHASE + CO SUBORDINATED 08/43 5.625	135,933	159,611
160,000	KAISER FOUNDATION HOSPIT COMPANY GUAR 05/47 4.15	135,555	158,482
310,000	KAISER FOUNDATION HOSPIT COMPANY GUAR 11/49 3.266	223,888	310,439
140,000	KAISER FOUNDATION HOSPIT UNSECURED 06/41 2.81	101,440	140,000
230,000	KIMBERLY CLARK CORP SR UNSECURED 05/47 3.9	188,405	228,349
80,000	KINDER MORGAN ENER PART COMPANY GUAR 03/43 5	68,331	91,825
70,000	KINDER MORGAN ENER PART COMPANY GUAR 08/33 7.3	75,546	77,503
290,000	KINDER MORGAN ENER PART COMPANY GUAR 11/42 4.7	239,572	252,958
130,000	KINDER MORGAN INC COMPANY GUAR 02/51 3.6	89,539	129,667
230,000	KINDER MORGAN INC COMPANY GUAR 03/48 5.2	198,453	268,668
510,000	KINDER MORGAN INC COMPANY GUAR 06/45 5.55	465,023	553,876
70,000	KKR GROUP FIN CO X LLC COMPANY GUAR 144A 12/51 3.25	44,307	69,773
390,000	KKR GROUP FINANCE CO III COMPANY GUAR 144A 06/44 5.125	338,454	413,417
90,000	KKR GROUP FINANCE CO VII COMPANY GUAR 144A 02/50 3.625	61,707	88,880
310,000	KLA CORP SR UNSECURED 07/52 4.95	287,913	307,160
540,000	KYNDRYL HOLDINGS INC SR UNSECURED 10/41 4.1	323,357	535,915
410,000	L3HARRIS TECH INC SR UNSECURED 04/35 4.854	382,030	451,276
170,000	LAM RESEARCH CORP SR UNSECURED 06/50 2.875	113,596	169,553
140,000	LAM RESEARCH CORP SR UNSECURED 06/60 3.125	91,820	139,580
90,000	LAS VEGAS SANDS CORP SR UNSECURED 06/25 2.9	82,707	87,806
590,000	LAS VEGAS SANDS CORP SR UNSECURED 08/26 3.5	532,652	587,729
160,000	LOCKHEED MARTIN CORP SR UNSECURED 06/50 2.8	107,683	158,613
690,000	LOCKHEED MARTIN CORP SR UNSECURED 06/62 4.3	579,614	685,259
6,000	LOCKHEED MARTIN CORP SR UNSECURED 09/52 4.09	5,025	5,981
310,000	LOWE S COS INC SR UNSECURED 04/52 4.25	245,768	309,789
170,000	LOWE S COS INC SR UNSECURED 09/41 2.8	115,684	169,820
900,000	LOWE S COS INC SR UNSECURED 10/50 3	572,526	908,016
50,000	M+T BANK CORPORATION JR SUBORDINA 12/99 VAR	38,751	50,000
80,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 02/49 4.85	66,074	79,497
280,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 09/46 4.25	211,462	264,120
20,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 10/43 5.15	17,442	21,164
360,000	MAGELLAN MIDSTREAM PARTN SR UNSECURED 10/47 4.2	269,644	357,627

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300,000	MARATHON PETROLEUM CORP SR UNSECURED 09/44 4.75	250,500	262,611
210,000	MARSH + MCLENNAN COS INC SR UNSECURED 12/51 2.9	134,566	209,498
200,000	MASS INSTITUTE OF TECH UNSECURED 12/99 4.678	170,270	226,494
50,000	MASS INSTITUTE OF TECH UNSECURED 12/99 5.6	51,709	64,448
100,000	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/50 3.375	69,121	99,588
390,000	MASS MUTUAL LIFE INS CO SUBORDINATED 144A 04/77 4.9	318,513	402,795
340,000	MASTERCARD INC SR UNSECURED 03/50 3.85	283,710	375,956
180,000	MASTERCARD INC SR UNSECURED 03/51 2.95	127,399	178,295
90,000	MAYO CLINIC UNSECURED 11/43 3.774	73,746	82,924
210,000	MCDONALD S CORP SR UNSECURED 03/47 4.45	182,039	209,656
520,000	MCDONALD S CORP SR UNSECURED 09/48 4.45	452,228	512,155
120,000	MCDONALD S CORP SR UNSECURED 10/37 6.3	130,627	152,177
190,000	MCDONALD S CORP SR UNSECURED 12/35 4.7	181,707	213,239
220,000	MCDONALD S CORP SR UNSECURED 12/45 4.875	203,313	224,312
180,000	MDC HOLDINGS INC COMPANY GUAR 01/43 6	146,237	180,481
370,000	MDGH GMTN RSC LTD COMPANY GUAR 144A 11/49 3.7	305,811	370,000
200,000	MEDSTAR HEALTH INC SECURED 08/49 3.626	143,858	200,000
77,000	MEDTRONIC INC COMPANY GUAR 03/45 4.625	71,710	85,256
115,000	MEMORIAL SLOAN KETTERING SR UNSECURED 07/52 4.125	96,244	114,284
140,000	MERCK + CO INC SR UNSECURED 03/39 3.9	122,859	138,541
240,000	MERCK + CO INC SR UNSECURED 03/49 4	204,427	236,858
280,000	META PLATFORMS INC SR UNSECURED 08/52 4.45	222,502	279,538
230,000	METHODIST HOSPITAL/THE UNSECURED 12/50 2.705	146,680	229,999
410,000	METLIFE INC JR SUBORDINA 12/66 6.4	396,511	440,545
50,000	MICHIGAN ST UNIV REVENUES MISHGR 08/22 FIXED 4.165	36,847	47,748
50,000	MICRON TECHNOLOGY INC SR UNSECURED 11/41 3.366	33,385	50,000
1,193,000	MICROSOFT CORP SR UNSECURED 03/52 2.921	844,048	1,148,909
116,000	MICROSOFT CORP SR UNSECURED 03/62 3.041	80,147	108,963
697,000	MICROSOFT CORP SR UNSECURED 06/50 2.525	458,661	693,831
230,000	MIDAMERICAN ENERGY CO 1ST MORTGAGE 04/50 3.15	162,780	228,703
160,000	MIDAMERICAN ENERGY CO 1ST MORTGAGE 07/49 4.25	135,717	159,024
460,000	MIDAMERICAN ENERGY CO 1ST MORTGAGE 08/48 3.65	360,939	455,984
190,000	MONDELEZ INTERNATIONAL SR UNSECURED 09/50 2.625	118,043	188,944
180,000	MORGAN STANLEY SR UNSECURED 03/51 VAR	178,960	180,000
430,000	MORGAN STANLEY SR UNSECURED 04/42 VAR	318,191	442,191
100,000	MORGAN STANLEY SR UNSECURED 10/33 VAR	104,781	100,000
220,000	MORGAN STANLEY SUBORDINATED 04/37 VAR	201,159	219,999

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780,000	MORGAN STANLEY SUBORDINATED 09/36 VAR	565,601	780,000
140,000	MPLX LP SR UNSECURED 03/47 5.2	118,824	143,000
500,000	MPLX LP SR UNSECURED 04/58 4.9	391,610	496,445
49,000	NBCUNIVERSAL MEDIA LLC COMPANY GUAR 01/43 4.45	43,079	61,005
190,000	NEW YORK LIFE INSURANCE SUBORDINATED 144A 05/69 4.45	156,366	188,935
170,000	NIKE INC SR UNSECURED 05/43 3.625	140,842	197,163
200,000	NIPPON LIFE INSURANCE SUBORDINATED 144A 01/50 VAR	169,636	200,000
360,000	NIPPON LIFE INSURANCE SUBORDINATED 144A 01/51 VAR	288,900	360,000
130,000	NISSAN MOTOR ACCEPTANCE SR UNSECURED 144A 03/28 2.75	105,295	129,943
260,000	NISSAN MOTOR CO SR UNSECURED 144A 09/27 4.345	235,755	260,000
140,000	NORFOLK SOUTHERN CORP SR UNSECURED 02/48 4.15	114,948	137,420
110,000	NORFOLK SOUTHERN CORP SR UNSECURED 05/55 3.155	72,797	109,927
400,000	NORFOLK SOUTHERN CORP SR UNSECURED 06/53 4.55	347,672	399,231
356,000	NORFOLK SOUTHERN CORP SR UNSECURED 08/52 4.05	285,149	363,200
380,000	NORTHERN STATES PWR MINN 1ST MORTGAGE 03/50 2.9	259,909	372,670
400,000	NORTHERN STATES PWR MINN 1ST MORTGAGE 09/47 3.6	308,076	395,840
100,000	NORTHROP GRUMMAN CORP SR UNSECURED 05/50 5.25	98,469	99,407
1,130,000	NORTHROP GRUMMAN CORP SR UNSECURED 10/47 4.03	936,408	1,131,812
50,000	NORTHROP GRUMMAN CORP SR UNSECURED 11/40 5.05	47,971	49,872
110,000	NORTHWELL HEALTHCARE INC SECURED 11/47 4.26	87,368	110,000
80,000	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 03/51 3.45	55,845	79,722
650,000	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/47 3.85	495,833	647,373
310,000	NORTHWESTERN MUTUAL LIFE SUBORDINATED 144A 09/59 3.625	213,327	309,175
70,000	NUCOR CORP SR UNSECURED 12/55 2.979	43,300	69,503
110,000	NVIDIA CORP SR UNSECURED 04/40 3.5	89,079	109,780
80,000	NVIDIA CORP SR UNSECURED 04/50 3.5	60,381	80,231
100,000	NVIDIA CORP SR UNSECURED 04/60 3.7	73,750	101,645
30,000	NY + PRESBYTERIAN HOSPIT UNSECURED 08/45 4.024	24,844	35,849
170,000	NYU LANGONE HOSPITALS SECURED 07/55 3.38	113,433	170,000
520,000	OCCIDENTAL PETROLEUM COR SR UNSECURED 06/39 7.95	563,914	705,181
30,000	OCCIDENTAL PETROLEUM COR SR UNSECURED 10/27 7.125	31,050	37,266
150,000	OHIO EDISON CO SR UNSECURED 144A 01/33 5.5	148,559	149,687
230,000	OHIO ST UNIV OHSGR 06/11 FIXED OID 4.8	189,308	252,448
260,000	ONCOR ELECTRIC DELIVERY SR SECURED 05/50 3.7	204,984	259,233
300,000	ONCOR ELECTRIC DELIVERY SR SECURED 09/49 3.1	212,334	298,488

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190,000	ONCOR ELECTRIC DELIVERY SR SECURED 144A 06/52 4.6	173,677	188,284
190,000	ORACLE CORP SR UNSECURED 03/51 3.95	135,364	189,924
370,000	ORACLE CORP SR UNSECURED 03/61 4.1	256,843	370,430
1,440,000	ORACLE CORP SR UNSECURED 07/46 4	1,049,386	1,467,350
770,000	ORACLE CORP SR UNSECURED 11/52 6.9	823,769	769,723
270,000	ORLANDO HEALTH OBL GRP UNSECURED 10/48 4.089	212,466	270,000
100,000	OTIS WORLDWIDE CORP SR UNSECURED 02/50 3.362	69,943	99,982
250,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 02/31 2.5	193,973	249,739
610,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 07/50 4.95	472,652	582,533
60,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/40 3.3	40,624	59,701
110,000	PACIFIC GAS + ELECTRIC 1ST MORTGAGE 08/50 3.5	68,323	109,306
420,000	PAYPAL HOLDINGS INC SR UNSECURED 06/50 3.25	285,424	425,331
360,000	PAYPAL HOLDINGS INC SR UNSECURED 06/52 5.05	325,973	358,837
100,000	PEACEHEALTH OBLIGATED GR SR UNSECURED 11/48 4.787	86,483	100,000
450,000	PECO ENERGY CO 1ST MORTGAGE 09/49 3	307,125	446,297
50,000	PEPSICO INC SR UNSECURED 07/52 4.2	45,519	49,941
430,000	PETROBRAS GLOBAL FINANCE COMPANY GUAR 03/49 6.9	385,916	457,735
190,000	PETROBRAS GLOBAL FINANCE COMPANY GUAR 06/51 5.5	145,690	183,247
200,000	PETROLEOS DEL PERU SA SR UNSECURED 144A 06/47 5.625	130,690	229,436
60,000	PFIZER INC SR UNSECURED 05/40 2.55	43,385	59,627
660,000	PFIZER INC SR UNSECURED 12/46 4.125	579,968	674,604
140,000	PG+E WILDFIRE RECOVERY SR SECURED 06/43 5.081	134,280	139,993
80,000	PG+E WILDFIRE RECOVERY SR SECURED 06/54 5.099	75,218	79,992
80,000	PG+E WILDFIRE RECOVERY SR SECURED 12/49 5.212	77,224	79,999
160,000	PHILIP MORRIS INTL INC SR UNSECURED 05/38 6.375	170,315	212,012
220,000	PHILIP MORRIS INTL INC SR UNSECURED 08/42 3.875	167,022	207,316
20,000	PHILIP MORRIS INTL INC SR UNSECURED 11/44 4.25	16,057	21,810
200,000	PIEDMONT NATURAL GAS CO SR UNSECURED 05/52 5.05	180,452	198,258
410,000	PIEDMONT NATURAL GAS CO SR UNSECURED 09/34 4.1	350,423	404,535
200,000	PIEDMONT NATURAL GAS CO SR UNSECURED 11/46 3.64	142,778	189,820
750,000	PROGRESS ENERGY INC SR UNSECURED 03/31 7.75	849,683	1,021,320
200,000	PROLOGIS LP SR UNSECURED 10/50 2.125	110,866	196,876
1,600	PRUDENTIAL FINANCIAL INC PREFERRED STOCK 09/62 5.95	38,752	40,000
240,000	PRUDENTIAL FINANCIAL INC SR UNSECURED 03/40 3	178,538	239,390
380,000	PRUDENTIAL FINANCIAL INC SR UNSECURED 05/44 4.6	337,676	410,444
320,000	QUALCOMM INC SR UNSECURED 05/52 4.5	280,246	313,027
100,000	RAYMOND JAMES FINANCIAL SR UNSECURED 07/46 4.95	88,902	102,808

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70,000	RAYTHEON TECH CORP SR UNSECURED 05/47 4.05	57,401	79,731
420,000	RAYTHEON TECH CORP SR UNSECURED 06/42 4.5	377,714	451,772
540,000	RAYTHEON TECH CORP SR UNSECURED 07/50 3.125	378,016	538,202
70,000	RAYTHEON TECH CORP SR UNSECURED 09/51 2.82	45,343	53,057
410,000	RAYTHEON TECH CORP SR UNSECURED 11/38 4.45	372,411	409,857
160,000	RAYTHEON TECH CORP SR UNSECURED 11/46 3.75	123,490	138,050
120,000	RAYTHEON TECH CORP SR UNSECURED 11/48 4.625	108,128	119,620
540,000	RELIANCE INDUSTRIES LTD SR UNSECURED 144A 01/52 3.625	354,316	532,505
100,000	REPUBLIC SERVICES INC SR UNSECURED 03/40 6.2	105,714	122,416
260,000	REYNOLDS AMERICAN INC COMPANY GUAR 05/40 8.125	280,764	332,719
210,000	RIO TINTO FIN USA LTD COMPANY GUAR 11/40 5.2	209,318	235,904
140,000	ROCKETMTGE CO ISSUER INC COMPANY GUAR 144A 10/26 2.875	120,002	140,000
130,000	ROCKETMTGE CO ISSUER INC COMPANY GUAR 144A 10/33 4	97,092	130,000
240,000	S+P GLOBAL INC COMPANY GUAR 12/49 3.25	171,614	238,176
810,000	SALESFORCE INC SR UNSECURED 07/51 2.9	530,890	807,740
410,000	SALESFORCE INC SR UNSECURED 07/61 3.05	260,342	408,680
210,000	SAN DIEGO G + E 1ST MORTGAGE 04/42 4.3	172,662	239,121
110,000	SAN DIEGO G + E 1ST MORTGAGE 04/50 3.32	78,620	109,854
100,000	SAN DIEGO G + E 1ST MORTGAGE 06/47 3.75	77,631	99,554
580,000	SANDS CHINA LTD SR UNSECURED 08/28 5.9	543,054	587,471
600,000	SANDS CHINA LTD SR UNSECURED 08/31 3.75	472,140	599,562
375,000	SANTANDER UK GROUP HLDGS SUBORDINATED 144A 09/45 5.625	286,883	423,821
400,000	SHELL INTERNATIONAL FIN COMPANY GUAR 04/50 3.25	286,912	391,132
60,000	SHELL INTERNATIONAL FIN COMPANY GUAR 05/45 4.375	52,428	64,042
570,000	SHELL INTERNATIONAL FIN COMPANY GUAR 05/46 4	464,784	559,523
264,000	SHELL INTERNATIONAL FIN COMPANY GUAR 08/43 4.55	238,371	264,145
220,000	SHELL INTERNATIONAL FIN COMPANY GUAR 09/46 3.75	172,284	211,592
400,000	SHELL INTERNATIONAL FIN COMPANY GUAR 12/38 6.375	439,788	544,860
280,000	SOCIEDAD QUIMICA Y MINER SR UNSECURED 144A 09/51 3.5	205,923	277,687
360,000	SOUTHERN CAL EDISON 1ST MORTGAGE 02/50 3.65	262,915	383,954
200,000	SOUTHERN CAL EDISON 1ST MORTGAGE 06/51 3.65	145,364	199,532
370,000	SOUTHERN CAL EDISON 1ST REF MORT 04/47 4	289,144	379,046
790,000	SOUTHERN CAL EDISON 1ST REF MORT 10/43 4.65	682,837	885,607
630,000	SOUTHERN COPPER CORP SR UNSECURED 11/42 5.25	601,133	581,887
420,000	SOUTHERN NATURAL GAS SR UNSECURED 03/32 8	460,698	536,941
150,000	SOUTHERN NATURAL GAS SR UNSECURED 144A 03/47 4.8	121,694	168,038

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240,000	SOUTHWESTERN PUBLIC SERV 1ST MORTGAGE 08/47 3.7	180,206	238,620
200,000	SUZANO AUSTRIA GMBH COMPANY GUAR 144A 03/47 7	199,516	219,640
650,000	T MOBILE USA INC COMPANY GUAR 02/41 3	458,653	640,403
650,000	T MOBILE USA INC COMPANY GUAR 02/51 3.3	433,771	636,541
30,000	T MOBILE USA INC COMPANY GUAR 04/40 4.375	25,602	29,408
370,000	T MOBILE USA INC COMPANY GUAR 10/52 3.4	248,622	367,861
500,000	TARGA RESOURCES CORP COMPANY GUAR 04/52 4.95	395,555	496,934
420,000	TARGA RESOURCES CORP COMPANY GUAR 07/52 6.25	396,375	419,047
230,000	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/47 4.27	188,062	229,264
90,000	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 05/50 3.3	62,222	89,880
56,000	TEACHERS INSUR + ANNUITY SUBORDINATED 144A 12/39 6.85	61,637	73,498
140,000	TECK RESOURCES LIMITED SR UNSECURED 02/43 5.4	124,305	166,863
190,000	TECK RESOURCES LIMITED SR UNSECURED 07/41 6.25	186,284	243,767
40,000	TECK RESOURCES LIMITED SR UNSECURED 08/40 6	38,169	49,091
880,000	TELEFONICA EMISIONES SAU COMPANY GUAR 06/36 7.045	902,229	1,118,437
260,000	TENCENT HOLDINGS LTD SR UNSECURED 144A 04/51 3.84	184,207	259,909
150,000	TEXAS ELECTRIC MKT STABL SR SECURED 144A 02/52 5.167	142,538	149,985
590,000	TEXAS INSTRUMENTS INC SR UNSECURED 05/48 4.15	522,097	587,380
490,000	TIME WARNER CABLE ENTRMN SR SECURED 07/33 8.375	544,317	709,755
150,000	TIME WARNER CABLE LLC SR SECURED 05/37 6.55	142,809	178,297
915,000	TIME WARNER CABLE LLC SR SECURED 06/39 6.75	866,505	1,095,081
350,000	TIME WARNER CABLE LLC SR SECURED 07/38 7.3	347,190	450,727
470,000	TIME WARNER CABLE LLC SR SECURED 09/42 4.5	344,092	460,333
190,000	TIME WARNER CABLE LLC SR SECURED 11/40 5.875	165,534	151,609
250,000	TRANSCONT GAS PIPE LINE SR UNSECURED 03/48 4.6	207,780	248,190
180,000	TRANSCONT GAS PIPE LINE SR UNSECURED 05/50 3.95	136,870	178,963
900,000	TRANSCONT GAS PIPE LINE SR UNSECURED 08/42 4.45	763,308	794,966
280,000	TRAVELERS COS INC SR UNSECURED 03/49 4.1	227,676	278,944
430,000	TSMC ARIZONA CORP COMPANY GUAR 10/41 3.125	333,766	425,261
340,000	TSMC ARIZONA CORP COMPANY GUAR 10/51 3.25	244,164	335,437
200,000	UBS AG LONDON SR UNSECURED 144A 06/48 4.5	168,388	220,943
84,000	UBS AG STAMFORD CT SUBORDINATED 09/26 7.75	90,188	112,334
560,000	UBS GROUP AG JR SUBORDINA 144A 12/99 VAR	550,939	560,000
250,000	UBS GROUP AG SR UNSECURED 144A 02/43 VAR	171,698	250,000
110,000	UNION PACIFIC CORP SR UNSECURED 02/50 3.25	79,262	109,957
680,000	UNION PACIFIC CORP SR UNSECURED 02/70 3.75	495,686	690,577
480,000	UNION PACIFIC CORP SR UNSECURED 03/60 3.839	370,790	481,662

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250,000	UNION PACIFIC CORP SR UNSECURED 04/71 3.799	184,123	260,199
160,000	UNION PACIFIC CORP SR UNSECURED 09/67 4.1	124,982	159,763
68,580	UNITED AIR 2020 1 B PTT PASS THRU CE 07/27 4.875	65,246	68,580
670,000	UNITEDHEALTH GROUP INC SR UNSECURED 02/53 5.875	723,446	664,915
500,000	UNITEDHEALTH GROUP INC SR UNSECURED 02/63 6.05	542,570	494,100
10,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/40 2.75	7,255	9,708
140,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/50 2.9	94,713	142,652
460,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/52 4.75	424,575	455,860
350,000	UNITEDHEALTH GROUP INC SR UNSECURED 05/62 4.95	327,558	346,570
270,000	UNITEDHEALTH GROUP INC SR UNSECURED 06/48 4.25	233,215	268,142
530,000	UNITEDHEALTH GROUP INC SR UNSECURED 07/45 4.75	496,308	606,096
130,000	UNITEDHEALTH GROUP INC SR UNSECURED 08/39 3.5	106,246	128,721
740,000	UNITEDHEALTH GROUP INC SR UNSECURED 08/59 3.875	578,902	733,429
565,000	UNIV OF CALIFORNIA CA REVENUES UNVHGR 05/12 FIXED 4.858	476,278	599,369
70,000	UNIV OF CALIFORNIA CA REVENUES UNVHGR 12/99 FIXED 4.767	57,107	70,861
230,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/20 FIXED 3.706	144,530	230,000
190,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/50 FIXED 3.006	125,474	190,000
180,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/53 FIXED 4.563	157,468	180,000
360,000	UNIV OF CALIFORNIA CA RGTS MED UNVHGR 05/60 FIXED 3.256	233,298	360,000
120,000	UNIV OF MICHIGAN MI UNVHGR 04/22 FIXED 4.454	97,288	120,000
140,000	UNIV OF MICHIGAN MI UNVHGR 04/52 FIXED 3.504	109,208	140,000
100,000	UNIV OF MINNESOTA MN UNIHGR 04/52 FIXED 4.048	84,740	100,000
710,000	UNIV OF VIRGINIA VA UNIV REVEN UNIHGR 09/17 FIXED 4.179	541,496	710,000
105,000	UNIV SOUTHERN CALIFORNIA SR UNSECURED 10/11 5.25	101,831	127,889
160,000	UNIV SOUTHERN CALIFORNIA SR UNSECURED 10/20 3.226	92,776	160,000
60,000	UNIVERSITY OF MIAMI SR UNSECURED 04/52 4.063	48,894	60,000
490,000	VERIZON COMMUNICATIONS SR UNSECURED 03/37 5.25	483,865	501,737
570,000	VERIZON COMMUNICATIONS SR UNSECURED 03/41 3.4	428,583	569,669
370,000	VERIZON COMMUNICATIONS SR UNSECURED 03/50 4	289,473	369,865
10,000	VERIZON COMMUNICATIONS SR UNSECURED 03/51 3.55	7,124	10,005
570,000	VERIZON COMMUNICATIONS SR UNSECURED 03/61 3.7	397,569	566,340
390,000	VERIZON COMMUNICATIONS SR UNSECURED 08/46 4.125	309,847	341,957
140,000	VERIZON COMMUNICATIONS SR UNSECURED 09/41 2.85	96,348	139,815

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90,000	VERIZON COMMUNICATIONS SR UNSECURED 09/43 6.55	97,759	121,971
80,000	VERIZON COMMUNICATIONS SR UNSECURED 10/56 2.987	48,808	70,500
120,000	VERIZON COMMUNICATIONS SR UNSECURED 11/40 2.65	80,998	119,888
460,000	VERIZON COMMUNICATIONS SR UNSECURED 11/50 2.875	288,402	458,804
210,000	VIRGINIA ELEC + POWER CO SR UNSECURED 09/47 3.8	160,530	209,068
400,000	VIRGINIA ELEC + POWER CO SR UNSECURED 11/38 8.875	523,344	645,453
150,000	VISA INC SR UNSECURED 04/40 2.7	113,627	148,896
810,000	VISA INC SR UNSECURED 12/45 4.3	739,417	835,538
160,000	VODAFONE GROUP PLC SR UNSECURED 02/37 6.15	162,098	181,296
230,000	VODAFONE GROUP PLC SR UNSECURED 05/48 5.25	202,568	229,629
100,000	WACHOVIA CORP SUBORDINATED 08/35 5.5	97,074	117,745
300,000	WACHOVIA CORP SUBORDINATED 10/35 6.55	304,764	383,586
500,000	WALMART INC SR UNSECURED 09/51 2.65	338,050	498,150
210,000	WALT DISNEY COMPANY/THE COMPANY GUAR 10/43 5.4	209,549	260,511
450,000	WALT DISNEY COMPANY/THE COMPANY GUAR 11/37 6.65	509,625	627,156
100,000	WALT DISNEY COMPANY/THE COMPANY GUAR 12/35 6.4	109,393	134,928
890,000	WARNERMEDIA HOLDINGS INC COMPANY GUAR 144A 03/42 5.05	680,921	890,000
1,220,000	WARNERMEDIA HOLDINGS INC COMPANY GUAR 144A 03/52 5.141	886,903	1,200,834
590,000	WARNERMEDIA HOLDINGS INC COMPANY GUAR 144A 03/62 5.391	430,706	590,000
200,000	WASHINGTON UNIVERSITY SR UNSECURED 04/22 4.349	156,662	200,000
170,000	WASHINGTON UNIVERSITY SR UNSECURED 04/54 3.524	133,567	170,000
240,000	WEA FINANCE LLC/WESTFIEL COMPANY GUAR 144A 09/44 4.75	165,946	244,054
360,000	WELLS FARGO + COMPANY SR UNSECURED 04/41 VAR	256,784	360,000
960,000	WELLS FARGO + COMPANY SR UNSECURED 04/51 VAR	845,645	972,699
690,000	WELLS FARGO + COMPANY SR UNSECURED 04/53 VAR	584,230	689,232
393,000	WELLS FARGO + COMPANY SUBORDINATED 01/44 5.606	381,010	398,644
1,210,000	WELLS FARGO + COMPANY SUBORDINATED 11/43 5.375	1,124,913	1,408,712
1,050,000	WELLS FARGO + COMPANY SUBORDINATED 12/46 4.75	879,323	1,068,195
170,000	WESLEYAN UNIVERSITY UNSECURED 07/16 4.781	132,447	171,562
10,000	WESTERN MIDSTREAM OPERAT SR UNSECURED 02/50 5.5	8,238	9,993
20,000	WESTERN MIDSTREAM OPERAT SR UNSECURED 03/48 5.3	16,445	20,191
30,000	WILLIAMS COMPANIES INC SR UNSECURED 10/51 3.5	20,417	29,950
100,000	WILLIAMS COMPANIES INC SR UNSECURED 11/43 5.8	95,081	125,386
110,000	WILLIS KNIGHTON MED CTR SECURED 03/51 3.065	69,142	110,000
250,000	WILLIS KNIGHTON MED CTR SECURED 09/48 4.813	220,243	250,000

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100,000	WISCONSIN POWER + LIGHT SR UNSECURED 04/50 3.65	73,236	99,873
140,000	WISCONSIN PUBLIC SERVICE SR UNSECURED 12/51 2.85	89,527	139,747
50,000	WYETH LLC COMPANY GUAR 04/37 5.95	53,769	65,379
600,000	YAMANA GOLD INC COMPANY GUAR 12/27 4.625	561,642	601,896
		170,440,464	212,448,911
Government Bonds			
60,000	ALABAMA ECON SETTLEMENT AUTH B ABMGEN 09/32 FIXED 4.263	55,778	60,000
200,000	AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/41 FIXED 7.834	244,442	301,900
20,000	AMERICAN MUNI PWR OHIO INC OH AMEPWR 02/50 FIXED 6.27	21,143	23,552
1,300,000	CALIFORNIA ST CAS 10/39 FIXED 7.3	1,579,331	1,868,212
60,000	ILLINOIS ST ILS 02/35 FIXED 6.63	60,823	63,273
350,000	ILLINOIS ST ILS 06/33 FIXED 5.1	335,909	309,061
280,000	JOBSONIO BEVERAGE SYS STWD LIQ JOBGEN 01/38 FIXED 2.833	218,761	280,000
115,000	LOS ANGELES CA DEPT WTR PWR LOSUTL 07/45 FIXED 6.574	135,372	171,721
150,000	LOUISIANA ST LOCAL GOVT ENVRNM LASGOV 08/39 FIXED 4.475	139,568	150,000
370,000	MISSOURI ST HLTH EDUCTNL FAC MOSMED 08/57 FIXED 3.652	283,609	370,000
180,000	NEW JERSEY ST TRANSPRTN TRUST NJSTRN 06/39 FIXED 4.081	148,869	180,000
70,000	PORT AUTH OF NEW YORK NEW JE PORTRN 08/46 FIXED 4.96	67,933	86,473
1,200,000	PORT AUTH OF NEW YORK NEW JE PORTRN 10/65 FIXED 4.81	1,111,992	1,258,728
330,000	QATAR ENERGY SR UNSECURED 144A 07/41 3.125	253,575	328,782
490,000	QATAR ENERGY SR UNSECURED 144A 07/51 3.3	361,375	490,000
37,458	REPUBLIC OF ARGENTINA SR UNSECURED 07/29 1	9,944	20,649
110,028	REPUBLIC OF ARGENTINA SR UNSECURED 07/30 VAR	29,673	57,216
361,770	REPUBLIC OF ARGENTINA SR UNSECURED 07/35 VAR	91,763	169,127
630,000	REPUBLIC OF CHILE SR UNSECURED 05/41 3.1	452,554	626,384
120,000	REPUBLIC OF COLOMBIA SR UNSECURED 01/41 6.125	95,404	131,670
380,000	REPUBLIC OF COLOMBIA SR UNSECURED 06/45 5	258,518	384,750
220,000	REPUBLIC OF INDONESIA SR UNSECURED 01/48 4.35	188,932	218,165
660,000	REPUBLIC OF INDONESIA SR UNSECURED 10/49 3.7	506,966	654,086
380,000	REPUBLIC OF PANAMA SR UNSECURED 07/60 3.87	244,773	429,077
330,000	REPUBLIC OF PANAMA SR UNSUB 09/32 2.252	244,368	330,000
180,000	REPUBLICA ORIENT URUGUAY SR UNSECURED 06/50 5.1	176,371	162,360
100,000	SAN DIEGO CNTY CA WTR AUTH FIN SDGWTR 05/49 FIXED 6.138	110,596	143,358
140,000	SAN FRANCISCO CITY CNTY CA P SFOWTR 11/39 FIXED 3.303	114,408	140,000

**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, 2022

Shares/Par Value	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
260,000	STATE OF ISRAEL SR UNSECURED 01/48 4.125	227,456	257,655
230,000	STATE OF ISRAEL SR UNSECURED 07/50 3.875	193,446	230,000
110,000	TEXAS ST PRIV ACTIVITY BOND SU TXSTRN 12/49 FIXED 3.922	83,299	110,000
830,000	UNITED MEXICAN STATES SR UNSECURED 01/40 6.05	805,083	977,092
430,000	UNITED MEXICAN STATES SR UNSECURED 02/34 3.5	344,116	427,661
1,200,000	UNITED MEXICAN STATES SR UNSECURED 03/44 4.75	967,896	1,206,821
250,000	UNITED MEXICAN STATES SR UNSECURED 08/41 4.28	192,755	249,845
7,660,000	US TREASURY N/B 02/52 2.25	5,326,687	6,759,626
6,120,000	US TREASURY N/B 05/52 2.875	4,903,650	5,402,625
230,000	US TREASURY N/B 08/42 3.375	205,563	222,975
8,010,000	US TREASURY N/B 08/52 3	6,599,519	7,114,661
500,000	US TREASURY N/B 11/32 4.125	510,235	526,875
2,530,000	US TREASURY N/B 11/42 4	2,477,022	2,535,980
1,110,000	US TREASURY N/B 11/52 4	1,111,565	1,161,549
		31,491,042	36,591,909
<u>Investment Partnerships - Equity</u>			
293,393	ADAMS STREET GLOBAL SECONDARIE FUND 5	2,882,315	293,393
132,522	CANYON CLO FUND LP LIMITED PARTNERSHIP	4,729,323	132,522
607,384	DYAL III PENSION INVESTOR LP	7,728,053	607,384
274,137	HARBOURVEST PARTNERS IX LIMITED PARTNERSHIP	15,560,042	274,137
355,000	SHERIDAN PRODUCTION PTRS III B LIMITED PARTNERSHIP	3,697,000	355,000
3,035	TPG OPPORTUNITIES PARTNERS II LIMITED PARTNERSHIP	166,836	3,035
6,443,591	TRIDENT VII, L.P. LIMITED PARTNERSHIP	15,731,003	6,443,591
1,856,619	WARBURG PINCUS PE XII, LP LIMITED PARTNERSHIP	13,754,589	1,856,619
4,416	WARBURG PINCUS XI LP LIMITED PARTNERSHIP	3,680,408	4,416
		67,929,569	9,970,097
<u>Investment Partnership – Real Estate</u>			
38,574	BLACKSTONE RE PARTNERS VII REIT	812,021	45,577
35,510	BLACKSTONE REAL EST PRTNR IV EUROPE IV LP	917,295	35,510
1,444,237	BLACKSTONE REAL ESTATE PARTNER EUROPE V L.P.	5,865,751	1,444,237
96,265	CROSSHARBOR INSTITUTIONAL PARTNERS 2014 LP	878,084	96,265
7,788,908	H/2 SPECIAL OPPTS IV	9,876,251	7,788,908
231,565	OAKTREE REAL ESTATE OPP VI LP LIMITED PARTNERSHIP	2,317,250	231,565
118,377	TOWNSQUARE REAF I, LP MUTUAL FUND	1,821,334	118,377

**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, 2022

Shares/Par Value	Identity of Issuer/Description of Investment	Current Value	Cost
2,185,432	TRUE NORTH REAL ESTATE III LIMITED PARTNERSHIP	3,220,581	2,185,432
1,014,569	USRA NET LEASE LLC USRA NET LEASE LLC	8,785,566	1,014,569
		<u>34,494,133</u>	<u>12,960,440</u>
	Commingled Funds - Equity		
4,365,741	AON HEWITT COLLECTIVE INVT TR GLOBAL EQUITY CL I	77,622,868	57,731,893
3,455,313	MSCI ACWI EQUITY INDEX NL MUTUAL FUND	77,407,961	61,380,955
		<u>155,030,829</u>	<u>119,112,848</u>
	Commingled Funds - Bonds		
67,873,535	AON HEWITT COLLECTIVE INVT TR LONG CR BD	524,662,425	679,477,067
23,532	AON OPPORTUNISTIC CREDIT FUND AON OPPORTUNISTIC CREDIT FUND	25,868,999	23,543,311
5,093,380	AON PRVT CR OPPS FD II	5,093,380	5,093,380
2,497,618	AON TR CO LLC MULTI ASSET CR	24,639,317	26,578,741
		<u>580,264,121</u>	<u>734,692,499</u>
	Commingled Funds - Government		
42,073,169	AON HEWITT COLLECTIVE AGT 20 YEAR U.S. TREASURY	230,140,233	378,085,911
		<u>230,140,233</u>	<u>378,085,911</u>
	Commingled Funds – Real Estate		
646,233	AON COLLECTIVE INVT TR CORE REAL ESTATE	10,161,576	10,000,000
		<u>10,161,576</u>	<u>10,000,000</u>
		<u>\$1,283,363,862</u>	<u>\$1,517,274,510</u>

**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, 2022

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Number of Transactions</u>	<u>Purchase Price (A)**</u>	<u>Selling Price (A)**</u>	<u>Cost of Asset</u>	<u>Net Gain (Loss)</u>
-Single Transactions-						
N/A		0	\$ -	\$ -	\$ -	\$ -
-Series in Same Security-						
State Street	STATE STREET SHORT TERM INVESTMENT FUND 25 BPS	479	223,824,824	239,900,806	239,900,806	-

(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, 2022

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:	Children's Hospital Medical Center
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2022

	Attained Age	Attained Years of Credited Service¹										Total
		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
	Under 25	423	758	6	0	0	0	0	0	0	0	1,187
		31,587	42,019	-	-	-	-	-	-	-	-	38,289
	25-29	361	1,397	453	1	0	0	0	0	0	0	2,212
		39,352	52,186	58,824	-	-	-	-	-	-	-	51,440
	30-34	186	805	932	210	2	0	0	0	0	0	2,135
		37,299	53,463	64,092	65,920	-	-	-	-	-	-	57,910
	35-39	184	482	661	635	102	3	0	0	0	0	2,067
		38,587	53,989	63,330	73,761	86,830	-	-	-	-	-	63,310
	40-44	112	370	388	460	310	49	0	0	0	0	1,689
		34,730	56,150	67,109	74,976	86,791	90,029	-	-	-	-	68,981
	45-49	71	233	270	344	239	138	14	1	0	0	1,310
		39,023	55,905	68,494	76,529	90,041	93,079	-	-	-	-	73,473
	50-54	55	200	234	278	208	170	88	23	0	0	1,256
		40,930	54,755	69,366	80,099	84,152	94,794	96,172	105,459	-	-	76,599
	55-59	43	156	196	262	174	130	88	75	7	0	1,131
		39,677	60,044	64,934	74,714	82,795	90,267	95,698	102,794	-	-	76,407
	60-64	12	75	135	160	128	86	54	43	25	15	733
		-	60,889	70,105	76,704	79,942	88,063	85,545	100,696	88,395	-	77,914
	65-69	6	23	36	48	32	20	9	10	7	7	198
		-	54,128	61,100	74,425	79,889	85,372	-	-	-	-	74,998
	70 & over	3	6	6	13	4	1	3	2	1	0	39
		-	-	-	-	-	-	-	-	-	-	66,864
Counts	Total	1,456	4,505	3,317	2,411	1,199	597	256	154	40	22	13,957
Average Compensation		36,191	51,963	64,527	74,700	85,406	91,479	93,035	102,326	95,220	107,360	63,315

¹ 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: Children's Hospital Medical Center
 Valuation Date: January 1, 2022

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 Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.59%	3.15%

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 \$1,717,584
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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:	Children's Hospital Medical Center
Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality:	
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-2020) 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-2020).
Disabled	N/A
Termination (not due to disability or retirement) rates	<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
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Plan Sponsor: Children's Hospital Medical Center
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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.

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SCHEDULE SB ATTACHMENTS

Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.
Spouse age	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.
Covered pay	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.
Lump sum conversion factors	<p>For lump sums from the Traditional Formula:</p> <ul style="list-style-type: none">• Segment rates• IRS Notice 2020-85 mortality assumption <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">• 5.0755385%• RP-2000 projected 10 years (blended 80% female / 20% male)
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	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.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create these rate tables. For retirement

Plan Name:	Children's Hospital Medical Center Retirement Plan
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and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

**Actuarial value
of assets**

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 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 Alight. 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.

Plan Name: Children's Hospital Medical Center Retirement Plan
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Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2022

SCHEDULE SB ATTACHMENTS

Assumptions Rationale - Significant Economic Assumptions

Discount rate	For the ASC 960 valuation, the interest rate assumption aligns with the expected rate of return on plan assets used to determine ASC 715 cost. We understand the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Lump sum conversion rate	<p>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.</p> <p>Lump sums on an IRC §417(e) basis are valued using the applicable interest rates as required by IRC §430.</p> <p>For ASC 960 purposes, lump sums on an IRC §417(e) basis are valued assuming there is a minimal difference between applicable interest rates and the interest rates referenced to determine the plan's U.S. GAAP discount rate. Future interest rates are determined from information inherent in current market rates.</p>
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). For the ASC 960 valuation, assumptions were selected to represent a best estimate of future experience.
Termination	Termination rates were based on an experience study conducted in 2018.
Retirement	Retirement rates were based on an experience study conducted in 2018.
Form of payment	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

Funding methods	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.
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Changes in Assumptions and Methods

Plan Name:	Children's Hospital Medical Center Retirement Plan
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Valuation Date:	January 1, 2022

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2020 projection scale, as specified in the regulations under IRC §430(h)(3)-1.

The valuation reflects the updated projection scale used in the “applicable mortality table” under IRC §417(e) provided by IRS for 2022 plan years, which decreased assumed lump sums.

Model Descriptions and Disclosures in accordance with ASOP No. 56

Quantify

Quantify is the WTW centrally developed, tested and maintained global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits, value benefit liabilities, develop results using applicable standards and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure system parameters have been set appropriately and plan provisions coded correctly.

Published demographic tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise.

Plan Name: Children's Hospital Medical Center Retirement Plan
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Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Children's Hospital Medical Center
EIN/PN	31-0833936/001
Plan Name	Children's Hospital Medical Center Retirement Plan
Valuation Date	January 1, 2022
Enrolled Actuary	David M. Hauer
Enrollment Number	23-06576

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.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan sponsor

Children's Hospital Medical Center

Plan

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 or July 1 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 or July 1 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.

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SCHEDULE SB ATTACHMENTS

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.

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

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SCHEDULE SB ATTACHMENTS

- \$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
- 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

Plan Name:	Children's Hospital Medical Center Retirement Plan
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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.

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.

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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.

Future plan changes

No future plan changes were recognized in determining funding requirements.

Changes in plan provisions since last actuarial valuation

None.

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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 Corridors	Not Reflecting Corridors
First segment rate	4.75%	1.07%
Second segment rate	5.18%	2.68%
Third segment rate	5.92%	3.36%
Effective interest rate	5.59%	3.15%

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 \$1,717,584
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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.

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Demographic and Other Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality:	
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-2020) 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-2020).
Disabled	N/A
Termination (not due to disability or retirement) rates	<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

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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.

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Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.
Spouse age	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.
Covered pay	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.
Lump sum conversion factors	<p>For lump sums from the Traditional Formula:</p> <ul style="list-style-type: none">• Segment rates• IRS Notice 2020-85 mortality assumption <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">• 5.0755385%• RP-2000 projected 10 years (blended 80% female / 20% male)
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	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.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create these rate tables. For retirement

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and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

**Actuarial value
of assets**

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 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 Alight. 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.

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Assumptions Rationale - Significant Economic Assumptions

Discount rate	For the ASC 960 valuation, the interest rate assumption aligns with the expected rate of return on plan assets used to determine ASC 715 cost. We understand the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Lump sum conversion rate	<p>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.</p> <p>Lump sums on an IRC §417(e) basis are valued using the applicable interest rates as required by IRC §430.</p> <p>For ASC 960 purposes, lump sums on an IRC §417(e) basis are valued assuming there is a minimal difference between applicable interest rates and the interest rates referenced to determine the plan's U.S. GAAP discount rate. Future interest rates are determined from information inherent in current market rates.</p>
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h). For the ASC 960 valuation, assumptions were selected to represent a best estimate of future experience.
Termination	Termination rates were based on an experience study conducted in 2018.
Retirement	Retirement rates were based on an experience study conducted in 2018.
Form of payment	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

Funding methods	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.
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Changes in Assumptions and Methods

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Change in assumptions and methods since prior valuation

The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2020 projection scale, as specified in the regulations under IRC §430(h)(3)-1.

The valuation reflects the updated projection scale used in the “applicable mortality table” under IRC §417(e) provided by IRS for 2022 plan years, which decreased assumed lump sums.

Model Descriptions and Disclosures in accordance with ASOP No. 56

Quantify

Quantify is the WTW centrally developed, tested and maintained global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits, value benefit liabilities, develop results using applicable standards and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure system parameters have been set appropriately and plan provisions coded correctly.

Published demographic tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise.

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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information 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). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 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.	
A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>			
2 Assets:			
a Market value	2a	1847749055	
b Actuarial value	2b	1782072550	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1625	222208281	222208281
b For terminated vested participants	5131	171687929	171687929
c For active participants	13957	570956619	615901797
d Total	20713	964852829	1009798007
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
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	4b		
5 Effective interest rate	5 5.59 %		
6 Target normal cost			
a Present value of current plan year accruals	6a 39345429		
b Expected plan-related expenses	6b 1717584		
c Total (line 6a + line 6b)	6c 41063013		

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.

SIGN HERE	<u>DAVID M. HAUER</u> Signature of actuary	<u>OCTOBER 3, 2023</u> Date
	<u>DAVID HAUER</u> Type or print name of actuary	<u>2306576</u> Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u> Firm name	<u>216-937-4000</u> Telephone number (including area code)
	<u>1001 LAKESIDE AVENUE, SUITE 1500</u> <u>CLEVELAND OH 44114-1172</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) 2022 v. 220413**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	38308185	NONE
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	NONE	NONE
9 Amount remaining (line 7 minus line 8)	38308185	NONE
10 Interest on line 9 using prior year's actual return of 6.59%	2524509	NONE
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		78459647
b(1) 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 5.76%		4519276
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		NONE
c Total available at beginning of current plan year to add to prefunding balance		82978923
d Portion of (c) to be added to prefunding balance		NONE
12 Other reductions in balances due to elections or deemed elections		NONE
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	40832694	NONE

Part III Funding Percentages

14 Funding target attainment percentage	14	172.43%
15 Adjusted funding target attainment percentage	15	176.47%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	166.79%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶ 18(b)				18(c)	

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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:				☐ N/A, full yield curve used
a Segment rates:	1st segment: 4.75%	2nd segment: 5.18%	3rd segment: 5.92%	
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 Demographic and benefit information:		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment:	☒ Yes	☐ No
b Is the plan required to provide a projection of expected benefit payments? 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	NONE
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a):	29	NONE
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29):	30	NONE

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c):	31a	41063013	
b Excess assets, if applicable, but not greater than line 31a:	31b	41063013	
32 Amortization installments:			
a Net shortfall amortization installment:	Outstanding Balance	Installment	
b Waiver amortization installment:	NONE	NONE	NONE
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	NONE	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement:	NONE	NONE	NONE
36 Additional cash requirement (line 34 minus line 35):	36	NONE	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c):	37	NONE	
38 Present value of excess contributions for current year (see instructions):			
a Total (excess, if any, of line 37 over line 36):	38a	NONE	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances:	38b	NONE	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37):	39	NONE	
40 Unpaid minimum required contributions for all years:	40	NONE	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies: ☐ 2019 ☐ 2020 ☐ 2021

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning _____ and ending _____	
A This return/report is for: ☐ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
B This return/report is: ☒ a single-employer plan	☐ a DFE (specify) _____
☐ the first return/report	☐ the final return/report
☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ☐	
D Check box if filing under: ☒ Form 5558	☐ automatic extension ☐ the DFVC program
☐ special extension (enter description)	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	

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

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 HERE		10/3/2023	Amanda J Lord
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/2023	Paul Jean
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		_____	_____
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

