

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
---	---	--

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	<u>EL PASO CHILDREN'S HOSPITAL 401(K) PENSION PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u>
			1c Effective date of plan <u>01/01/2012</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	<u>EL PASO CHILDREN'S HOSPITAL</u> <u>4845 ALAMEDA AVENUE</u> <u>EL PASO, TX 79905</u>		2b Employer Identification Number (EIN) <u>26-3075429</u> 2c Plan Sponsor's telephone number <u>915-242-8692</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.	10/13/2023	JOHN RUNKLES
	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 1039
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) 616
a(2) Total number of active participants at the end of the plan year		6a(2) 757
b Retired or separated participants receiving benefits		6b 41
c Other retired or separated participants entitled to future benefits.....		6c 419
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1217
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 2
f Total. Add lines 6d and 6e		6f 1219
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g 1193
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h 92
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: 2E 2F 2G 2J 2K 2T 3D		
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) ☐ 0 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 EL PASO CHILDREN'S HOSPITAL 401(K) PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 EL PASO CHILDREN'S HOSPITAL	D Employer Identification Number (EIN) 26-3075429	

Part I	Service Provider Information (see instructions)
--------	---

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
TRANSAMERICA RETIREMENT SOLUTIONS
13-3689044

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

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

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

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

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

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

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

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

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

(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)

TRANSAMERICA RETIREMENT SOLUTIONS,

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	64690	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CETERA ADVISOR NETWORKS LLC

95-3845382

(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	INVESTMENT ADVISORY PLAN	60407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BENEFITS ADMINISTRATORS, LLC

61-1291181

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	43680	Yes ☒ No ☐	Yes ☒ No ☐	304	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)

SBNG CERTIFIED PUBLIC ACCOUNTANTS

26-1483953

(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?
10	AUDIT	7501	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>EL PASO CHILDREN'S HOSPITAL 401(K) PENSION 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>EL PASO CHILDREN'S HOSPITAL</u>		D Employer Identification Number (EIN) <u>26-3075429</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	13733	7358
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	817198	914354
(2) Participant contributions.....	1b(2)	81364	853
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	461013	518628
(9) Value of interest in common/collective trusts.....	1c(9)		
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	22128229	23499107
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	23501537	24940300

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23501537	24940300
---	-----------	----------	----------

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)	2518048	
(B) Participants	2a(1)(B)	2843888	
(C) Others (including rollovers)	2a(1)(C)	829371	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6191307
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	28466	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28466
(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)	459542	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		459542
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3866626
c Other income	2c		53578
d Total income. Add all income amounts in column (b) and enter total	2d		2866267
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1196847	
(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)		1196847
f Corrective distributions (see instructions)	2f		347
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	230310	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		230310
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1427504
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1438763
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: SBNG, PC

(2) EIN: 26-1483953

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		1275

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 EL PASO CHILDREN'S HOSPITAL 401(K) PENSION PLAN		B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 EL PASO CHILDREN'S HOSPITAL		D Employer Identification Number (EIN) 26-3075429
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3689044		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....		☐ Yes ☐ No
11 a Does the ESOP hold any preferred stock?.....		☐ Yes ☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....		☐ Yes ☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....		☐ Yes ☐ No
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2022 AND 2021

AND INDEPENDENT AUDITORS' REPORT



SBNG
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

The Trustee and Investment Committee
El Paso Children's Hospital 401(k) Pension Plan

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

We have performed audits of the accompanying financial statements of El Paso Children's Hospital 401(k) Pension 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 benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of El Paso Children's Hospital 401(k) Pension 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 year ended December 31, 2022, stating that the certified investment information, as described in the "Information Prepared and Certified to by Qualified Institution" note 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 Auditors' Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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).

(Continued)

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of El Paso Children's Hospital 401(k) Pension Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, 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 El Paso Children's Hospital 401(k) Pension Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 generally accepted auditing standards 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.

(Continued)

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, 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 El Paso Children's Hospital 401(k) Pension 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 El Paso Children's Hospital 401(k) Pension 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.

(Continued)

Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End-of-Year) are presented for purposes of additional analysis and are not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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).

SBNG, PC

El Paso, Texas
October 13, 2023

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2022 and 2021

<u>ASSETS</u>	<u>2022</u>	<u>2021</u>
Cash	\$ 7,358	\$ 13,733
Investments, at fair value:		
Interest in registered investment entities	<u>23,499,107</u>	<u>22,128,229</u>
Receivables:		
Participant contributions	853	81,364
Employer contributions	914,354	817,198
Notes receivable from participants	<u>518,628</u>	<u>461,013</u>
Total receivables	<u>1,433,835</u>	<u>1,359,575</u>
Total assets	<u>24,940,300</u>	<u>23,501,537</u>
 <u>LIABILITIES AND NET ASSETS</u> <u>AVAILABLE FOR BENEFITS</u>		
Excess contributions payable	<u> </u>	<u>347</u>
Total liabilities	<u> </u>	<u>347</u>
Net assets available for benefits	<u><u>\$ 24,940,300</u></u>	<u><u>\$ 23,501,190</u></u>

The accompanying notes are an
integral part of these financial statements.

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2022

Additions to net assets attributed to:

Investment income (loss):

Dividends \$ 459,542

Net depreciation in fair value of investments (3,866,626)

(3,407,084)

Interest income on notes receivable from participants 28,466

Contributions:

Participant contributions 2,843,888

Employer contributions, net of forfeitures 2,518,048

Rollover contributions 829,371

6,191,307

Other income 53,578

Total additions 2,866,267

Deductions from net assets attributed to:

Benefits paid to participants 1,196,847

Administrative expenses 230,310

Total deductions 1,427,157

Net change in net assets available for benefits 1,439,110

Net assets available for benefits:

Beginning of year 23,501,190

End of year \$24,940,300

The accompanying notes are an
integral part of these financial statements.

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

DESCRIPTION OF PLAN

The following description of El Paso Children's Hospital 401(k) Pension Plan ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan was adopted January 1, 2012. The Plan is a defined contribution plan covering substantially all employees of El Paso Children's Hospital ("the Organization") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Organization filed for bankruptcy protection in May 2015 and established a reorganization plan that was approved by the Bankruptcy Court on December 8, 2015. University Medical Center of El Paso ("UMC") became the sole member of the Organization effective January 8, 2016.

Plan Administration – Transamerica Life Insurance Company ("Transamerica"), the agent for its directed custodian, Reliance Trust Company, is the Custodian of the Plan. Benefit Administrators, LLC is the third-party administrator for the Plan. The Plan Administrator, an employee of the Organization, administers the Plan. The Trustee and Investment Committee, appointed by the Organization, provides oversight of the Plan by determining the appropriateness of Plan provisions and investment offerings and monitoring investment performance.

Eligibility – All employees of the Organization who are not a part of an excluded class (union employees, nonresident aliens, and part-time employees not scheduled for more than 20 hours unless they complete one year of service), have attained age 18, and completed one month of service are eligible to participate in the Plan. Credited service regarding eligibility, vesting, and contribution allocation is also recognized for duration of employment with UMC.

Contributions – Each year, participants may contribute up to 45% of pretax annual compensation, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 4% of eligible compensation.

The Organization may make a discretionary nonelective contribution on behalf of each participant eligible to share in the allocation of the contribution. The Organization made a nonelective contribution of \$921,155 for the year ended December 31, 2022.

The Organization may make a discretionary matching contribution on behalf of each participant eligible to share in the allocation of the contribution. The Organization did not make a discretionary matching contribution for the year ended December 31, 2022.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DESCRIPTION OF PLAN (CONTINUED)

Effective January 1, 2022, the Organization amended the Plan to allow for safe harbor Company matching contributions. The Company makes a safe harbor matching contribution equal to 100% of the participant's elective deferral up to 3% of the participant's compensation, plus 50% of the participant's elective deferral that exceeds 3% of the participant's compensation but does not exceed 5%.

Participants direct the investment of their contribution and the Organization's matching and nonelective contributions into various investment options offered by the Plan. Contributions are subject to certain IRS limitations.

Participant Accounts – Each participant's account is credited with the participant's contribution, the Organization's matching and nonelective contributions, and an allocation of the Plan's earnings and administrative expenses as applicable. Allocations are based on the participant's proportionate share of units held of the applicable investment options during each Plan year. The benefit to which a participant is entitled is the benefit that can be provided from that participant's vested account.

Vesting – Participants are immediately vested in their contributions and rollovers, if any, plus actual earnings thereon. Participants are also immediately vested in safe harbor matching contributions made by the Company. Vesting in the Organization's nonelective and discretionary matching contributions, plus actual earnings thereon, is according to a graduated schedule based on years of service. Participants are fully vested in these contributions after six years of credited service.

Payment of Benefits – On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. In addition, hardship distributions are permitted if certain criteria are met.

Notes Receivable from Participants – Subject to limitations, a participant may borrow from the vested portion of his or her elective account. The minimum amount of any loan is \$1,000, and the maximum amount is the lesser of one-half of their vested account balance or \$50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve-month period. The loans are secured by the balance in the participant's accounts. Up to 50% of a participant's vested account balance may be used as collateral for any loan. Notes receivable from participants, at the time of loan withdrawal, are applied interest rates of Wall Street Prime, which was 7.5% and 3.25% as of December 31, 2022 and 2021, plus 2% and remain at that rate through the loan's maturity. Outstanding notes receivable from participants have interest rates ranging from 5.25% to 9% at December 31, 2022. Principal and interest are paid through payroll deductions, or by check for prepayment. Notes receivable from participants are reported at their unpaid balances plus any accrued, but unpaid, interest. For the years ended December 31, 2022 and 2021, there were defaulted notes receivable from participants of \$16,417 and \$64,721, respectively.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DESCRIPTION OF PLAN (CONTINUED)

Forfeited Accounts – Forfeitures of the Organization's contributions, and earnings thereon, resulting from participants leaving the Organization prior to vesting, are retained in a forfeiture account. Forfeitures of Organization contributions may be applied first to the payment of Plan administration expenses, and then shall be applied to reduce the contributions of the Organization. The balance in the Plan's forfeiture account as of December 31, 2022 and 2021 was \$105,320 and \$107,474, respectively. Forfeitures must be applied by the end of the Plan year following the Plan year in which the forfeiture occurred. For the years ended December 31, 2022 and 2021, forfeitures used to pay administrative expenses amounted to \$37,610 and \$68,087, respectively. For the years ended December 31, 2022 and 2021, forfeitures used to offset Organization contributions amounted to \$122,031 and \$62,273, respectively.

CYCLE 3 RESTATEMENT

Effective January 1, 2022, the Organization adopted Benefit Administrators, LLC's restated plan document dated June 30, 2020, as part of the Cycle 3 restatement. The restated plan document and adoption agreement include significant law changes and amendments since the last restatement as required by the Internal Revenue Service; however, did not significantly change Plan provisions.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared using the accrual method of accounting.

Accounting Estimates – The preparation of the Plan's financial statements in conformity with generally accepted accounting principles in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the Plan at year-end. Stable value funds are stated at fair value, as determined by redeemable measurement date net asset values of the shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Notes receivable from participants are valued at cost, which approximates fair value.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance, plus accrued, but unpaid, interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are reclassified as distributions based on the terms of the Plan document. Management does not believe that the Plan is exposed to any significant credit risk, and no allowance for credit losses has been recorded as of December 31, 2022 and 2021.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability, with a corresponding reduction to contributions. There were no excess contributions payable as of December 31, 2022. Excess contributions payable as of December 31, 2021 was \$347. For the Plan year ended December 31, 2021, the Plan distributed excess contributions to the applicable participants' accounts in March 2022.

Net Appreciation (Depreciation) in Fair Value of Investments – Net appreciation (depreciation) consists of the unrealized appreciation (depreciation) of the investments and the excess (deficiency) of net proceeds over market value of the related investment at the beginning of the year.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses paid by the Organization are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation (depreciation) of fair value of investments. For the year ended December 31, 2022, administrative expenses amounting to \$230,310 were paid by the Plan.

INFORMATION PREPARED AND CERTIFIED TO BY QUALIFIED INSTITUTION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End-of-Year), including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Transamerica Life Insurance Company, the agent for its directed custodian, Reliance Trust Company, the Custodian of the Plan.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair value determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets the Plan has the ability to access for identical assets or liabilities. Fair value determined by Level 2 inputs utilize inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets and liabilities in active markets and inputs other than quoted prices observable for the asset or liability, such as interest rate and yield curves observable at commonly quoted intervals. Level 3 inputs are unobservable inputs for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

In instances in which the inputs used to measure fair value may fall into different levels of the fair value hierarchy, the level in the fair value hierarchy within which the fair value measurement in its entirety has been determined is based on the lowest level input significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

		<u>Fair Value Measurements Using:</u>	
	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Observable Inputs Other Than Quoted Prices (Level 2)</u>
<u>December 31, 2022</u>			
Mutual funds	\$21,089,907	\$21,089,907	\$
Stable value funds	<u>2,409,200</u>	<u> </u>	<u>2,409,200</u>
Total	<u>\$23,499,107</u>	<u>\$21,089,907</u>	<u>\$2,409,200</u>
<u>December 31, 2021</u>			
Mutual funds	\$20,048,592	\$20,048,592	\$
Stable value funds	<u>2,079,637</u>	<u> </u>	<u>2,079,637</u>
Total	<u>\$22,128,229</u>	<u>\$20,048,592</u>	<u>\$2,079,637</u>

Level 1 Fair Value Measurements

The fair value of the mutual fund accounts is based on quoted net asset values of the shares held by the Plan at year-end. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Level 2 Fair Value Measurements

The fair value of stable value funds is based on redeemable measurement-date net asset values of the shares held by the Plan at year-end, which approximates fair value.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2022</u>	<u>2021</u>
Net assets available for benefits per the financial statements	\$24,940,300	\$23,501,190
Excess contribution distributions allocated to highly compensated employees	_____	_____ <u>347</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$24,940,300</u>	<u>\$23,501,537</u>

The following is a reconciliation of total deductions per the financial statements to Schedule H of Form 5500:

Total deductions per financial statements	\$1,427,157
Excess contribution distributions allocated to highly compensated employees at December 31, 2021	_____ <u>347</u>
Net deductions per Form 5500	<u>\$1,427,504</u>

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and stable value funds, managed by Transamerica Life Insurance Company ("Transamerica"), the agent for its directed custodian, Reliance Trust Company. Transamerica is the Custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Transamerica provides certain administrative services to the Plan pursuant to a Plan service agreement between the Organization and Transamerica. Transamerica rebates certain amounts to the Plan based on a fee concession. The rebate amount is equal to 0.25% credits per year based on the balances with Transamerica. This rebate is calculated monthly and credited to the Expense Budget Account, a suspense account used by Transamerica. The balance in the Expense Budget Account may be used to offset certain Plan expenses or allocated to participants as additional income. As of December 31, 2022 and 2021, the balance in the Expense Budget Account was \$7,358 and \$13,733, respectively, and is included as cash. During 2022, the total contributions made to the Expense Budget Account of \$53,578 has been recorded as other income. For the year ended December 31, 2022, \$59,953 of eligible Plan expenses were offset using the balance in the Expense Budget Account. There were no amounts allocated to participants during 2022.

The Plan or Organization may make a payment to Transamerica for administrative expenses not covered by the Plan's Expense Budget Account program. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan, the Expense Budget Account, and forfeiture account to Transamerica for investment management services amounted to \$64,690 for the year ended December 31, 2022.

Certain Plan transaction processing, year-end compliance testing and Form 5500 preparation is performed by Benefits Administrators, LLC ("Benefits Administrators"). Benefits Administrators is the third-party administrator as defined by the Plan during the 2022 Plan year and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan, the Expense Budget Account, and forfeiture account to Benefits for these services amounted to \$43,680 for the year ended December 31, 2022.

Certain Plan investment advising services are provided by Cetera Advisor Networks, LLC ("Cetera"). Cetera is the investment advisor as defined by the Plan during the 2022 Plan year and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan, the Expense Budget Account, and forfeiture account for these services amounted to \$60,407 for the year ended December 31, 2022.

SBNG, PC, the auditor of the Plan, charges fees for the audit and attest services it provides. These transactions qualify as exempt party-in-interest transactions. Fees paid by the Organization and by the Plan from the Expense Budget Account and forfeiture account for these services amounted to \$9,229 for the year ended December 31, 2022.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

EXEMPT PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

The Plan has notes receivable from participants, which are secured solely by a portion of the participants' vested account balance, in accordance with the Plan document. These transactions qualify as exempt party-in-interest transactions. The balance of notes receivable from participants as of December 31, 2022 and 2021 was \$518,628 and \$461,013, respectively.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

For the year ended December 31, 2022, the Organization did not remit certain participant contributions to the Custodian in a timely manner based on when the participant contributions were withheld from participant paychecks as required under Department of Labor (DOL) Regulation §2510.3-103. Late 401(k) contributions for the year ended December 31, 2022 were \$1,274.

In September 2023, participant accounts were credited with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis. Lost earnings of \$152 were credited to the participants accounts in September 2023 for participant contributions remitted late to the Plan during the 2022 Plan year. Late contributions for the 2022 Plan year are disclosed in the accompanying supplemental schedule of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions as contributions corrected outside the Voluntary Fiduciary Correction Program (VFCP).

INCOME TAX STATUS

The Plan has not requested determination from the Internal Revenue Service as to the Plan's tax-exempt status. The IRS has determined and informed Nova Associates, Inc. and Benefit Administrators, LLC by letters dated March 31, 2014 and June 30, 2020, respectively, that the volume submitter plan from which the Plan was drafted is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the letter, Plan management believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain tax position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2022, there were no uncertain tax positions. The Plan files a Form 5500. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to U.S. federal and state income tax examinations by authorities for the years before December 31, 2019.

(Continued)

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of investment securities based upon participant requests. Investment securities are exposed to various risks such as interest rate, market, and credit. 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 participants' account balances and the amounts reported in the statements of net assets available for benefits.

SUBSEQUENT EVENTS

Subsequent events were evaluated through October 13, 2023, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN
EIN 26-3075429
PLAN NUMBER 001
FORM 5500

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2022

**Total Delinquent Contributions that Constitute
Non-Exempt Prohibited Transactions**

	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP PTE 2002-51</u>
Participant Contributions Transferred Late to Plan For Plan Year Ended December 31, 2022	\$	\$1,274	\$	\$
Loan Repayments Not Included in Participant Contributions Transferred Late to Plan				

See accompanying independent auditors' report.

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN
EIN 26-3075429
PLAN NUMBER 001
FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END-OF-YEAR)

Year Ended December 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d)	(e) Current Value
	Cash			
*	Transamerica Retirement Solutions, LLC	Expense Budget Account		\$ 7,358
	Mutual Funds			
	The Vanguard Group	Vanguard Target Retirement 2055 Fund Investor Shares		\$ 2,796,543
	The Vanguard Group	Vanguard Target Retirement 2030 Fund Investor Shares		2,163,158
	The Vanguard Group	Vanguard Target Retirement 2050 Fund Investor Shares		1,763,655
	The Vanguard Group	Vanguard Target Retirement 2025 Fund Investor Shares		1,683,374
	The Vanguard Group	Vanguard Target Retirement 2060 Fund Investor Shares		1,482,532
	The Vanguard Group	Vanguard Target Retirement 2045 Fund Investor Shares		1,342,385
	The Vanguard Group	Vanguard Target Retirement 2040 Fund Investor Shares		1,070,907
	The Vanguard Group	Vanguard Target Retirement 2035 Fund Investor Shares		946,261
	Capital Group	American Funds American Mutual Fund Class R-6		775,984
	Allspring Global	Allspring Core Bond Fund - Class R6		746,740
	BlackRock Fund Advisors	iShares S&P 500 Index Fund Class K		722,218
	AllianceBernstein Holdings, L.P.	AB Large Cap Growth Fund Class I		720,389
	PGIM Investments	PGIM High Yield Fund Class R6		653,237
	BlackRock Fund Advisors	iShares MSCI Total International Index Fund Class K		583,160
	Dimensional Fund Advisors, Ltd.	DFA US Large Company Portfolio		543,247
	The Vanguard Group	Vanguard Target Retirement 2020 Fund Investor Shares		398,375
	Dimensional Fund Advisors, Ltd.	DFA US Vector Equity Portfolio Institutional Class		380,158
	Capital Group	American Funds New World Fund Class R-6		346,195
	The Vanguard Group	Vanguard Target Retirement 2065 Fund Investor Shares		327,057
	Voya Investment Management	Voya Intermediate Bond Fund Class I		254,574
	Dimensional Fund Advisors, Ltd.	DFA Inflation-Protected Securities Portfolio Institutional Class		233,529
	The Vanguard Group	Vanguard Value Index Fund Admiral Shares		232,652
	The Vanguard Group	Vanguard Growth Index Fund Admiral Shares		222,119
	Janus Henderson Investors	Janus Henderson Enterprise Fund Class I		183,169
	The Vanguard Group	Vanguard Explorer Fund Investor Class		156,224
	The Vanguard Group	Vanguard Target Retirement Income Fund Investor Shares		81,111
	The Bank of New York Mellon Corporation	BNY Mellon Global Fixed Income Y		74,008
	Dimensional Fund Advisors, Ltd.	DFA US Targeted Value Portfolio Institutional Class		71,965
	Dimensional Fund Advisors, Ltd.	DFA Real Estate Securities Portfolio Institutional Class		61,577
	Dimensional Fund Advisors, Ltd.	DFA U.S. Small Cap Portfolio Institutional Class		50,644
	The Vanguard Group	Vanguard Wellesley Income Fund Admiral Shares		20,830
	The Vanguard Group	Vanguard Balanced Index Fund Admiral Shares		1,930
				<u>\$ 21,089,907</u>
	Stable Value Funds			
*	Metropolitan Life Insurance Company	Reliance/MetLife Stable Value Fund 25053 Class 0		\$ 2,409,200
*	Participant Loans	Participant loans, secured by participant vested benefits (interest rates range from 5.25% - 9%)		<u>\$ 518,628</u>

* Represents a party-in-interest investment

Note 1: Column (d) is blank as all investments are participant-directed.

Note 2: The above information has been certified to as complete and accurate by the Custodian.

See accompanying independent auditors' report.

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
---	--	---

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 EL PASO CHILDREN'S HOSPITAL 401(K) PENSION PLAN	<table style="width: 100%;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2012</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 01/01/2012	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 01/01/2012					
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) EL PASO CHILDREN'S HOSPITAL 4845 ALAMEDA AVENUE EL PASO TX 79905	<table style="width: 100%;"> <tr> <td>2b Employer Identification Number (EIN) 26-3075429</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 915-242-8692</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 26-3075429	2c Plan Sponsor's telephone number 915-242-8692	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 26-3075429					
2c Plan Sponsor's telephone number 915-242-8692					
2d Business code (see instructions) 622000					

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

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

SIGN HERE		<u>10/13/2023</u>	John Runkles
	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

EL PASO CHILDREN'S HOSPITAL 401(k) PENSION PLAN
EIN 26-3075429
PLAN NUMBER 001
FORM 5500

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END-OF-YEAR)

Year Ended December 31, 2022

(a)	(b) Identity of Issue	(c) Description of Investment	(d)	(e) Current Value
	Cash			
*	Transamerica Retirement Solutions, LLC	Expense Budget Account		\$ 7,358
	Mutual Funds			
	The Vanguard Group	Vanguard Target Retirement 2055 Fund Investor Shares		\$ 2,796,543
	The Vanguard Group	Vanguard Target Retirement 2030 Fund Investor Shares		2,163,158
	The Vanguard Group	Vanguard Target Retirement 2050 Fund Investor Shares		1,763,655
	The Vanguard Group	Vanguard Target Retirement 2025 Fund Investor Shares		1,683,374
	The Vanguard Group	Vanguard Target Retirement 2060 Fund Investor Shares		1,482,532
	The Vanguard Group	Vanguard Target Retirement 2045 Fund Investor Shares		1,342,385
	The Vanguard Group	Vanguard Target Retirement 2040 Fund Investor Shares		1,070,907
	The Vanguard Group	Vanguard Target Retirement 2035 Fund Investor Shares		946,261
	Capital Group	American Funds American Mutual Fund Class R-6		775,984
	Allspring Global	Allspring Core Bond Fund - Class R6		746,740
	BlackRock Fund Advisors	iShares S&P 500 Index Fund Class K		722,218
	AllianceBernstein Holdings, L.P.	AB Large Cap Growth Fund Class I		720,389
	PGIM Investments	PGIM High Yield Fund Class R6		653,237
	BlackRock Fund Advisors	iShares MSCI Total International Index Fund Class K		583,160
	Dimensional Fund Advisors, Ltd.	DFA US Large Company Portfolio		543,247
	The Vanguard Group	Vanguard Target Retirement 2020 Fund Investor Shares		398,375
	Dimensional Fund Advisors, Ltd.	DFA US Vector Equity Portfolio Institutional Class		380,158
	Capital Group	American Funds New World Fund Class R-6		346,195
	The Vanguard Group	Vanguard Target Retirement 2065 Fund Investor Shares		327,057
	Voya Investment Management	Voya Intermediate Bond Fund Class I		254,574
	Dimensional Fund Advisors, Ltd.	DFA Inflation-Protected Securities Portfolio Institutional Class		233,529
	The Vanguard Group	Vanguard Value Index Fund Admiral Shares		232,652
	The Vanguard Group	Vanguard Growth Index Fund Admiral Shares		222,119
	Janus Henderson Investors	Janus Henderson Enterprise Fund Class I		183,169
	The Vanguard Group	Vanguard Explorer Fund Investor Class		156,224
	The Vanguard Group	Vanguard Target Retirement Income Fund Investor Shares		81,111
	The Bank of New York Mellon Corporation	BNY Mellon Global Fixed Income Y		74,008
	Dimensional Fund Advisors, Ltd.	DFA US Targeted Value Portfolio Institutional Class		71,965
	Dimensional Fund Advisors, Ltd.	DFA Real Estate Securities Portfolio Institutional Class		61,577
	Dimensional Fund Advisors, Ltd.	DFA U.S. Small Cap Portfolio Institutional Class		50,644
	The Vanguard Group	Vanguard Wellesley Income Fund Admiral Shares		20,830
	The Vanguard Group	Vanguard Balanced Index Fund Admiral Shares		1,930
				<u>\$ 21,089,907</u>
	Stable Value Funds			
*	Metropolitan Life Insurance Company	Reliance/MetLife Stable Value Fund 25053 Class 0		\$ 2,409,200
*	Participant Loans	Participant loans, secured by participant vested benefits (interest rates range from 5.25% - 9%)		<u>\$ 518,628</u>

* Represents a party-in-interest investment

Note 1: Column (d) is blank as all investments are participant-directed.

Note 2: The above information has been certified to as complete and accurate by the Custodian.

See accompanying independent auditors' report.