

**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 01/01/2022 and ending 12/31/2022

- 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

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>1a</b> Name of plan<br>THE CHILDREN'S HOSPITAL CORPORATION MAINTENANCE EMPLOYEES PENSION PLAN  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">003</td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/>10/01/1973</td> </tr> </table>                      | <b>1b</b> Three-digit plan number (PN) ▶                     | 003   | <b>1c</b> Effective date of plan<br>10/01/1973       |  |
| <b>1b</b> Three-digit plan number (PN) ▶  | 003  |  |   |  |  |
| <b>1c</b> Effective date of plan<br>10/01/1973  |  |  |   |  |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>THE CHILDREN'S HOSPITAL CORPORATION<br><br>300 LONGWOOD AVENUE<br>BOSTON, MA 02115 | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/>04-2774441</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/>617-355-6000</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/>622000</td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br>04-2774441 | <b>2c</b> Plan Sponsor's telephone number<br>617-355-6000 | <b>2d</b> Business code (see instructions)<br>622000 |  |
| <b>2b</b> Employer Identification Number (EIN)<br>04-2774441  |  |  |   |  |  |
| <b>2c</b> Plan Sponsor's telephone number<br>617-355-6000   |  |  |   |  |  |
| <b>2d</b> Business code (see instructions)<br>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.

|                  |   |            |  |
|------------------|---|------------|--|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/16/2023 | ROGER U. WELLINGTON III                                      |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |   |            |  |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

**Form 5500 (2022)**  
v. 220413

|   |   |
|---|---|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number   |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><b>4d</b> PN   |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b> 112  |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 85<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><br><b>6g</b><br><br><b>6h</b> 0  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>  |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1C<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:   |   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)   |   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary   | <b>b General Schedules</b><br>(1) <input type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input checked="" type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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**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.

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

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>THE CHILDREN'S HOSPITAL CORPORATION MAINTENANCE EMPLOYEES PENSION PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶   | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>THE CHILDREN'S HOSPITAL CORPORATION</u>                    | <b>D</b> Employer Identification Number (EIN)<br><u>04-2774441</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |            |

|  |                            |                           |                          |
|--|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>  |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>  |                            |                           |                          |
| <b>2</b> Assets:   |                            |                           |                          |
| <b>a</b> Market value.....   | <b>2a</b>                  | <u>13841068</u>           |                          |
| <b>b</b> Actuarial value.....  | <b>2b</b>                  | <u>13311813</u>           |                          |
| <b>3</b> Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....   | <u>16</u>                  | <u>2281163</u>            | <u>2281163</u>           |
| <b>b</b> For terminated vested participants.....   | <u>11</u>                  | <u>935987</u>             | <u>935987</u>            |
| <b>c</b> For active participants.....  | <u>85</u>                  | <u>8714774</u>            | <u>8862619</u>           |
| <b>d</b> Total.....  | <u>112</u>                 | <u>11931924</u>           | <u>12079769</u>          |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate.....  | <b>5</b>                   | <u>5.40 %</u>             |                          |
| <b>6</b> Target normal cost.....   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals.....  | <b>6a</b>                  | <u>525438</u>             |                          |
| <b>b</b> Expected plan-related expenses.....   | <b>6b</b>                  | <u>120000</u>             |                          |
| <b>c</b> Total (line 6a + line 6b).....  | <b>6c</b>                  | <u>645438</u>             |                          |

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

|                  |   |   |
|------------------|---|---|
| <b>SIGN HERE</b> |   |   |
|                  | Signature of actuary  | <u>09/08/2023</u><br>Date                                     |
|                  | <u>TIMOTHY J. DIULIO</u><br>Type or print name of actuary         | <u>23-07805</u><br>Most recent enrollment number              |
|                  | <u>MERCER</u><br>Firm name  | <u>212-345-8680</u><br>Telephone number (including area code) |
|                  | <u>99 HIGH STREET<br/>BOSTON, MA 02110</u><br>Address of the firm |   |

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |   | (a) Carryover balance | (b) Prefunding balance |
|--|---|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....  | 0                     | 278079                 |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....  | 0                     | 278079                 |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....  | 0                     | 0                      |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>10.60</u> % .....   | 0                     | 0                      |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:  |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year).....  |                       | 307613                 |
|  | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.56</u> %..... |                       | 1642                   |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....  |                       | 29476                  |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....  |                       | 338731                 |
|  | <b>d</b> Portion of (c) to be added to prefunding balance.....  |                       | 338731                 |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections.....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....   | 0                     | 338731                 |

| <b>Part III Funding Percentages</b> |   |           |          |
|-------------------------------------|---|-----------|----------|
| <b>14</b>                           | Funding target attainment percentage.....   | <b>14</b> | 107.39 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....   | <b>15</b> | 110.19 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 102.83 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |   |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|---|---|
| (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 |   |   |
|   |                                |  |                       |                                |                              |   |   |
|   |                                |  |                       |                                |                              |   |   |
|   |                                |  |                       |                                |                              |   |   |
|   |                                |  |                       |                                |                              |   |   |
|   |                                |  |                       |                                |                              |   |   |
| <b>Totals ▶</b>                                       |                                |  | <b>18(b)</b>          | 0                              | <b>18(c)</b>                 | 0 | 0 |

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

|   |            |   |
|---|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                     | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. .... | <b>19c</b> | 0 |

**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:

|                         |                        |                        |                        |   |
|-------------------------|------------------------|------------------------|------------------------|---|
| <b>a</b> Segment rates: | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

**b** Applicable month (enter code)..... **21b** 0

**22** Weighted average retirement age ..... **22** 64

**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**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years.....  | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

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

**31** Target normal cost and excess assets (see instructions):

|  |            |        |
|--|------------|--------|
| <b>a</b> Target normal cost (line 6c).....                                 | <b>31a</b> | 645438 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a ..... | <b>31b</b> | 645438 |

|   |                     |             |
|---|---------------------|-------------|
| <b>32</b> Amortization installments:                  | Outstanding Balance | Installment |
| <b>a</b> Net shortfall amortization installment ..... | 0                   | 0           |
| <b>b</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 |
| <b>35</b> 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)

|   |            |   |
|---|------------|---|
| <b>a</b> Total (excess, if any, of line 37 over line 36)  | <b>38a</b> | 0 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances ..... | <b>38b</b> |   |

**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

|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2022</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>THE CHILDREN'S HOSPITAL CORPORATION MAINTENANCE EMPLOYEES PENSION PLAN</u>             | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>THE CHILDREN'S HOSPITAL CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-2774441</u> |            |

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

|   |   |   |          |
|---|---|---|----------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>HMI CAPITAL PARTNERS, LP</u>           |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>HMI CAPITAL, LLC</u>                   |   |          |
| <b>c</b> EIN-PN <u>90-1071108-000</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>ROBECO LARGE CAP VALUE EQUITY FUND</u> |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>ROBECO LARGE CAP VALUE EQUITY FUND</u> |   |          |
| <b>c</b> EIN-PN <u>61-1603964-001</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>WTC-CIF DIV INFL HEDGES PORTFOLIO</u>  |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>WELLINGTON TRUST COMPANY, NA</u>       |   |          |
| <b>c</b> EIN-PN <u>04-2767481-082</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>WTC-CIF EMERGING MARKETS PORTFOLIO</u> |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>WELLINGTON TRUST COMPANY, NA</u>       |   |          |
| <b>c</b> EIN-PN <u>04-2767481-017</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>WTC-CIF II GROWTH PORTFOLIO</u>        |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>WELLINGTON TRUST COMPANY, NA</u>       |   |          |
| <b>c</b> EIN-PN <u>04-6913417-028</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>EB OPPORTUNISTIC FIXED INCOME</u>      |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>THE BANK OF NEW YORK MELLON</u>        |   |          |
| <b>c</b> EIN-PN <u>25-6078093-199</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>EB GLOBAL CORE PLUS US HEDGED FUND</u> |   |          |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>THE BANK OF NEW YORK MELLON</u>        |   |          |
| <b>c</b> EIN-PN <u>25-6078093-279</u>             | <b>d</b> Entity code <u>C</u>             | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | <u>0</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **LOOMIS SAYLES INST HIGH INCOME FUND**

**b** Name of sponsor of entity listed in (a): **LOOMIS SAYLES TRUST COMPANY, LLC**

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>04-3261412-000</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **WTC-CIF II CORE BOND PLUS SERIES**

**b** Name of sponsor of entity listed in (a): **WELLINGTON TRUST COMPANY, NA**

|                                       |                               |  |
|---------------------------------------|-------------------------------|--|
| <b>c</b> EIN-PN <b>04-6913417-132</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b> |
|---------------------------------------|-------------------------------|--|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



|  |   |  |
|--|---|--|
| <b>SCHEDULE I</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information—Small Plan</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|---|--|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

|   |  |
|---|--|
| <b>A</b> Name of plan<br><b>THE CHILDREN'S HOSPITAL CORPORATION MAINTENANCE EMPLOYEES PENSION PLAN</b>      | <b>B</b> Three-digit plan number (PN) ▶ <b>003</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>THE CHILDREN'S HOSPITAL CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>04-2774441</b> |

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

**Part I Small Plan Financial Information**

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

|  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| <b>1 Plan Assets and Liabilities:</b>  |              |                       |                 |
| <b>a</b> Total plan assets .....   | <b>1a</b>    | 13844004              | 0               |
| <b>b</b> Total plan liabilities .....  | <b>1b</b>    | 2742                  | 0               |
| <b>c</b> Net plan assets (subtract line 1b from line 1a).....                      | <b>1c</b>    | 13841262              | 0               |
| <b>2 Income, Expenses, and Transfers for this Plan Year:</b>                       |              | (a) Amount            | (b) Total       |
| <b>a</b> Contributions received or receivable:                                     |              |                       |                 |
| (1) Employers.....   | <b>2a(1)</b> | 0                     |                 |
| (2) Participants.....  | <b>2a(2)</b> |                       |                 |
| (3) Others (including rollovers).....  | <b>2a(3)</b> |                       |                 |
| <b>b</b> Noncash contributions.....  | <b>2b</b>    |                       |                 |
| <b>c</b> Other income.....   | <b>2c</b>    | -1876457              |                 |
| <b>d</b> Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....             | <b>2d</b>    |                       | -1876457        |
| <b>e</b> Benefits paid (including direct rollovers).....                           | <b>2e</b>    | 185269                |                 |
| <b>f</b> Corrective distributions (see instructions).....                          | <b>2f</b>    |                       |                 |
| <b>g</b> Certain deemed distributions of participant loans (see instructions)..... | <b>2g</b>    |                       |                 |
| <b>h</b> Administrative service providers (salaries, fees, and commissions).....   | <b>2h</b>    | 140496                |                 |
| <b>i</b> Other expenses.....   | <b>2i</b>    |                       |                 |
| <b>j</b> Total expenses (add lines 2e, 2f, 2g, 2h, and 2i).....                    | <b>2j</b>    |                       | 325765          |
| <b>k</b> Net income (loss) (subtract line 2j from line 2d).....                    | <b>2k</b>    |                       | -2202222        |
| <b>l</b> Transfers to (from) the plan (see instructions).....                      | <b>2l</b>    |                       | -11639040       |

**3 Specific Assets:** If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

|  |           | Yes | No | Amount |
|--|-----------|-----|----|--------|
| <b>a</b> Partnership/joint venture interests .....             | <b>3a</b> | X   |    | 0      |
| <b>b</b> Employer real property .....                          | <b>3b</b> |     | X  |        |
| <b>c</b> Real estate (other than employer real property) ..... | <b>3c</b> |     | X  |        |
| <b>d</b> Employer securities .....                             | <b>3d</b> |     | X  |        |
| <b>e</b> Participant loans.....                                | <b>3e</b> |     | X  |        |
| <b>f</b> Loans (other than to participants) .....              | <b>3f</b> |     | X  |        |
| <b>g</b> Tangible personal property.....                       | <b>3g</b> |     | X  |        |

**Part II Compliance Questions**

|  | Yes       | No | Amount   |
|--|-----------|----|----------|
| <b>4 During the plan year:</b>   |           |    |          |
| <b>a</b> 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.) ..... | <b>4a</b> | X  |          |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. ....  | <b>4b</b> | X  |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? .....  | <b>4c</b> | X  |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) .....  | <b>4d</b> | X  |          |
| <b>e</b> Was the plan covered by a fidelity bond? .....  | <b>4e</b> | X  | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....  | <b>4f</b> | X  |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....   | <b>4g</b> | X  |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....  | <b>4h</b> | X  |          |
| <b>i</b> Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? .....   | <b>4i</b> | X  |          |
| <b>j</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....  | <b>4j</b> | X  |          |
| <b>k</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) .....                 | <b>4k</b> | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....   | <b>4l</b> | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....  | <b>4m</b> |    |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....   | <b>4n</b> |    |          |

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

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

| 5b(1) Name of plan(s)                        | 5b(2) EIN(s) | 5b(3) PN(s) |
|--|--------------|-------------|
| CHILDREN'S HOSPITAL CORPORATION PENSION PLAN | 04-2774441   | 001         |
|  |              |             |
|  |              |             |

**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 481167.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>THE CHILDREN'S HOSPITAL CORPORATION MAINTENANCE EMPLOYEES PENSION PLAN</u>      | <b>B</b> Three-digit plan number (PN) ▶                            | <u>003</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>THE CHILDREN'S HOSPITAL CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>04-2774441</u> |            |

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

**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): 13-5160382

**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 | 1 |
|---|---|

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

**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.**

|   |           |  |
|---|-----------|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....   | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....   | <b>6b</b> |  |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)..... | <b>6c</b> |  |

**If you completed line 6c, skip lines 8 and 9.**

**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

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

**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

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

**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

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....  | <b>14b</b> |  |
| <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....  | <b>14c</b> |  |

**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:

|  |            |  |
|--|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year.....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 \_\_\_\_\_

**Schedule SB, line 26 — Schedule of Active Participant Data**

| Attained age | Years of credited service |     |     |       |       |       |       |       |       |         |
|--------------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|
|              | Under 1                   | 1–4 | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | 30–34 | 35–39 | 40 & up |
| Under 25     |                           |     |     |       |       |       |       |       |       |         |
| 25–29        |                           | 1   |     |       |       |       |       |       |       |         |
| 30–34        |                           | 3   | 1   |       |       |       |       |       |       |         |
| 35–39        |                           | 5   |     | 1     | 1     |       |       |       |       |         |
| 40–44        |                           | 6   | 2   | 2     | 1     | 1     |       |       |       |         |
| 45–49        |                           | 4   | 4   | 3     |       | 1     |       |       |       |         |
| 50–54        |                           | 6   | 1   | 2     | 2     | 1     | 1     |       |       |         |
| 55–59        |                           | 2   | 2   | 3     | 4     | 1     |       | 1     |       |         |
| 60–64        |                           |     | 1   | 4     | 5     | 3     | 3     | 2     |       | 2       |
| 65–69        |                           |     |     |       |       |       |       |       |       | 3       |
| 70 & up      |                           |     |     |       |       |       |       |       |       |         |

In each cell, the number is the count of active participants for each age/service combination. Average pay and cash balance is not shown for plans with less 1,000 active participants.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

## Actuarial assumptions

| Discount rate sponsor elections          |   |  |
|--|---|--|
| • Segment rates or full yield curve      | Segment   |  |
| • Look-back months                       | 0   |  |
|  | <b>Stabilized</b>   | <b>Nonstabilized</b>   |
| • First 5 years                          | 4.75%   | 0.88%  |
| • Next 15 years                          | 5.18%   | 2.61%  |
| • Over 20 years                          | 5.92%   | 3.27%  |
| Rationale: Assumptions prescribed by IRS |   |  |
| Mortality sponsor elections              |   |  |
| • Healthy participants                   | Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP2014 mortality tables with improvements beyond 2006 removed with static mortality improvement based on IRS methodology and projection scale MP-2020.<br>Rationale: Assumptions prescribed by IRS    |  |
| • Pre-1995 disabilities                  | Same as Healthy   |  |
| • Post-1994 disabilities                 | Same as Healthy   |  |
| <b>417(e) lump sums</b>                  | Liabilities are determined based on the underlying annuity used by the plan to determine the lump sum amount, rather than valuing the lump sum payment. This annuity is valued based on funding interest rates rather than 417(e) rates and current year 417(e) unisex mortality.<br>Rationale: Assumptions prescribed by IRS |  |
| Economic assumptions                     |   |  |
| Cash balance plans                       |   |  |
| • Interest accumulation rate             | 3.40%   | Rationale: Based on the 30-year Treasury rate as of the measurement date, with adjustments to reflect the minimum crediting rate of 3.20%, if applicable |
| • Whipsaw calculations                   | N/A   |  |
| • Annuity conversion                     |   |  |
| - Mortality table                        | 2022 IRC Section 417(e) unisex mortality  |  |
| - Interest rate basis                    | Funding segment rates   |  |
| Rationale: Assumptions prescribed by IRS |   |  |

**Schedule SB, Part V— Statement of Actuarial Assumptions/Methods**

| <b>Other economic assumptions</b> |  |             |       |
|-----------------------------------|--|-------------|-------|
| • Salary increases                | <b>Attained age</b>  | <b>Rate</b> |       |
|                                   |  | 22          | 7.50% |
|                                   |  | 23          | 7.11% |
|                                   |  | 24          | 6.72% |
|                                   |  | 25          | 6.33% |
|                                   |  | 26          | 5.94% |
|                                   |  | 27          | 5.56% |
|                                   |  | 28          | 5.17% |
|                                   |  | 29          | 4.78% |
|                                   |  | 30          | 4.39% |
|                                   |  | 31-49       | 4.00% |
|                                   |  | 50          | 3.71% |
|                                   |  | 51          | 3.43% |
|                                   |  | 52          | 3.14% |
|                                   |  | 53          | 2.86% |
|                                   | 54   | 2.57%       |       |
|                                   | 55   | 2.29%       |       |
|                                   | 56 and above   | 2.00%       |       |
|                                   | Rationale: Based on an experience study covering the period January 1, 2014 through January 1, 2018 in combination with management expectations of the level and pattern of future salary increases. |             |       |
| • Flat-dollar benefit increases   | N/A  |             |       |
| • Social Security wage base       | N/A  |             |       |
| • Inflation                       | 2.00%  |             |       |
|                                   | Rationale: Based on the inflation assumption published by Mercer Investment Consulting in their Capital Markets Outlook  |             |       |
| • Expected investment return      | 6.50% limited to 6.11% for 2021 and 6.50% limited to 5.92% for 2022  |             |       |
|                                   | Rationale: Based on a combination of historical and forward-looking assumptions and anticipated investment expenses based on the plan's asset allocation and a passively invested portfolio.         |             |       |
| • Expenses                        | \$120,000 added to current year normal cost  |             |       |
|                                   | Rationale: Based on recent historical experience, adjusted to reflect the current year's expected PBGC premiums  |             |       |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

**Demographic assumptions**

- Withdrawal
 

| Completed Years of Employment | Rate   |
|-------------------------------|--------|
| 0                             | 25.00% |
| 1                             | 25.00% |
| 2                             | 21.50% |
| 3                             | 19.29% |
| 4                             | 15.43% |
| 5                             | 12.86% |
| 6                             | 10.29% |
| 7                             | 8.08%  |
| 8                             | 7.36%  |
| 9                             | 6.78%  |
| 10                            | 6.29%  |
| 11                            | 5.89%  |
| 12                            | 5.54%  |
| 13                            | 5.25%  |
| 14                            | 3.87%  |
| 15                            | 3.69%  |
| 16                            | 3.53%  |
| 17                            | 3.38%  |
| 18                            | 3.25%  |
| 19                            | 3.13%  |
| 20+                           | 3.02%  |

Rationale: Based on an experience study covering the period January 1, 2014 through January 1, 2018 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

| • Retirement age | Attained age | Rate   |
|------------------|--------------|--------|
|                  | 55           | 4.00%  |
|                  | 56           | 5.50%  |
|                  | 57           | 5.50%  |
|                  | 58           | 5.50%  |
|                  | 59           | 5.50%  |
|                  | 60           | 5.50%  |
|                  | 61           | 5.50%  |
|                  | 62           | 9.50%  |
|                  | 63           | 7.50%  |
|                  | 64           | 10.00% |
|                  | 65           | 20.00% |
|                  | 66           | 20.00% |
|                  | 67           | 20.00% |
|                  | 68           | 20.00% |
|                  | 69           | 20.00% |
|                  | 70 and above | 100%   |

Rationale: Based on an experience study covering the period January 1, 2014 through January 1, 2018 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Benefit commencement age for                             <ul style="list-style-type: none"> <li>– Future vested deferred</li> <li>– Current vested deferred</li> </ul> </li> </ul> | <p>Benefits are assumed to commence at the following rates beginning at the assumed date of termination:</p> <ul style="list-style-type: none"> <li>• Age less than 65: 4.50% per year until age 65</li> <li>• Age 65 and above: 100%</li> </ul> <p>For vested deferred participants retaining a cash balance benefit, benefits are assumed to commence at the following rates beginning at valuation date:</p> <ul style="list-style-type: none"> <li>• Age less than 65: 4.50% per year until age 65</li> <li>• Age 65 and above: 100%</li> </ul> <p>For vested deferred participants retaining annuity benefit, benefits are assumed to commence at age 65.</p> <p>Rationale: Based on an experience study covering the period January 1, 2014 through January 1, 2018 and the expectation that the future patterns and circumstances of the employer will not differ significantly from the period studied</p> |
|---|--|

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

|  |   |  |  |
|--|---|--|--|
| <ul style="list-style-type: none"> <li>• Spouse assumptions                             <ul style="list-style-type: none"> <li>– Percentage married</li> <li>– Spouse age difference</li> </ul> </li> </ul>  | <p><b><u>Male participants</u></b></p> <p>100%</p> <p>3 years younger</p>   | <p><b><u>Female participants</u></b></p> <p>100%</p> <p>3 years older</p>                                    |  |
| <p>Rationale: Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference are based on the actuary's experience with many plans and discussions with the plan sponsor</p>   |   |  |  |
| <ul style="list-style-type: none"> <li>• Disability Incidence</li> </ul>   | <p>50% of the rates outlined in the sex-distinct 1985 Pension Disability Tables for Class 1 employees</p> <p>Rationale: The active population was not large enough for a credible experience study of disability incidence. The disability incidence table is based on the Conference of Consulting Actuaries' 1985 Pension Disability Study Class 1 rates multiplied by 50% to reflect the nature of the plan's population</p> |  |  |
| <p><b>Form of payment</b></p> <ul style="list-style-type: none"> <li>• Active retirements (Age 55+ at termination)</li> <li>• Active withdrawals (Age &lt;55 at termination)                             <ul style="list-style-type: none"> <li>– Ages prior to 65</li> <li>– Age 65 and above</li> </ul> </li> <li>• TV with cash balance account                             <ul style="list-style-type: none"> <li>– Ages prior to 65</li> <li>– Age 65 and above</li> </ul> </li> <li>• TV with annuity benefit</li> </ul> | <p><b><u>Lump Sum</u></b></p> <p>50%</p> <p>50%</p> <p>100%</p> <p>50%</p> <p>100%</p> <p>50%</p> <p>50%</p>  | <p><b><u>Life annuity</u></b></p> <p>25%</p> <p>25%</p> <p>0%</p> <p>20%</p> <p>0%</p> <p>20%</p> <p>35%</p> | <p><b><u>100% J&amp;S</u></b></p> <p>25%</p> <p>25%</p> <p>0%</p> <p>30%</p> <p>0%</p> <p>30%</p> <p>15%</p> |
| <p>Rationale: Based on an experience study covering the period January 1, 2014 through January 1, 2018 and input from the plan sponsor as indicative of long-term expectations of future lump-sum/annuity elections</p>  |   |  |  |
| <p><b>Unpredictable contingent event assumptions</b></p>   | <p>N/A</p>  |  |  |

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

## Actuarial methods for funding

### Asset methods – effective January 1, 2009

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

### Participant methods – effective January 1, 2008

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

### Minimum funding methods – effective January 1, 2013

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- This plan provides disability benefits that are only partially based on a participant's accrued benefit or years of service. This benefit is allocated to funding target based on the accrued benefit on the valuation date plus a portion of the excess of the benefit over the accrued benefit multiplied by the ratio of the participant's service at the beginning of the plan year to their service at each decrement age. This benefit is allocated to target normal cost based on the proportionate benefit attributable to the increase in the participant's service and compensation during the plan year.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

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.

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>THE CHILDREN'S HOSPITAL CORPORATION MAINTENANCE EMPLOYEES PENSION PLAN   | <b>B</b> Three-digit plan number (PN) ▶   | 003 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>THE CHILDREN'S HOSPITAL CORPORATION                           | <b>D</b> Employer Identification Number (EIN)<br>04-2774441   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |     |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | 13,841,068                |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | 13,311,813                |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | 16                         | 2,281,163                 |
|          | <b>b</b> For terminated vested participants .....   | 11                         | 935,987                   |
|          | <b>c</b> For active participants .....  | 85                         | 8,714,774                 |
|          | <b>d</b> Total .....  | 112                        | 11,931,924                |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | 5.40%                     |
| <b>6</b> | Target normal cost .....  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 525,438                   |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 120,000                   |
|          | <b>c</b> Total (line 6a + line 6b) .....  | <b>6c</b>                  | 645,438                   |

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

|                  |  |   |
|------------------|--|---|
| <b>SIGN HERE</b> | <br>Signature of actuary   | <u>9/8/2023</u><br>Date                                       |
|                  | <u>TIMOTHY J. DIIULIO</u><br>Type or print name of actuary             | <u>2307805</u><br>Most recent enrollment number               |
|                  | <u>MERCER</u><br>Firm name   | <u>212-345-8680</u><br>Telephone number (including area code) |
|                  | <u>99 High Street</u><br><u>Boston MA 02110</u><br>Address of the firm |   |

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

| <b>Part II</b> |  | <b>Beginning of Year Carryover and Prefunding Balances</b> |                        |
|----------------|--|--|------------------------|
|                |  | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0  | 278,079                |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0  | 278,079                |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....   | 0  | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>10.60</u> % .....  | 0  | 0                      |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:   |  |                        |
|                | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |  | 307,613                |
|                | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.56</u> % ..... |  | 1,642                  |
|                | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |  | 29,476                 |
|                | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |  | 338,731                |
|                | <b>d</b> Portion of (c) to be added to prefunding balance .....  |  | 338,731                |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....  | 0  | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....   | 0  | 338,731                |

| <b>Part III</b> |  | <b>Funding Percentages</b> |          |
|-----------------|--|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....   | <b>14</b>                  | 107.39 % |
| <b>15</b>       | Adjusted funding target attainment percentage .....  | <b>15</b>                  | 110.19 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 102.83 % |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b>                  | %        |

| <b>Part IV</b>   |                                | <b>Contributions and Liquidity Shortfalls</b> |                       |                                |                              |
|--|--------------------------------|---|-----------------------|--------------------------------|------------------------------|
| <b>18</b> 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 |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
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|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
|  |                                |   |                       |                                |                              |
| <b>Totals ▶</b>  |                                |   | <b>18(b)</b>          | 0                              | <b>18(c)</b> 0               |

|           |  |   |   |
|-----------|--|---|---|
| <b>19</b> | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |   |   |
|           | <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                       | <b>19a</b>  | 0 |
|           | <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....   | <b>19b</b>  | 0 |
|           | <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....    | <b>19c</b>  | 0 |
| <b>20</b> | Quarterly contributions and liquidity shortfalls:  |   |   |
|           | <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
|           | <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |   |
|           | <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                            |   |   |

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

|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                        |   |
| <b>21</b> Discount rate:  |  |                        |                        |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                      |  |                        |                        | <b>21b</b> 0  |
| <b>22</b> Weighted average retirement age .....                                   |  |                        |                        | <b>22</b> 64  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

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

|   |  |  |  |             |
|---|--|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    |  |  |  | <b>30</b> 0 |

|  |                     |                    |               |                    |
|--|---------------------|--------------------|---------------|--------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                    |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                    |
| <b>a</b> Target normal cost (line 6c) .....  |                     |                    |               | <b>31a</b> 645,438 |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 645,438 |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                    |
| <b>a</b> Net shortfall amortization installment .....  | 0                   |                    | 0             |                    |
| <b>b</b> Waiver amortization installment.....  | 0                   |                    | 0             |                    |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>          |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   |                     |                    |               | <b>34</b> 0        |
|  | Carryover balance   | Prefunding balance | Total balance |                    |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 0                  | 0             |                    |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  |                     |                    |               | <b>36</b> 0        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  |                     |                    |               | <b>37</b> 0        |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 0       |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....   |                     |                    |               | <b>38b</b>         |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0        |
| <b>40</b> Unpaid minimum required contributions for all years.....   |                     |                    |               | <b>40</b> 0        |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>   |  |  |  |  |
| <b>41</b> 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |  |  |  |  |

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

| (A)<br>Retirement age | (B)<br>Retirement percent | (C)<br>Lx | (D)<br>Number of employees expected to retire<br>(B) x (C) | (E)<br>(A) x (D) |
|-----------------------|---------------------------|-----------|--|------------------|
| 55                    | 4                         | 10,000    | 400  | 22,000           |
| 56                    | 5.5                       | 9,600     | 528  | 29,568           |
| 57                    | 5.5                       | 9,072     | 499  | 28,441           |
| 58                    | 5.5                       | 8,573     | 472  | 27,348           |
| 59                    | 5.5                       | 8,102     | 446  | 26,289           |
| 60                    | 5.5                       | 7,656     | 421  | 25,265           |
| 61                    | 5.5                       | 7,235     | 398  | 24,273           |
| 62                    | 9.5                       | 6,837     | 650  | 40,270           |
| 63                    | 7.5                       | 6,187     | 464  | 29,236           |
| 64                    | 10                        | 5,723     | 572  | 36,630           |
| 65                    | 20                        | 5,151     | 1,030  | 66,964           |
| 66                    | 20                        | 4,121     | 824  | 54,395           |
| 67                    | 20                        | 3,297     | 659  | 44,175           |
| 68                    | 20                        | 2,637     | 528  | 35,868           |
| 69                    | 20                        | 2,110     | 422  | 29,116           |
| 70                    | 100                       | 1,688     | 1,688  | 118,152          |
| Total                 |                           |           | 10,000   | 637,989          |
| Average               |                           |           |  | 63.80            |

**Schedule SB, Part V— Summary of Plan Provisions****Summary of major plan provisions**

| <b>Plan information</b>                          |   |
|--|---|
| Effective date and plan year                     | Original plan: October 1, 1973<br>Restated plan: January 1, 2020<br>Plan year: calendar year (prior to 1993, the plan year coincided with the Hospital's fiscal year).  |
| Status of the plan                               | The plan has ongoing benefit accruals and new employees are eligible to participate in the plan once they satisfy the participation requirements.   |
| Significant events that occurred during the year | None  |
| <b>Definitions</b>                               |   |
| • Participating Employer                         | Participating Employer means<br>(a) the Hospital,<br>(b) any other Affiliated Employer which has adopted the Plan with the approval of the Hospital   |
| • Eligible Employee                              | Eligible Employee means any Maintenance Employee of a Participating Employer who is a member of the collective bargaining unit represented by the Area Trades Council with respect to the Hospital's Waltham Site, any Leased Employee, any person on the payroll of a third party with whom a Participating Employer has contracted for the provision of the said person's services and any person classified as an independent contractor or consultant by a Participating Employer (regardless of the status of the individual for income tax withholding or other purposes) for any period during which he is so classified even if such classification is later changed by a court, administrative agency, or prospectively by a Participating Employer. |
| • Participation                                  | Prior to January 1, 2011, each Eligible Employee became a Participant on January 1 or July 1 coinciding with or next following the completion of one year of participation service.<br><br>Effective January 1, 2011, any Eligible Employee will become a participant as of the first day of the calendar month which coincides with or next follows the latest of the following dates, provided he or she is an Eligible Employee on such date:<br>(i) the date on which he or she completes one Year of Participation Service,<br>(ii) the date on which he or she completes an Hour of Service as an Eligible Employee, and<br>(iii) January 1, 2011.  |
| • Cash balance account                           | A cash balance account is maintained for each participant. For participants as of December 31, 2000, an initial balance was established equal to the actuarial equivalent lump-sum value of the participant's accrued benefit, if any, under the prior plan. Thereafter, cash balance accounts grow due to additional Interest Credits and Compensation Credits.  |

**Schedule SB, Part V— Summary of Plan Provisions**

• Compensation credits

Any participant who completes at least 1,000 hours of service will be eligible for a compensation credit.

Compensation Credit percentage depends upon the sum of the participant's age plus the participant's completed years of employment with Children's Hospital as of December 31 of the year (or earlier date for termination of employment), as follows:

(i) For plan years beginning on and after January 1, 2019:

| <u>Sum of Age and<br/>Years of Vesting Service</u> | <u>Compensation<br/>Credit Percentage</u> |
|--|---|
| less than 40                                       | 4%  |
| at least 40 but less than 50                       | 5%  |
| at least 50 but less than 60                       | 6%  |
| at least 60 but less than 70                       | 7%  |
| at least 70 but less than 80                       | 8%  |
| at least 80 but less than 90                       | 9%  |
| 90 or more   | 10%                                       |

Notwithstanding the foregoing, the Compensation Credit of a participant who has attained age 55 and completed five years of vesting service as of December 31, 2018 shall be determined under subsection (ii) below, provided that this sentence shall not apply to a participant who causes to be an employee after December 31, 2018 and subsequently again becomes an employee with respect to any compensation credits earned after he or she again becomes an employee.

(ii) For plan years beginning on January 1, 2011 and ending prior to January 1, 2019:

| <u>Sum of Age and<br/>Years of Vesting Service</u> | <u>Compensation<br/>Credit percentage</u> |
|--|---|
| less than 40                                       | 5%  |
| at least 40 but less than 50                       | 6%  |
| at least 50 but less than 60                       | 7%  |
| at least 60 but less than 70                       | 8%  |
| at least 70 but less than 80                       | 9%  |
| at least 80 but less than 90                       | 10%                                       |
| 90 or more   | 11%                                       |

Notwithstanding the foregoing, the Compensation Credit under this subsection (ii) for an individual who is an eligible employee on December 31, 2010 shall not be less than the compensation credit that would have applied for such an individual under subsection (iii) below as of December 31, 2011 (or, if earlier, the date on which his or her compensation credit for the 2011 plan year is determined), reduced by 1%. The minimum compensation credit described in the preceding sentence shall not apply to an individual who ceases to be an employee after December 31, 2010 and subsequently again becomes an employee with respect to any compensation credits earned after he or she again becomes an employee.

**Schedule SB, Part V— Summary of Plan Provisions**

(iii) For plan years beginning prior to January 1, 2011:

| <u>Sum of Age and<br/>Years of Vesting Service</u> | <u>Compensation<br/>Credit percentage</u> |
|--|---|
| less than 30                                       | 5%  |
| at least 30 but less than 40                       | 6%  |
| at least 40 but less than 45                       | 7%  |
| at least 45 but less than 50                       | 8%  |
| at least 50 but less than 55                       | 9%  |
| at least 55 but less than 65                       | 10%                                       |
| at least 65 but less than 75                       | 11%                                       |
| 75 or more   | 12%                                       |

Any compensation credit for a plan year (and after any interest credit for the plan year), except that if a participant terminates, retires or dies during the plan year and after he or she had completed 1,000 hours of service, the compensation credit shall be awarded as of his or her date of termination, retirement or death, as the case may be (and after any interest credit for the plan year).

|                          |  |
|--------------------------|--|
| • Interest credit        | When expressed as a percentage, the greater of the interest rate payable on U.S. Treasury Constant Value 30-Year Bond Rates for the month of November preceding the plan year and 3.20%. Effective January 1, 2011, the maximum rate is 8.00%. |
| • Vesting                | 100% vesting after three years of vesting service.   |
| • Pensionable earnings   | Amount reported as wages on IRS Form W-2 earned while a participant, including salary reduction amounts pursuant to IRC § 125, 132 or 403(b), but in no event greater than the IRC § 401(a)(17) limitation.                                    |
| • Accrued benefit        | Equal to the pension equivalent of the cash balance account, but not less than the accrued benefit as of December 31, 2000 (if any).   |
| <b>Normal retirement</b> |  |
| • Eligibility            | Age 65   |
| • Benefit                | The accrued benefit payable in the normal form or in optional form if so elected.  |
| <b>Early retirement</b>  |  |
| • Eligibility            | Age 55 with at least three years of vesting service  |
| • Benefit                | Accrued benefit payable in full at age 65 or payable immediately if reduced by .25% for each month by which the Early Retirement Date precedes the Normal Retirement Date.   |
| <b>Late retirement</b>   |  |
| • Eligibility            | Over age 65  |
| • Benefit                | Benefit equals the greater of (i) accrued benefit at Late Retirement Date and (ii) actuarial equivalent of accrued benefit at age 65.  |
| <b>Deferred vested</b>   |  |
| • Eligibility            | Three years of vesting service   |
| • Benefit                | Benefit payable in any available form in an actuarially equivalent amount immediately upon termination of employment or later, if deferred.  |

**Schedule SB, Part V— Summary of Plan Provisions**

| <b>Disability</b>                           |  |
|---|--|
| • Eligibility                               | Participant entitled to receive benefits under his or her Participant Employer's long term disability plan   |
| • Benefit                                   | The Participant will be entitled to Interest Credits, Compensation Credits, and Years of Vesting Service only to the extent he or she otherwise qualifies for such service and credits under the applicable provisions of the plan.  |
| <b>Pre-retirement death</b>                 |  |
| • Eligibility                               | All participants   |
| • Benefit prior to retirement               | (i) Should an unmarried participant die before his or her annuity starting date, a lump-sum death benefit equal to his or her cash balance account would be paid to his or her beneficiary.<br><br>(ii) Should a married participant die before his or her annuity starting date, his or her spouse would be entitled to receive either a monthly survivor pension or a lump-sum benefit, unless a non-spouse beneficiary had been designated with informed spousal consent. |
| <b>Form of benefits</b>                     |  |
| • Automatic form for unmarried participants | A pension payable monthly for the single participant's lifetime  |
| • Automatic form for married participants   | A reduced pension payable as a 100% joint-and-survivor annuity   |
| • Optional forms                            | Actuarially equivalent monthly pensions payable as life annuity, joint-and-survivor annuity and 10-year certain-and-continuous annuity; lump sum equal to cash balance account or, if greater, actuarial equivalent lump-sum value of the accrued benefit.   |
| • Optional form conversion factors          | Interest rate for the second full calendar month preceding the plan year and mortality table, as specified in IRC Code section 417(e)(3)(C)  |
| <b>Miscellaneous</b>                        |  |
| • Maximum compensation                      | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2022, the limit is \$305,000.   |
| • Maximum benefits                          | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2022, the limit is \$245,000.  |

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2022, are included in this valuation:

- **Plan amendments excluded:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
  - *Active participants:* The plan provides actuarial increases to participants who work beyond normal retirement; therefore, the late retirement benefit is the greater of the actuarially increased normal retirement benefit and the benefit accrued as of the late retirement date. This valuation assumes that the benefit accrued as of the late retirement date will be greater than the actuarially increased normal retirement benefit.

**Schedule SB, Part V— Summary of Plan Provisions**

- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Plan provisions specific to funding****Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

***Schedule SB, line 24 — Change in Actuarial Assumptions***

- The expense component of normal cost decreased from \$135,000 to \$120,000 to reflect our expectations for the current year.