

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2023</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) M

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

<p>1a Name of plan <u>LESTER E COX MEDICAL CENTERS MASTER TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>009</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LESTER E COX MEDICAL CENTERS</u></p> <p><u>1423 NORTH JEFFERSON</u> <u>SPRINGFIELD, MO 65802</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>44-0577118</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>417-269-6843</u></p> <hr/> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2024</u>	<u>ANDREW HEDGPETH</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **01/01/2023** and ending **12/31/2023**

A Name of plan LESTER E COX MEDICAL CENTERS MASTER TRUST	B Three-digit plan number (PN) ▶	009
C Plan sponsor's name as shown on line 2a of Form 5500 LESTER E COX MEDICAL CENTERS	D Employer Identification Number (EIN) 44-0577118	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

LONGFELLOW INVESTMENTS

43-0497480

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	263789	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	39375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COMMERCE BANK

44-0200220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	244819	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>LESTER E COX MEDICAL CENTERS MASTER TRUST</u>		B Three-digit plan number (PN) ▶ <u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>LESTER E COX MEDICAL CENTERS</u>		D Employer Identification Number (EIN) <u>44-0577118</u>

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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c EIN-PN

d Entity code

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	LESTER E COX MEDICAL CENTERS PENSION PLAN A	
b Name of plan sponsor	LESTER E COX MEDICAL CENTERS	c EIN-PN 44-0577118-007

a Plan name	LESTER E COX MEDICAL CENTERS PENSION PLAN B	
b Name of plan sponsor	LESTER E COX MEDICAL CENTERS	c EIN-PN 44-0577118-008

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan LESTER E COX MEDICAL CENTERS MASTER TRUST	B Three-digit plan number (PN) 009
C Plan sponsor's name as shown on line 2a of Form 5500 LESTER E COX MEDICAL CENTERS	D Employer Identification Number (EIN) 44-0577118

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1919727	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	38086199	56886
(2) U.S. Government securities	1c(2)	120891092	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	94643338	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2829892	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	116665	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	7562736	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	266049649	56886
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	26513906	56886
k Total liabilities (add all amounts in lines 1g through 1j)	1k	26513906	56886
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	239535743	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	953544	
(B) U.S. Government securities	2b(1)(B)	358979	
(C) Corporate debt instruments	2b(1)(C)	2940214	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	375197	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4627934
(2) Dividends:			
(A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	33104	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	711485	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		744589
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	606894403	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	625101896	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-18207493
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-492177	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-492177

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		24865153
c Other income	2c		3058096
d Total income. Add all income amounts in column (b) and enter total	2d		14596102

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	244819	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	303164	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	253583862	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		254131845
j Total expenses. Add all expense amounts in column (b) and enter total	2j		254131845

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-239535743
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

	Yes	No	Amount
4a			
4b		X	
4c		X	
4d		X	
4e			
4f			
4g			
4h			
4i		X	
4j	X		
4k			
4l			
4m			
4n			

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

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

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

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

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

Cox Health Pension Fd-Alt Inv
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-06-4

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Financial Square Tr Government Institutional Class Fd #465						
Purchases	17	1.000	0.00	8,297,049.00	8,297,049.00	0.00
Sales	13	1.000	0.00	8,405,697.78	8,405,697.78	0.00
Harvest MLP Income Fund II Limited Liability Company \$10,500,000 Original Commitment No Remaining Commitment						
To Reverse Entry of 08/19/22 Recvd Remaining Holdback Sold 21210821 Shs 08/19/22 Full Redemption	*	0.975	0.00	20,680,550.45	15,800,000.00	-4,880,550.45
Full Redemption Dated 8/19/22 \$20680550.45 Recvd 8/19/22 \$530270.52 Recv 4/25/23	*	1.000	0.00	21,210,820.97	15,800,000.00	5,410,820.97
Sales	2	0.000	0.00	530,270.52	0.00	530,270.52
Lsv Emerging Markets Equity Fund Limited Partnership Original Commitment \$16,000,000						
Sold 4254.230 Shs 01/10/23 Full Redemption	*	323.557	0.00	1,376,486.00	1,630,373.94	-253,887.94
Sales	1	323.557	0.00	1,376,486.00	1,630,373.94	-253,887.94
Transactions noted by a "*" are in themselves greater than 5%						

Cox Health Pension Fd-Alt Inv
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-06-4

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Magnitude International Class A Eligible Initial Series Original Commitment \$18,000,000						
Reversed on 02/07/2023 Received Additional Funds Sold 2447.634 Shs 01/11/23 Redemption	*	2,338.149	0.00	5,722,934.00	16,459,360.44	-10,736,426.44
To Reverse Entry of 01/11/23 Received Additional Funds Sold 2447.634 Shs 01/11/23 Redemption	*	2,338.149	0.00	5,722,934.00	16,459,360.44	10,736,426.44
Sold 2676.739 Shs 02/07/23 Full Redemption	*	2,374.984	0.00	6,357,213.52	23,800,000.00	-17,442,786.48
Sales	3	2,374.984	0.00	6,357,213.52	23,800,000.00	-17,442,786.48

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
United States Treasury Bill 0% Due 04/25/23 Dated 12/27/22						
Purchased 15000000 03/02/23 From Goldman-Sachs @ 99.319097	*	99.319	0.00	14,897,864.55	14,897,864.55	0.00
Received Proceeds on Maturity of 15,000,000 Par Value	*	99.319	0.00	14,897,864.55	14,897,864.55	0.00
Purchases	1	99.319	0.00	14,897,864.55	14,897,864.55	0.00
Sales	1	99.319	0.00	14,897,864.55	14,897,864.55	0.00
United States Treasury Bill 0% Due 02/16/23 Dated 08/18/22						
Received Proceeds on Maturity of 15,000,000 Par Value	*	99.020	0.00	14,853,029.55	14,853,029.55	0.00
Sales	1	99.020	0.00	14,853,029.55	14,853,029.55	0.00
United States Treasury Bill 0% Due 10/12/23 Dated 04/13/23						
Purchased 35000000 05/11/23 From J.P. Morgan Chase @ 97.889875	*	97.889	0.00	34,261,456.25	34,261,456.25	0.00
Purchased 15000000 06/05/23 From J.P. Morgan Chase @ 98.150933	*	98.150	0.00	14,722,639.95	14,722,639.95	0.00
Transactions noted by a "*" are in themselves greater than 5%						

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 29000000 07/05/23 To Wells Fargo Securities, LLC @ 98.586077	*	97.889	0.00	28,388,063.75	28,388,063.75	0.00
Sold 21000000 07/17/23 To Citigroup Global Mkts Inc/Salom @ 98.749416	*	98.076	0.00	20,596,032.45	20,596,032.45	0.00
Purchases	2	97.968	0.00	48,984,096.20	48,984,096.20	0.00
Sales	2	97.968	0.00	48,984,096.20	48,984,096.20	0.00
United States Treasury Bill 0% Due 05/23/23 Dated 01/24/23						
Purchased 15000000 01/31/23 From Barclays Capital Inc. Fixed In @ 98.586292	*	98.586	0.00	14,787,943.80	14,787,943.80	0.00
Received Proceeds on Maturity of 15,000,000 Par Value	*	98.586	0.00	14,787,943.80	14,787,943.80	0.00
Purchases	1	98.586	0.00	14,787,943.80	14,787,943.80	0.00
Sales	1	98.586	0.00	14,787,943.80	14,787,943.80	0.00
United States Treasury Bill 0% Due 07/11/23 Dated 03/14/23						
Purchased 10000000 03/13/23 From Goldman-Sachs @ 98.439612		98.439	0.00	9,843,961.20	9,843,961.20	0.00
Transactions noted by a "*" are in themselves greater than 5%						

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 10000000 07/05/23 To J.P. Morgan Chase @ 99.930097		98.439	0.00	9,843,961.20	9,843,961.20	0.00
Purchases	1	98.439	0.00	9,843,961.20	9,843,961.20	0.00
Sales	1	98.439	0.00	9,843,961.20	9,843,961.20	0.00
United States Treasury Bond 2.875% Due 05/15/52 Dated 05/15/22						
Sold 1200000 01/03/23 To Citigroup Global Mkts Inc/Salom @ 81.710937		81.710	0.00	980,531.24	1,114,171.88	-133,640.64
Purchased 6500000 01/05/23 From Goldman-Sachs @ 82.207031		82.207	0.00	5,343,457.02	5,343,457.02	0.00
Purchased 5000000 01/06/23 From Goldman-Sachs @ 84.613281		84.613	0.00	4,230,664.05	4,230,664.05	0.00
Sold 400000 01/05/23 To J.P. Morgan Chase @ 83.363281		83.363	0.00	333,453.12	371,390.62	-37,937.50
Sold 850000 01/11/23 To Wells Fargo Securities, LLC @ 84.792968		84.792	0.00	720,740.23	785,080.08	-64,339.85
Sold 725000 01/17/23 To BofA Securities, Inc/Fixed Inco @ 85.832031		85.832	0.00	622,282.22	669,407.22	-47,125.00

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 1050000 01/17/23 To J.P. Morgan Chase @ 85.742187		85.742	0.00	900,292.96	969,486.33	-69,193.37
Purchased 1000000 01/30/23 From Goldman-Sachs @ 85.648437		85.648	0.00	856,484.37	856,484.37	0.00
Sold 6000000 01/31/23 To Deutsche Bank Securities, Inc. @ 85.859375		85.859	0.00	5,151,562.50	5,413,818.33	-262,255.83
Sold 3500000 02/01/23 To Citigroup Global Mkts Inc/Salom @ 86.605468		86.447	0.00	3,025,672.00	2,903,596.07	122,075.93
Sold 960000 02/13/23 To J.P. Morgan Chase @ 83.660156		83.440	0.00	801,024.42	774,461.72	26,562.70
Sold 1000000 02/15/23 To J.P. Morgan Chase @ 83.351562		83.127	0.00	831,271.58	805,126.56	26,145.02
Purchased 5000000 02/16/23 From Barclays Capital Inc. Fixed In @ 82.003906		82.003	0.00	4,100,195.30	4,100,195.30	0.00
Sold 290000 02/17/23 To Goldman-Sachs @ 82.054687		81.826	0.00	237,297.67	233,165.23	4,132.44

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 800000 02/17/23 To Goldman-Sachs @ 82.097656		81.869	0.00	654,959.94	638,843.75	16,116.19
Purchased 1000000 02/21/23 From Goldman-Sachs @ 81.351562		81.351	0.00	813,515.62	813,515.62	0.00
Sold 1200000 02/27/23 To BofA Securities, Inc/Fixed Inco @ 81.445313		81.198	0.00	974,387.86	958,265.63	16,122.23
Purchased 750000 03/06/23 From BofA Securities, Inc/Fixed Inco @ 82.175781		82.175	0.00	616,318.36	616,318.36	0.00
Purchased 500000 03/07/23 From BofA Securities, Inc/Fixed Inco @ 82.257813		82.257	0.00	411,289.07	411,289.07	0.00
Sold 2000000 03/13/23 To BofA Securities, Inc/Fixed Inco @ 86.117188		85.844	0.00	1,716,894.75	1,597,109.38	119,785.37
Sold 825000 03/16/23 To Morgan, Stanley @ 86.257812		85.979	0.00	709,333.05	658,807.62	50,525.43
Sold 575000 03/23/23 To Barclays Capital Inc. Fixed In @ 84.921874		84.630	0.00	486,626.89	459,168.95	27,457.94

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Purchased 1170000 03/28/23 From Goldman-Sachs @ 84.003906		84.003	0.00	982,845.70	982,845.70	0.00
Purchased 250000 03/28/23 From BofA Securities, Inc/Fixed Inco @ 83.863281		83.863	0.00	209,658.20	209,658.20	0.00
Purchased 900000 03/28/23 From Wells Fargo Securities, LLC @ 84.21875		84.218	0.00	757,968.75	757,968.75	0.00
Purchased 2280000 03/29/23 From BofA Securities, Inc/Fixed Inco @ 83.953125		83.953	0.00	1,914,131.25	1,914,131.25	0.00
Purchased 410000 03/29/23 From Goldman-Sachs @ 83.839843		83.839	0.00	343,743.36	343,743.36	0.00
Purchased 1200000 04/04/23 From J.P. Morgan Chase @ 86.707031		86.707	0.00	1,040,484.37	1,040,484.37	0.00
Sold 1190000 05/01/23 To Stonex Financial @ 83.160156		82.796	0.00	985,275.58	950,280.08	34,995.50
Sold 10000000 05/02/23 To J.P. Morgan Chase @ 84.796875		84.523	0.00	8,452,322.11	8,052,151.33	400,170.78

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 1175000 05/08/23 To BofA Securities, Inc/Fixed Inco @ 83.109375		82.905	0.00	974,135.45	965,932.62	8,202.83
Purchased 900000 05/11/23 From J.P. Morgan Chase @ 84.597656		84.597	0.00	761,378.90	761,378.90	0.00
Sold 1000000 05/16/23 To Morgan, Stanley @ 82.203125		82.203	0.00	822,031.25	827,364.06	-5,332.81
Purchased 1200000 06/14/23 From Barclays Capital Inc. Fixed In @ 81.960937		81.960	0.00	983,531.24	983,531.24	0.00
Sold 21340000 07/14/23 To BofA Securities, Inc/Fixed Inco @ 81.800781	*	81.789	0.00	17,453,787.16	17,836,059.32	-382,272.16
Purchases	15	83.270	0.00	23,365,665.56	23,365,665.56	0.00
Sales	20	83.512	0.00	46,833,881.98	46,983,686.78	-149,804.80
United States Treasury Bond 3.25% Due 05/15/42 Dated 05/15/22						
Sold 500000 01/04/23 To Goldman-Sachs @ 90.050781		90.050	0.00	450,253.91	492,656.25	-42,402.34
Purchased 4500000 01/05/23 From Goldman-Sachs @ 89.402343		89.402	0.00	4,023,105.44	4,023,105.44	0.00

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Purchased 5250000 01/06/23 From Goldman-Sachs @ 91.390625		91.390	0.00	4,798,007.81	4,798,007.81	0.00
Sold 1400000 01/19/23 To BofA Securities, Inc/Fixed Inco @ 93.523438		93.523	0.00	1,309,328.13	1,379,437.50	-70,109.37
Sold 1200000 01/19/23 To Barclays Capital Inc. Fixed In @ 93.679687		93.679	0.00	1,124,156.24	1,182,375.00	-58,218.76
Sold 1235000 01/24/23 To BofA Securities, Inc/Fixed Inco @ 92.902344		92.902	0.00	1,147,343.95	1,216,860.94	-69,516.99
Sold 700000 01/24/23 To BofA Securities, Inc/Fixed Inco @ 93.253906		93.253	0.00	652,777.34	689,718.75	-36,941.41
Sold 2000000 01/25/23 To BofA Securities, Inc/Fixed Inco @ 93.472656		93.472	0.00	1,869,453.12	1,970,625.00	-101,171.88
Sold 1500000 01/26/23 To Morgan, Stanley @ 92.582031		92.582	0.00	1,388,730.47	1,477,968.75	-89,238.28
Sold 500000 01/26/23 To BofA Securities, Inc/Fixed Inco @ 93.140625		93.140	0.00	465,703.13	492,656.25	-26,953.12

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 850000 01/26/23 To BofA Securities, Inc/Fixed Inco @ 93.054688		93.054	0.00	790,964.85	837,515.62	-46,550.77
Purchased 1000000 01/30/23 From BofA Securities, Inc/Fixed Inco @ 92.449219		92.449	0.00	924,492.19	924,492.19	0.00
Sold 4250000 02/01/23 To BofA Securities, Inc/Fixed Inco @ 93.277344		93.277	0.00	3,964,287.12	4,187,578.13	-223,291.01
Sold 1500000 02/07/23 To Nomura Securities Intl., Fixed @ 91.5625		91.562	0.00	1,373,437.50	1,477,968.75	-104,531.25
Sold 560000 02/07/23 To BofA Securities, Inc/Fixed Inco @ 91.726563		91.726	0.00	513,668.75	551,775.00	-38,106.25
Sold 800000 02/09/23 To BofA Securities, Inc/Fixed Inco @ 91.503906		91.503	0.00	732,031.25	788,250.00	-56,218.75
Sold 625000 02/15/23 To J.P. Morgan Chase @ 90		90.000	0.00	562,500.00	615,820.31	-53,320.31
Sold 7870000 02/16/23 To Goldman-Sachs @ 89.203125		89.203	0.00	7,020,285.94	7,704,303.51	-684,017.57

Transactions noted by a "*" are in themselves greater than 5%

Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 1400000 02/21/23 To J.P. Morgan Chase @ 87.96875		87.968	0.00	1,231,562.50	1,337,929.68	-106,367.18
Sold 1290000 02/27/23 To BofA Securities, Inc/Fixed Inco @ 88.402344		88.402	0.00	1,140,390.24	1,232,806.64	-92,416.40
Sold 600000 02/28/23 To BofA Securities, Inc/Fixed Inco @ 87.953125		87.953	0.00	527,718.75	573,398.44	-45,679.69
Sold 3500000 03/13/23 To J.P. Morgan Chase @ 91.710937		91.710	0.00	3,209,882.80	3,332,621.08	-122,738.28
Sold 250000 03/16/23 To Barclays Capital Inc. Fixed In @ 91.292968		91.292	0.00	228,232.42	231,982.42	-3,750.00
Sold 1000000 03/17/23 To Goldman-Sachs @ 92.585937		92.585	0.00	925,859.37	927,929.68	-2,070.31
Sold 350000 03/21/23 To J.P. Morgan Chase @ 90.863281		90.863	0.00	318,021.48	324,775.39	-6,753.91
Sold 800000 03/21/23 To Goldman-Sachs @ 91.210937		91.038	0.00	728,311.97	712,046.09	16,265.88

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Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Purchased 1875000 03/22/23 From J.P. Morgan Chase @ 91.304687		91.304	0.00	1,711,962.88	1,711,962.88	0.00
Sold 250000 03/24/23 To Goldman-Sachs @ 92.546875		92.245	0.00	230,613.25	215,693.36	14,919.89
Purchased 1095000 03/28/23 From Goldman-Sachs @ 91.089843		91.089	0.00	997,433.78	997,433.78	0.00
Purchased 1100000 04/03/23 From J.P. Morgan Chase @ 92.863281		92.863	0.00	1,021,496.09	1,021,496.09	0.00
Sold 500000 05/02/23 To Goldman-Sachs @ 92.25		91.873	0.00	459,367.55	431,386.72	27,980.83
Sold 3000000 05/02/23 To Deutsche Bank Securities, Inc. @ 92.394531		92.018	0.00	2,760,541.25	2,588,320.32	172,220.93
Sold 400000 05/16/23 To Barclays Capital Inc. Fixed In @ 90.585937		90.182	0.00	360,730.22	345,109.38	15,620.84
Sold 250000 05/17/23 To Nomura Securities Intl., Fixed @ 90.402343		89.997	0.00	224,992.60	215,693.36	9,299.24

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Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Purchased 900000 05/23/23 From Nomura Securities Intl., Fixed @ 88.863281		88.863	0.00	799,769.53	799,769.53	0.00
Sold 1100000 06/05/23 To Barclays Capital Inc. Fixed In @ 89.39453		88.952	0.00	978,480.04	949,050.78	29,429.26
Purchased 1440000 06/30/23 From BofA Securities, Inc/Fixed Inco @ 89.097656		89.097	0.00	1,283,006.25	1,283,006.25	0.00
Purchases	8	90.671	0.00	15,559,273.97	15,559,273.97	0.00
Sales	29	91.313	0.00	36,689,626.14	38,484,253.10	-1,794,626.96
United States Treasury Note						
4.125% Due 11/15/32 Dated 11/15/22						
Sold 1000000 01/04/23 To J.P. Morgan Chase @ 103.597656		103.597	0.00	1,035,976.56	1,028,242.18	7,734.38
Sold 8700000 01/05/23 To J.P. Morgan Chase @ 103		103.000	0.00	8,961,000.00	8,880,183.15	80,816.85
Sold 8000000 01/06/23 To Citigroup Global Mkts Inc/Salom @ 104.46875		104.468	0.00	8,357,500.00	8,158,124.96	199,375.04
Sold 1650000 01/09/23 To Stonex Financial @ 104.925781		104.925	0.00	1,731,275.39	1,682,613.27	48,662.12

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Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 850000 01/10/23 To Bnp Paribas Securities Bond @ 104.140625		104.140	0.00	885,195.31	866,800.78	18,394.53
Sold 550000 01/11/23 To Citigroup Global Mkts Inc/Salom @ 104.570312		104.570	0.00	575,136.72	560,871.09	14,265.63
Sold 1100000 01/19/23 To J.P. Morgan Chase @ 106.027343		106.027	0.00	1,166,300.77	1,121,742.18	44,558.59
Sold 2150000 01/23/23 To Barclays Capital Inc. Fixed In @ 104.980468		104.980	0.00	2,257,080.06	2,192,496.08	64,583.98
Sold 1100000 01/23/23 To J.P. Morgan Chase @ 104.980468		104.980	0.00	1,154,785.15	1,121,742.18	33,042.97
Sold 900000 02/07/23 To Morgan, Stanley @ 103.996094		103.996	0.00	935,964.85	917,789.06	18,175.79
Purchased 2000000 02/07/23 From Goldman-Sachs @ 104.023437		104.023	0.00	2,080,468.74	2,080,468.74	0.00
Sold 1000000 02/15/23 To BNY Mellon/Toronto Dominion Sec @ 102.433594		102.433	0.00	1,024,335.94	1,019,765.62	4,570.32

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Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Purchased 2850000 02/16/23 From J.P. Morgan Chase @ 102.242187		102.242	0.00	2,913,902.33	2,913,902.33	0.00
Sold 875000 02/23/23 To BNY Mellon/Toronto Dominion Sec @ 101.820312		101.820	0.00	890,927.73	892,294.93	-1,367.20
Sold 1000000 02/27/23 To Wells Fargo Securities, LLC @ 101.503906		101.503	0.00	1,015,039.06	1,038,289.83	-23,250.77
Purchased 625000 02/28/23 From J.P. Morgan Chase @ 101.441406		101.441	0.00	634,008.79	634,008.79	0.00
Purchased 1250000 03/02/23 From Barclays Capital Inc. Fixed In @ 100.269531		100.269	0.00	1,253,369.14	1,253,369.14	0.00
Sold 350000 03/06/23 To Barclays Capital Inc. Fixed In @ 101.105468		101.105	0.00	353,869.14	364,082.03	-10,212.89
Sold 650000 03/06/23 To J.P. Morgan Chase @ 101.101562		101.101	0.00	657,160.15	676,152.34	-18,992.19
Sold 480000 03/08/23 To Citigroup Global Mkts Inc/Salom @ 100.921875		100.921	0.00	484,425.00	492,454.69	-8,029.69

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Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 500000 03/13/23 To Goldman-Sachs @ 104.8125		104.812	0.00	524,062.50	511,210.94	12,851.56
Sold 850000 03/14/23 To J.P. Morgan Chase @ 103.453125		103.453	0.00	879,351.56	869,058.59	10,292.97
Sold 1450000 03/16/23 To BofA Securities, Inc/Fixed Inco @ 104.371094		104.371	0.00	1,513,380.86	1,479,829.09	33,551.77
Sold 950000 03/20/23 To J.P. Morgan Chase @ 104.960937		104.960	0.00	997,128.90	955,958.99	41,169.91
Sold 590000 03/21/23 To BofA Securities, Inc/Fixed Inco @ 104.085938		104.085	0.00	614,107.03	591,590.23	22,516.80
Purchased 945000 03/29/23 From Goldman-Sachs @ 104.515625		104.515	0.00	987,672.66	987,672.66	0.00
Purchased 1400000 03/29/23 From Goldman-Sachs @ 104.507812		104.507	0.00	1,463,109.37	1,463,109.37	0.00
Purchased 1440000 04/03/23 From J.P. Morgan Chase @ 105.558593		105.558	0.00	1,520,043.74	1,520,043.74	0.00

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Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Purchased 1300000 04/11/23 From BofA Securities, Inc/Fixed Inco @ 105.558594		105.558	0.00	1,372,261.72	1,372,261.72	0.00
Sold 500000 04/24/23 To Nomura Securities Intl., Fixed @ 104.832031		104.832	0.00	524,160.16	522,578.13	1,582.03
Sold 450000 04/25/23 To J.P. Morgan Chase @ 105.683593		105.683	0.00	475,576.17	470,319.92	5,256.25
Sold 4135000 05/02/23 To Deutsche Bank Securities, Inc. @ 105.511718		105.511	0.00	4,362,909.54	4,350,189.44	12,720.10
Purchased 1000000 06/06/23 From J.P. Morgan Chase @ 103.113281		103.113	0.00	1,031,132.81	1,031,132.81	0.00
Purchased 1950000 06/07/23 From Deutsche Bank Securities, Inc. @ 102.601562		102.601	0.00	2,000,730.46	2,000,730.46	0.00
Sold 970000 06/07/23 To Goldman-Sachs @ 102.449218		102.449	0.00	993,757.41	1,000,198.83	-6,441.42
Sold 980000 06/14/23 To J.P. Morgan Chase @ 102.457031		102.457	0.00	1,004,078.90	1,005,648.82	-1,569.92

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Cox Health Pension-Longfellow
 January 1, 2023 - December 31, 2023

Account Number: XX-XX43-01-5

5% Transactions

<i>Description</i>	<i>Number of Transactions</i>	<i>Unit Price</i>	<i>Transaction Cost</i>	<i>Cash</i>	<i>Total Costs</i>	<i>Realized Gain/Loss</i>
Sold 850000 06/16/23 To BofA Securities, Inc/Fixed Inco @ 102.613281		102.613	0.00	872,212.89	872,113.28	99.61
Purchased 750000 06/20/23 From Stonex Financial @ 102.976563		102.976	0.00	772,324.22	772,324.22	0.00
Purchased 920000 06/30/23 From Barclays Capital Inc. Fixed In @ 101.980468		101.980	0.00	938,220.31	938,220.31	0.00
Purchased 1550000 06/30/23 From Citigroup Global Mkts Inc/Salom @ 102.019531		102.019	0.00	1,581,302.73	1,581,302.73	0.00
Purchased 1075000 07/10/23 From Barclays Capital Inc. Fixed In @ 100.386719		100.386	0.00	1,079,157.23	1,079,157.23	0.00
Purchases	14	103.005	0.00	19,627,704.25	19,627,704.25	0.00
Sales	27	103.914	0.00	44,246,697.75	43,642,340.63	604,357.12

Transactions noted by a "*" are in themselves greater than 5%