

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                            |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                     |
| 1a      | Name of plan<br>COOK CHILDRENS HEALTH CARE SYSTEM 403(B) RETIREMENT PLAN                                                                                                                                                                                                                                                                   |
| 1b      | Three-digit plan number (PN) ▶ 002                                                                                                                                                                                                                                                                                                         |
| 1c      | Effective date of plan<br>01/01/2002                                                                                                                                                                                                                                                                                                       |
| 2a      | 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>COOK CHILDRENS HEALTH CARE SYSTEM<br><br>801 SEVENTH AVENUE<br>FORT WORTH, TX 76104 |
| 2b      | Employer Identification Number (EIN)<br>75-2705881                                                                                                                                                                                                                                                                                         |
| 2c      | Plan Sponsor's telephone number<br>682-885-7539                                                                                                                                                                                                                                                                                            |
| 2d      | 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.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2024 | CORY RHOADES                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                              |
| <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> 10888                                                                                                                                                                                                                                                                                                                                |
| <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><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><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><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> 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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 8893<br><b>6a(2)</b> 9804<br><b>6b</b> 35<br><b>6c</b> 1964<br><b>6d</b> 11803<br><b>6e</b> 20<br><b>6f</b> 11823<br><b>6g(1)</b> 10513<br><b>6g(2)</b> 11403<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>                                                                                                                                                                                                                                                                                                                                      |

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

2M 2R 2S 2T 3H 2F 2L 3D

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

**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 3
- (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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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<br>COOK CHILDRENS HEALTH CARE SYSTEM 403(B) RETIREMENT PLAN                  | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COOK CHILDRENS HEALTH CARE SYSTEM | D Employer Identification Number (EIN)<br>75-2705881 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 448575/457019                         | 282                                                                         | 01/01/2023              | 12/31/2023 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 0                                    | 41684                         |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
FIDELITY INVESTMENTS TAX-EXEMPT SER 82 DEVONSHIRE STREET  
MAILZONE MC1E  
BOSTON, MA 02109-3605

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                      | (e) Organization code |
|-----------------------------------------------|---------------------------------|----------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose          |                       |
|                                               | 41684                           | REFERRAL/SERVICE FEE | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|          |                                                                                               |          |  |
|----------|-----------------------------------------------------------------------------------------------|----------|--|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |  |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> |  |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|          |                                                                                                                                                                                                       |           |  |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> | Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☒ other ▶ **GUARANTEED INTEREST BAL. CONTRACT**

|          |                                                                                                |              |          |
|----------|------------------------------------------------------------------------------------------------|--------------|----------|
| <b>b</b> | Balance at the end of the previous year .....                                                  | <b>7b</b>    | 18289218 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 671749   |
|          | (2) Dividends and credits .....                                                                | <b>7c(2)</b> |          |
|          | (3) Interest credited during the year .....                                                    | <b>7c(3)</b> | 257805   |
|          | (4) Transferred from separate account.....                                                     | <b>7c(4)</b> | 4229     |
|          | (5) Other (specify below) .....<br>▶ LOAN / EXCH/ ADJ                                          | <b>7c(5)</b> | 3880761  |
|          | (6) Total additions .....                                                                      | <b>7c(6)</b> | 4814544  |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 23103762 |
| <b>e</b> | Deductions:                                                                                    |              |          |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                | <b>7e(1)</b> | 5672142  |
|          | (2) Administration charge made by carrier .....                                                | <b>7e(2)</b> | -32690   |
|          | (3) Transferred to separate account.....                                                       | <b>7e(3)</b> |          |
|          | (4) Other (specify below) .....<br>▶ LOAN / EXCH/ ADJ                                          | <b>7e(4)</b> | 2888553  |
|          | (5) Total deductions .....                                                                     | <b>7e(5)</b> | 8528005  |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 14575757 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
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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<br>COOK CHILDRENS HEALTH CARE SYSTEM 403(B) RETIREMENT PLAN                  | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COOK CHILDRENS HEALTH CARE SYSTEM | D Employer Identification Number (EIN)<br>75-2705881 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
VARIABLE ANNUITY LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 74-1625348 | 70238         | 40728                                 | 365                                                                         | 01/01/2023              | 12/31/2023 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                             |                                    |
|---------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>973 | (b) Total amount of fees paid<br>0 |
|---------------------------------------------|------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
LLOYD E SHAW  
2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 795                                           |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
MARIGENE W TAYLOR  
2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 67                                            |                                 |             | 3                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

DAVID D DUQUE

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 36                                            |                                 |             | 3                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KEVIN KONKAL

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 36                                            |                                 |             | 3                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JOHN A (ANDY)DAVIDSON

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 16                                            |                                 |             | 3                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CECIL WAYNE SKINNER

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 12                                            |                                 |             | 3                     |

## (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CECILE M NGUYEN

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 11                                            |                                 |             | 3                     |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 4243603 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 1589948 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

4351263

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

127039

(4) Transferred from separate account.....

**7c(4)**

14221

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions.....

**7c(6)**

141260

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

4492523

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

248920

(2) Administration charge made by carrier .....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions.....

**7e(5)**

248920

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

4243603

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                             |                                                      |     |
|---------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023  |                                                      |     |
| A Name of plan<br>COOK CHILDRENS HEALTH CARE SYSTEM 403(B) RETIREMENT PLAN                  | B Three-digit plan number (PN) ▶                     | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>COOK CHILDRENS HEALTH CARE SYSTEM | D Employer Identification Number (EIN)<br>75-2705881 |     |

|        |                                                                           |                                                                                                                                                                    |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information Concerning Insurance Contract Coverage, Fees, and Commissions | Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

1 Coverage Information:

(a) Name of insurance carrier  
VARIABLE ANNUITY LIFE INSURANCE CO.

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 74-1625348 | 70238         | 50267                                 | 29                                                                          | 01/01/2023              | 12/31/2023 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 98                                   | 0                             |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
LLOYD E SHAW  
2929 ALLEN PARKWAY  
HOUSTON, TX 77019

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 98                                            |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 408961 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 103563 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year.....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b**

406560

**c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits .....

**7c(2)**

(3) Interest credited during the year .....

**7c(3)**

12052

(4) Transferred from separate account.....

**7c(4)**

(5) Other (specify below) .....

**7c(5)**

▶

(6) Total additions.....

**7c(6)**

12052

**d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d**

418612

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year .....

**7e(1)**

9651

(2) Administration charge made by carrier .....

**7e(2)**

(3) Transferred to separate account.....

**7e(3)**

(4) Other (specify below) .....

**7e(4)**

▶

(5) Total deductions.....

**7e(5)**

9651

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) .....**7f**

408961

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|---|
| <b>a</b> Premiums: (1) Amount received .....                                                                                                      | <b>9a(1)</b>    |                 |   |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |   |
| (3) Increase (decrease) in unearned premium reserve .....                                                                                         | <b>9a(3)</b>    |                 |   |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    | 0 |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |   |
| (2) Increase (decrease) in claim reserves .....                                                                                                   | <b>9b(2)</b>    |                 |   |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    | 0 |
| (4) Claims charged .....                                                                                                                          |                 | <b>9b(4)</b>    |   |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |   |
| (A) Commissions .....                                                                                                                             | <b>9c(1)(A)</b> |                 |   |
| (B) Administrative service or other fees .....                                                                                                    | <b>9c(1)(B)</b> |                 |   |
| (C) Other specific acquisition costs .....                                                                                                        | <b>9c(1)(C)</b> |                 |   |
| (D) Other expenses .....                                                                                                                          | <b>9c(1)(D)</b> |                 |   |
| (E) Taxes .....                                                                                                                                   | <b>9c(1)(E)</b> |                 |   |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |   |
| (G) Other retention charges .....                                                                                                                 | <b>9c(1)(G)</b> |                 |   |
| (H) Total retention .....                                                                                                                         |                 | <b>9c(1)(H)</b> | 0 |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |   |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....                               |                 | <b>9d(1)</b>    |   |
| (2) Claim reserves .....                                                                                                                          |                 | <b>9d(2)</b>    |   |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |   |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....                                          |                 | <b>9e</b>       |   |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount ..... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

|                                                                                                                           |                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>COOK CHILDRENS HEALTH CARE SYSTEM 403(B) RETIREMENT PLAN</div>                  | <div>B</div> <div>Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>COOK CHILDRENS HEALTH CARE SYSTEM</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>75-2705881</div> |

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).....

X

YesNo
- 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 |
| FID INV INST OPS CO |                                                                                                        |
| 04-2647786          |                                                                                                        |

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

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

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

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

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

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

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

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

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

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

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**(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)

FID INV INST OPS CO

04-2647786

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 50 37 64<br>65 71      | RECORDKEEPER                                                                                      | 322030                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
|                        |                                                                                                   |                                                                        | Yes <input type="checkbox"/> No <input 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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| FID INV INST OPS CO                                                 | 60                                                                                                                                                                 | 0                                            |
| (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. |                                              |
| VARIOUS MUTUAL FUND COMPANIES<br><br>04-2647786                     | SUB-TRANSFER AGENCY FEE; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS                                                                                                  |                                              |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>compensation |
|                                                                     |                                                                                                                                                                    |                                              |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                              |
|                                                                     |                                                                                                                                                                    |                                              |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect<br>compensation |
|                                                                     |                                                                                                                                                                    |                                              |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                              |
|                                                                     |                                                                                                                                                                    |                                              |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                           |                                                                    |            |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <b>01/01/2023</b> and ending <b>12/31/2023</b>  |                                                                    |            |
| <b>A</b> Name of plan<br><b>COOK CHILDRENS HEALTH CARE SYSTEM 403(B) RETIREMENT PLAN</b>                  | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>002</b> |
|                                                                                                           |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>COOK CHILDRENS HEALTH CARE SYSTEM</b> | <b>D</b> Employer Identification Number (EIN)<br><b>75-2705881</b> |            |

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

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | 4731                  | 0               |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | 2413                  | 0               |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 17953171              | 18252956        |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> | 0                     | 136681          |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | 12974681              | 15775857        |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 508968034             | 636915171       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 23047041              | 19228321        |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 562950071             | 690308986       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 45                    | 165             |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 0                     | 297794          |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 45                    | 297959          |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 562950026             | 690011027       |

**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.

|                                                                                               |                 |            |           |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                 |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> | 60453167   |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> | 8417943    |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 68871110  |
| <b>b Earnings on investments:</b>                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 712356     |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> | 837690     |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> | 257805     |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 1807851   |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 16904108   |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 16904108  |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                               | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                               | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts.....                       | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | 79539232  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 167122301 |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 39876379 |          |
| (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)  |          | 39876379 |
| f Corrective distributions (see instructions) .....                                  | 2f     |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g     |          | 25210    |
| h Interest expense .....                                                             | 2h     |          |          |
| i Administrative expenses:                                                           |        |          |          |
| (1) Salaries and allowances .....                                                    | 2i(1)  |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2)  |          |          |
| (3) Recordkeeping fees.....                                                          | 2i(3)  | 165464   |          |
| (4) IQPA audit fees.....                                                             | 2i(4)  |          |          |
| (5) Investment advisory and investment management fees .....                         | 2i(5)  |          |          |
| (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) |          |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 165464   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 40067053 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 127055248 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                   | 2l(1) |  | 5753      |
| (2) From this plan .....                                 | 2l(2) |  |           |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

**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:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <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.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 2000000 |
| <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? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <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? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <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? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     | <input checked="" type="checkbox"/> |         |
| <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. ....                                                                                                                         |                                     |                                     |         |

**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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>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> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>COOK CHILDRENS HEALTH CARE SYSTEM 403(B) RETIREMENT PLAN</u>                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>COOK CHILDRENS HEALTH CARE SYSTEM</u> | <b>D</b> Employer Identification Number (EIN)<br><u>75-2705881</u> |

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

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

|                                                                                                                                                                                                                                                                                                                                                                     |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>04-6568107</u> <u>74-1625348</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <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>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

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

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2023  
v. 230707

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><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) .....<br><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) .....<br><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>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> 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:<br><b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....<br><b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>15a</b><br><br><br><b>15b</b>                                                       |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:<br><b>a</b> Enter the number of employers who withdrew during the preceding plan year .....<br><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>16a</b><br><br><br><b>16b</b>                                                       |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):<br><b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%<br><b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.<br><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>21b</b> If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>08 / 07 / 2017</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>J500955A</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |



# **Cook Children's Health Care System 403(b) Retirement Plan**

**EIN 75-2705881 PN 002**

**Independent Auditor's Report, Financial Statements  
and Supplemental Schedule**

December 31, 2023 and 2022



**Cook Children’s Health Care System**  
**403(b) Retirement Plan**  
**Contents**  
**December 31, 2023 and 2022**

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**Financial Statements**

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| Statements of Changes in Net Assets Available for Benefits ..... | 6 |
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## **Independent Auditor's Report**

Plan Administrator  
Cook Children's Health Care System  
403(b) Retirement Plan  
Fort Worth, Texas

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

We have performed audits of the financial statements of Cook Children's Health Care System 403(b) Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Cook Children's Health Care System 403(b) Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of December 31, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in *Note 3* to the financial statements, is complete and accurate

### ***Opinion***

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

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

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Cook Children's Health Care System 403(b) Retirement Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Cook Children's Health Care System 403(b) Retirement Plan's ability to continue as a going concern within one year after the date that these financial statements are available to be issued.

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Cook Children's Health Care System 403(b) Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Cook Children's Health Care System 403(b) Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

***Other Matter – Supplemental Schedule Required by ERISA***

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

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

In our opinion:

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

**Forvis Mazars, LLP**

**Dallas, Texas**  
**September 24, 2024**

Federal Employer Identification Number: 44-0160260

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2023 and 2022**

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**ASSETS**

|                                           | <u>2023</u>                  | <u>2022</u>                  |
|-------------------------------------------|------------------------------|------------------------------|
| <b>Investments</b>                        |                              |                              |
| At fair value                             | \$ 646,814,270               | \$ 527,357,507               |
| At contract value                         | <u>27,420,900</u>            | <u>22,617,838</u>            |
| Total investments                         | <u>674,235,170</u>           | <u>549,975,345</u>           |
| <b>Notes Receivable from Participants</b> | <u>15,775,857</u>            | <u>12,974,681</u>            |
| <b>Net Assets Available for Benefits</b>  | <u><u>\$ 690,011,027</u></u> | <u><u>\$ 562,950,026</u></u> |

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
**Statements of Changes in Net Assets Available for Benefits**  
**Years Ended December 31, 2023 and 2022**

|                                                              | <b>2023</b>           | <b>2022</b>          |
|--------------------------------------------------------------|-----------------------|----------------------|
| <b>Investment Income (Loss)</b>                              |                       |                      |
| Net appreciation (depreciation) in fair value of investments | \$ 79,539,232         | \$ (122,698,157)     |
| Interest                                                     | 970,161               | 826,191              |
| Dividends                                                    | 16,904,108            | 18,876,975           |
|                                                              | <u>97,413,501</u>     | <u>(102,994,991)</u> |
| Net investment income (loss)                                 |                       |                      |
|                                                              | <u>97,413,501</u>     | <u>(102,994,991)</u> |
| <b>Interest Income on Notes Receivable from Participants</b> | <u>837,690</u>        | <u>613,245</u>       |
| <b>Contributions</b>                                         |                       |                      |
| Participants                                                 | 60,453,167            | 52,259,020           |
| Rollovers                                                    | 8,417,943             | 6,319,333            |
|                                                              | <u>68,871,110</u>     | <u>58,578,353</u>    |
| Total contributions                                          |                       |                      |
|                                                              | <u>68,871,110</u>     | <u>58,578,353</u>    |
| Total net additions                                          | <u>167,122,301</u>    | <u>(43,803,393)</u>  |
| <b>Deductions</b>                                            |                       |                      |
| Benefits paid to participants                                | 39,901,589            | 44,824,300           |
| Administrative expenses, net                                 | 165,464               | 289,959              |
|                                                              | <u>40,067,053</u>     | <u>45,114,259</u>    |
| Total deductions                                             |                       |                      |
|                                                              | <u>40,067,053</u>     | <u>45,114,259</u>    |
| <b>Net Increase (Decrease) Before Transfers</b>              | 127,055,248           | (88,917,652)         |
| <b>Transfer of Assets In</b>                                 | <u>5,753</u>          | <u>14,364</u>        |
| <b>Net Increase (Decrease)</b>                               | 127,061,001           | (88,903,288)         |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>562,950,026</u>    | <u>651,853,314</u>   |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u>\$ 690,011,027</u> | <u>562,950,026</u>   |

## **Note 1. Description of the Plan**

### ***General***

The following description of Cook Children's Health Care System 403(b) Retirement Plan (Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions, which are available from the plan administrator.

The Plan is a defined contribution plan sponsored by Cook Children's Health Care System (Employer) for the benefit of all its employees. The Plan only includes employee contributions, as all Employer contributions are held in the Cook Children's Health Care System Retirement Plan (401(a) Plan). Related employers who also participate in the Plan include Cook Children's Medical Center, Cook Children's Physician Network, W.I. Cook Foundation, Inc., Cook Children's Health Plan, Cook Children's Home Health, Cook Children's Child Study Center, Cook Children's Health Enterprises, and Cook Children's Medical Center – Prosper. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Fidelity Management Trust Company (Fidelity) and The Variable Annuity Life Insurance Company (VALIC) serve as the Plan's custodians.

### ***Contributions***

The Plan permits eligible employees, through a salary deferral election, to make annual contributions of up to 90% of eligible compensation. The plan document includes an automatic deferral feature whereby a participant is treated as electing to defer contributions upon employment unless an eligible employee affirmatively elects otherwise. The automatic deferral rate is equal to 4% of compensation. Employee rollover and catch-up contributions are also permitted. The Employer makes nondiscretionary matching contributions to the 401(a) Plan, based on the amounts contributed by the employees to the Plan. Contributions are subject to certain limitations.

### ***Participant Investment Account Options***

Investment account options available include mutual funds, money market funds and a fully benefit-responsive group annuity contract. The Fidelity Brokerage Link Account (Self-directed Accounts) allows participants to invest in additional mutual funds, subject to certain minimum balance requirements and other restrictions, as defined by the plan document. Each participant has the option of directing their contributions into any of the separate investment accounts and may change the allocation daily.

The Plan holds investments in registered separate accounts and other funds held by VALIC. These investments exist due to a prior plan merger. An amendment to the plan document in 2009 prohibits further contributions or transfers to the investments held by VALIC.

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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***Participant Accounts***

Each participant's account is credited with the participant's contributions, plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled are the benefits that can be provided from the participant's vested account.

***Vesting***

Participants are immediately vested in their voluntary contributions and rollover contributions, plus earnings thereon.

***Payment of Benefits***

Upon termination of service, or if the participant becomes disabled, a participant's vested benefits may be paid out as a lump-sum distribution, as a direct rollover or as installment payments. The Plan also permits withdrawals from the Plan due to circumstances of financial hardship, in accordance with provisions specified in the plan document. Certain in-service withdrawals are permitted upon attainment of age 59½.

***Notes Receivable from Participants***

The plan document includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is specified in the plan document as prime plus 1%.

**Note 2. Summary of Significant Accounting Policies**

***Basis of Accounting***

The accompanying financial statements are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts, because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition***

Investments are reported at fair value except for fully benefit-responsive investment contracts, which are reported at contract value. Quoted market prices, if available, are used to value investments. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. The money market funds are valued at cost, which approximates fair value. Registered separate accounts with investments

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
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**December 31, 2023 and 2022**

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in mutual funds and general accounts are valued at net asset value per share (NAV) utilizing the practical expedient at year end. The group annuity contract is valued at contract value, which approximates fair value, as estimated by Principal Life Insurance Company (Principal), which represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administrative expenses.

The fully benefit-responsive investment contracts are valued at contract value. Contract value represents contributions made under the contract, plus interest at the contract rate, less participant withdrawals and administration expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

***Notes Receivable from Participants***

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Administrative Expenses***

Administrative expenses may be paid by the Employer or the Plan, at the Employer's discretion. The Employer may also use revenue credits earned under the recordkeeping agreement with one of the custodians to pay administrative expenses of the Plan (see *Note 5*). These revenue credits are netted with administrative expenses in the accompanying statements of net assets available for benefits.

**Note 3. Certifications of Plan Custodians**

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(c) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity and VALIC, the qualified institutions of the Plan, have certified the following information included in the accompanying financial statements and ERISA required supplemental schedule is complete and accurate:

- Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2023 and 2022.
- Investment income (loss) and interest income from notes receivable from participants as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2023 and 2022.
- Investment information and notes receivable from participants included in the accompanying schedule of assets (held at end of year) as of December 31, 2023.

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

#### **Note 4. Investment Contract with Insurance Company**

In 2002, the Employer entered into a fully benefit-responsive group annuity investment contract with Principal. Principal maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawals or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract guarantees an interest rate for the first guarantee period and a minimum rate for the subsequent periods.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The plan administrator does not believe the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

The contract with Principal will terminate when there are no deposits existing under the contract.

#### **Note 5. Related Party and Party-in-Interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization, or relatives of such persons.

The Plan invests in certain funds of the plan custodians. Certain Plan investments are shares of registered separate accounts with investments in mutual funds and general accounts managed by the custodians. Therefore, these transactions qualify as party-in-interest transactions. The Employer has a recordkeeping agreement with Fidelity whereby revenue credits are calculated quarterly and may be used to pay administrative expenses of the Plan. The Employer provides certain administrative services at no cost to the Plan.

## **Note 6. Disclosure About Fair Value of Plan Assets**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
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***Recurring Measurements***

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2023 and 2022:

|                                             | Fair Value            | Fair Value Measurements Using                                 |                                               |                                           |
|---------------------------------------------|-----------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
|                                             |                       | Quoted Prices in Active Market for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| <b>December 31, 2023</b>                    |                       |                                                               |                                               |                                           |
| Mutual funds                                | \$ 608,171,851        | \$ 608,171,851                                                | \$ -                                          | \$ -                                      |
| Self-directed accounts                      | 14,278,741            | 14,278,741                                                    | -                                             | -                                         |
| Money market funds                          | 18,427,427            | 18,427,427                                                    | -                                             | -                                         |
| Total assets in the fair value hierarchy    | 640,878,019           | <u>\$ 640,878,019</u>                                         | <u>\$ -</u>                                   | <u>\$ -</u>                               |
| Registered separate accounts                |                       |                                                               |                                               |                                           |
| Mutual funds                                | 1,283,687             |                                                               |                                               |                                           |
| Fixed account funds                         | 4,652,564             |                                                               |                                               |                                           |
| Investments measured at net asset value (A) | 5,936,251             |                                                               |                                               |                                           |
| Investments at fair value                   | <u>\$ 646,814,270</u> |                                                               |                                               |                                           |
| <b>December 31, 2022</b>                    |                       |                                                               |                                               |                                           |
| Mutual funds                                | \$ 485,135,545        | \$ 485,135,545                                                | \$ -                                          | \$ -                                      |
| Self-directed accounts                      | 18,291,586            | 18,291,586                                                    | -                                             | -                                         |
| Money market funds                          | 17,994,237            | 17,994,237                                                    | -                                             | -                                         |
| Total assets in the fair value hierarchy    | 521,421,368           | <u>\$ 521,421,368</u>                                         | <u>\$ -</u>                                   | <u>\$ -</u>                               |
| Registered separate accounts                |                       |                                                               |                                               |                                           |
| Mutual funds                                | 1,178,316             |                                                               |                                               |                                           |
| Fixed account funds                         | 4,757,823             |                                                               |                                               |                                           |
| Investments measured at net asset value (A) | 5,936,139             |                                                               |                                               |                                           |
| Investments at fair value                   | <u>\$ 527,357,507</u> |                                                               |                                               |                                           |

(A) (A) In accordance with Subtopic 820-10, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2023 and 2022**

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The following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended December 31, 2023 and 2022. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

***Investments***

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan holds no Level 2 or Level 3 securities.

***Investments Measured Using the Net Asset Value per Share Practical Expedient***

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2023 and 2022. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

|                                          | <b>Fair Value</b> | <b>Unfunded<br/>Commitments</b> | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
|------------------------------------------|-------------------|---------------------------------|---------------------------------|-------------------------------------|
| <b>December 31, 2023</b>                 |                   |                                 |                                 |                                     |
| Registered separate mutual fund accounts | \$ 1,283,687      | \$ -                            | Daily                           | 1 Day                               |
| Registered separate fixed accounts       | \$ 4,652,564      | \$ -                            | Daily                           | 1 Day                               |
| <b>December 31, 2022</b>                 |                   |                                 |                                 |                                     |
| Registered separate mutual fund accounts | \$ 1,178,316      | \$ -                            | Daily                           | 1 Day                               |
| Registered separate fixed accounts       | \$ 4,757,823      | \$ -                            | Daily                           | 1 Day                               |

### **Note 7. Risks and Uncertainties**

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

### **Note 8. Plan Termination**

Although it has not expressed an intention to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA.

### **Note 9. Tax Status**

The Plan, together with the investment vehicles, is intended to be a tax-sheltered annuity plan under Section 403(b) of the Internal Revenue Code (IRC) of 1986, as amended. The Plan has not requested or obtained a determination letter as the Internal Revenue Service does not currently provide that service for 403(b) plans. However, the plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and, therefore, not subject to tax.

### **Note 10. Subsequent Events**

Subsequent events have been evaluated through September 24, 2024, which is the date the financial statements were available to be issued.

## ***Supplemental Schedule***

**Cook Children's Health Care System****403(b) Retirement Plan****EIN 75-2705881 PN 002****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****(Continued)****December 31, 2023**

| Identity of Issue                                         | Description of Investment | Current Value |
|-----------------------------------------------------------|---------------------------|---------------|
| <b>Investment Contract</b>                                |                           |               |
| Principal Group Annuity Contract GA4-48575                | 27,420,900 shares         | \$ 27,420,900 |
| <b>Money Market Funds</b>                                 |                           |               |
| * Fidelity Cash Reserves Fund                             | 1,614,919 shares          | 3,355,714     |
| Vanguard Money Market Prime Fund                          | 15,033,923 shares         | 15,033,923    |
| * The Variable Annuity Life Insurance Money Market I Fund | 37,790 shares             | 37,790        |
| <b>Mutual Funds</b>                                       |                           |               |
| American Funds EuroPacific Growth R6 Fund                 | 145,526 shares            | 7,960,252     |
| * Fidelity 500 Index                                      | 259,967 shares            | 43,021,937    |
| * Fidelity Mid Cap Index                                  | 560,683 shares            | 16,792,442    |
| MetWest Total Return Bond Plan                            | 1,313,180 shares          | 11,319,615    |
| T. Rowe Price QM Small-Cap Growth I                       | 124,251 shares            | 5,140,283     |
| Vanguard Target Retirement 2020 Fund                      | 1,117,951 shares          | 30,039,335    |
| Vanguard Target Retirement 2025 Fund                      | 2,333,894 shares          | 42,896,977    |
| Vanguard Target Retirement 2030 Fund                      | 2,329,669 shares          | 82,633,371    |
| Vanguard Target Retirement 2035 Fund                      | 3,044,676 shares          | 67,348,235    |
| Vanguard Target Retirement 2040 Fund                      | 2,261,413 shares          | 88,873,545    |
| Vanguard Target Retirement 2045 Fund                      | 2,085,015 shares          | 55,586,513    |
| Vanguard Target Retirement 2050 Fund                      | 1,096,384 shares          | 48,723,293    |
| Vanguard Target Retirement 2055 Fund                      | 665,189 shares            | 32,986,701    |
| Vanguard Target Retirement 2060 Fund                      | 399,440 shares            | 18,250,393    |
| Vanguard Target Retirement 2065 Fund                      | 116,712 shares            | 3,495,515     |
| Vanguard Target Retirement Income Fund                    | 1,246,073 shares          | 16,211,414    |
| Vanguard U.S. Growth Fund                                 | 118,459 shares            | 17,376,769    |
| Vanguard Windsor II Adm Fund                              | 155,924 shares            | 11,859,571    |
| Victory Small Company Opportunity I                       | 158,143 shares            | 7,655,690     |
| <b>Registered Separate Accounts</b>                       |                           |               |
| * VALIC Aggressive Growth Lifestyle Fund                  | 2,970 shares              | 2,970         |
| * VALIC Ariel Appreciation Fund                           | 223 shares                | 1,306         |
| * VALIC Ariel Fund                                        | 87 shares                 | 592           |
| * VALIC Asset Allocation Fund                             | 710 shares                | 5,109         |
| * VALIC Blue Chip Growth Fund                             | 484 shares                | 3,880         |
| * Party-in-interest                                       |                           |               |

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
**EIN 75-2705881 PN 002**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

| Identity of Issue                               | Description of Investment                                                 | Current Value         |
|-------------------------------------------------|---------------------------------------------------------------------------|-----------------------|
| <b>Registered Separate Accounts (Continued)</b> |                                                                           |                       |
| * VALIC Capital Appreciation Fund               | 198 shares                                                                | \$ 1,792              |
| * VALIC Core Bond Fund                          | 1,059 shares                                                              | 10,088                |
| * VALIC Dividend Value Fund                     | 166 shares                                                                | 1,649                 |
| * VALIC Emerging Economies Fund                 | 108 shares                                                                | 1,081                 |
| * VALIC Fixed Account Plus Fund                 | 460,861 shares                                                            | 4,613,220             |
| * VALIC Global Real Estate Fund                 | 266 shares                                                                | 2,668                 |
| * VALIC Global Strategy Fund                    | 2,548 shares                                                              | 27,415                |
| * VALIC Government Securities Fund              | 541 shares                                                                | 6,000                 |
| * VALIC Growth Fund                             | 900 shares                                                                | 10,626                |
| * VALIC High Yield Bond Fund                    | 280 shares                                                                | 3,681                 |
| * VALIC International Government Bond Fund      | 359 shares                                                                | 5,317                 |
| * VALIC International Growth I Fund             | 3,082 shares                                                              | 51,531                |
| * VALIC International Value Fund                | 119 shares                                                                | 2,030                 |
| * VALIC International Equities Index Fund       | 354 shares                                                                | 6,287                 |
| * VALIC International Opportunities Fund        | 74 shares                                                                 | 1,390                 |
| * VALIC International Socially Responsible Fund | 1,455 shares                                                              | 28,241                |
| * VALIC Large Capital Growth Fund               | 415 shares                                                                | 9,689                 |
| * VALIC Mid Cap Index Fund                      | 9,570 shares                                                              | 230,360               |
| * VALIC Mid Cap Strategic Growth Fund           | 476 shares                                                                | 11,739                |
| * VALIC Mid Cap Value Fund                      | 107 shares                                                                | 2,777                 |
| * VALIC Nasdaq-100(r) Index Fund                | 792 shares                                                                | 30,981                |
| * VALIC Science & Technology Fund               | 5,419 shares                                                              | 370,106               |
| * VALIC Short Term Fixed Account                | 39,344 shares                                                             | 39,344                |
| * VALIC Small Cap Growth Fund                   | 8,795 shares                                                              | 128,851               |
| * VALIC Small Cap Index Fund                    | 2,419 shares                                                              | 36,189                |
| * VALIC Small Cap Special Value Fund            | 39 shares                                                                 | 482                   |
| * VALIC Small Cap Value Fund                    | 409 shares                                                                | 4,975                 |
| * VALIC Stock Index Fund                        | 1,627 shares                                                              | 83,231                |
| * VALIC Systematic Core Fund                    | 3,812 shares                                                              | 107,322               |
| * VALIC Systematic Value Fund                   | 111 shares                                                                | 1,456                 |
| * VALIC Lifestrategy Growth Fund                | 17 shares                                                                 | 701                   |
| * VALIC Vanguard LT Inv-Grade Fund              | 20 shares                                                                 | 164                   |
| * VALIC Vanguard Wellington Fund                | 910 shares                                                                | 37,621                |
| * VALIC Vanguard Windsor II Fund                | 1,245 shares                                                              | 53,390                |
| <b>Self-directed Accounts</b>                   |                                                                           |                       |
| * Fidelity Brokerage Link Account               | 14,278,741 shares                                                         | 14,278,741            |
| <b>Participant Loans</b>                        |                                                                           |                       |
| * Fidelity notes receivable from participants   | Various maturity dates through 2032;<br>interest rates from 3.67% – 9.25% | 15,403,821            |
| * VALIC notes receivable from participants      | Various maturity dates through 2026;<br>interest rates from 3.00% – 5.00% | 372,036               |
|                                                 |                                                                           | <u>\$ 690,011,027</u> |
| * Party-in-interest                             |                                                                           |                       |

## Schedule C, Line 2(h) Formula Descriptions

Cook Childrens Health Care System 403(B) Retirement Plan

EIN: 75-2705881, PN: 002

Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name                               | Street Address 1                | Street Address 2 | City         | State | Zip   | Compensation |
|------------------------------------------|---------------------------------|------------------|--------------|-------|-------|--------------|
| AMG YACKTMAN FOCUSED I                   | 600 STEAMBOAT RD STE 300        |                  | GREENWICH    | CT    | 06830 | 0.15%        |
| AMG YACKTMAN FOCUSED N                   | 600 STEAMBOAT RD STE 300        |                  | GREENWICH    | CT    | 06830 | 0.40%        |
| ABERDEEN INTL SMALL CAP FUND CL A        | 1735 MARKET ST 32ND FL          |                  | PHILADELPHIA | PA    | 19103 | 0.40%        |
| HAMLIN HIGH DIVIDEND EQ FD INSTITUTIONAL | 1 FREEDOM VALLEY DR             |                  | NEW YORK     | NY    | 10019 | 0.10%        |
| ALGER SMALL CAP FOCUS CLASS A            | 600 PLAZA ONE 6TH FL            |                  | JERSEY CITY  | NJ    | 07311 | 0.40%        |
| CLARKSTON PARTNERS FUND CL I             | 1290 BROADWAY ST STE 1100       |                  | DENVER       | CO    | 80203 | 0.12%        |
| AMANA MUTUAL FUND TRUST INCOME           | 1300 NORTH STATE ST             |                  | BELLINGHAM   | WA    | 98225 | 0.40%        |
| AMANA MUTUAL FUND TRUST GROWTH           | 1300 NORTH STATE ST             |                  | BELLINGHAM   | WA    | 98225 | 0.40%        |
| AMERICAN BEACON LARGE CAP INVESTOR       | 220 E LAS COLINAS BLVD STE 1200 |                  | IRVING       | TX    | 75039 | 0.40%        |
| AMERICAN BEACON ARK TRANS INNOVTN INVSTR | 220 E LAS COLINAS BLVD STE 1200 |                  | IRVING       | TX    | 75039 | 0.40%        |
| AMERICAN CENTURY EQUITY INCOME INV CL    | 4400 MAIN ST 1ST FL             |                  | KANSAS CITY  | MO    | 64111 | 0.35%        |
| AMERICAN CENTURY GLOBAL GOLD INV CL      | 4400 MAIN ST 1ST FL             |                  | KANSAS CITY  | MO    | 64111 | 0.35%        |
| AMERICAN CENTURY EMERGING MRKTS CL I     | 4400 MAIN ST 1ST FL             |                  | KANSAS CITY  | MO    | 64111 | 0.15%        |
| AMERICAN HIGH INCOMETRUST F2             | 3500 WISEMAN BLVD               |                  | SAN ANTONIO  | TX    | 78251 | 0.15%        |
| ARIEL FUND                               | 811 E WISCONSIN AVE             |                  | MILWAUKEE    | WI    | 53202 | 0.40%        |
| ARTISAN INTERNATL INVESTOR CLASS         | 875 E WISCONSIN AVE STE 800     |                  | MILWAUKEE    | WI    | 53202 | 0.39%        |
| ARTISAN DEVELOPING WORLD FD INVESTOR CL  | 875 E WISCONSIN AVE STE 800     |                  | MILWAUKEE    | WI    | 53202 | 0.39%        |
| ARTISAN HIGH INCOME FUND INVESTOR        | 875 E WISCONSIN AVE STE 800     |                  | MILWAUKEE    | WI    | 53202 | 0.39%        |
| ABERDEEN GLOBAL HIGHINCOME FUND CL A     | 1735 MARKET ST 32ND FL          |                  | PHILADELPHIA | PA    | 19103 | 0.40%        |
| BNY MELLON SMALL MIDCAP GROWTH A         | 144 GLENN CURTISS BLVD 8TH FL   |                  | UNIONDALE    | NY    | 11556 | 0.40%        |
| BNY MELLON EQUITY INCOME A               | 144 GLENN CURTISS BLVD 8TH FL   |                  | UNIONDALE    | NY    | 11556 | 0.40%        |
| BARON PARTNERS FUND                      | 767 5TH AVE 49TH FL             |                  | NEW YORK     | NY    | 10153 | 0.40%        |
| BARON FOCUSED GROWTHFUND                 | 767 5TH AVE 49TH FL             |                  | NEW YORK     | NY    | 10153 | 0.40%        |
| BERKSHIRE FOCUS FUND                     | 475 MILAN DR STE 103            |                  | SAN JOSE     | CA    | 95134 | 0.40%        |
| BLACKROCK TACTICAL OPPORTUNITIES CL A    | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.40%        |
| BLACKROCK MID CAP GROWTH EQUITY CL A     | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.40%        |
| ISHARES DEVELOPED RL ESTATE IDX INV A    | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.30%        |
| BLACKROCK HEALTH SCIENCES OPP PRT A      | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.40%        |
| BLACKROCK EQUITY DIVIDEND FD CL A        | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.40%        |
| BLACKROCK EQUITY DIVIDEND FD CL C        | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.08%        |
| BLACKROCK GLOBAL ALLOCATION CL A         | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.40%        |
| BLACKROCK GLOBAL ALLOCATION FD CL C      | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.08%        |
| BLACKROCK HIGH YIELD BOND SERV SHR       | 40 EAST 52ND ST                 |                  | NEW YORK     | NY    | 10022 | 0.08%        |
| BUFFALO INTERNATIONAL FUND               | 615 E MICHIGAN ST               |                  | MILWAUKEE    | WI    | 53202 | 0.40%        |
| CALVERT EQUITY FUND CLASS I              | 4550 MONTGOMERY AVE STE 1000 N  |                  | BETHESDA     | MD    | 20814 | 0.15%        |

## Schedule C, Line 2(h) Formula Descriptions

**Cook Childrens Health Care System 403(B) Retirement Plan**

**EIN: 75-2705881, PN: 002**

**Plan Year Ending: December 31, 2023**

**Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786**

| Payor Name                              | Street Address 1                  | Street Address 2 | City          | State | Zip   | Compensation |
|-----------------------------------------|-----------------------------------|------------------|---------------|-------|-------|--------------|
| CALVERT SMALL CAP CL A                  | 4550 MONTGOMERY AVE STE 1000 N    |                  | BETHESDA      | MD    | 20814 | 0.40%        |
| CALVERT EMERGING MARKETS EQUITY CL A    | 4550 MONTGOMERY AVE STE 1000 N    |                  | BETHESDA      | MD    | 20814 | 0.40%        |
| CARILLON SCOUT MID CAP FUND CL Y        | P O BOX 33022                     |                  | ST PETERSBURG | FL    | 33733 | 0.40%        |
| COHEN & STEERS REAL ESTATE SECURITIES I | 280 PARK AVE 10TH FL              |                  | NEW YORK      | NY    | 10017 | 0.15%        |
| DFA EMERGING MRKTS CORE EQU PORTF       | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA US MICRO CAP PRTF INSTL             | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA EMERGING MARKETS SMALL CAP          | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA INTERNATIONAL SMALL COMPANY PORT    | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA INT'L SMALL CAP VALUE               | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA US SMALL CAP VALUE PRTF INSTL       | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA INVESTMENT GRADE PORTFOLIO INSTL    | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA GLOBAL REAL ESTATE SEC PORTFOLIO    | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DELAWARE EMERGING MARKETS CLASS A       | 2005 MARKET ST                    |                  | PHILADELPHIA  | PA    | 19103 | 0.40%        |
| DFA GLOBAL CORE PLUS FIXED INC INSTL    | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DIMENSIONAL GLOBAL EQUITY PORT INST     | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA INTERNATIONAL VALUE PORT III        | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DFA US LARGE CAP VALUE PORT III         | 6300 BEE CAVES ROAD BUILDING ONE  |                  | AUSTIN        | TX    | 78746 | 0.02%        |
| DIREXION MONTHLY NASDAQ100BULL2X INV    | 155 SEAPORT BOULEVARD STE P8      |                  | BOSTON        | MA    | 02210 | 0.40%        |
| DOUBLELINE TOTAL RT BOND FD CL N        | 777 EAST WISCONSIN AVE            |                  | MILWAUKEE     | WI    | 53202 | 0.40%        |
| EATON VANCE SHORT DURATION GOV INC I    | TWO INTERNATIONAL PLACE           |                  | BOSTON        | MA    | 02110 | \$16.00      |
| AMERICAN EUROPACIFICGROWTH CLASS A      | 3500 WISEMAN BLVD                 |                  | SAN ANTONIO   | TX    | 78251 | \$18.00      |
| FPA QUEENS ROAD SM CAP VALUE INVSTR     | 11601 WILSHIRE BLVD STE 1200      |                  | LOS ANGELES   | CA    | 90025 | 0.40%        |
| FMI INTERNATIONAL                       | 777 EAST WISCONSIN AVE            |                  | MILWAUKEE     | WI    | 53202 | 0.40%        |
| FAIRHOLME FUND                          | 4400 BISCAYNE BOULEVARD           |                  | SOUTH MIAMI   | FL    | 33143 | 0.10%        |
| FAM DIVIDEND FOCUS FUND                 | 384 NORTH GRAND ST                |                  | COBLESKILL    | NY    | 12043 | 0.40%        |
| FIRST EAGLE OVERSEAS CLASS A            | 1345 AVE OF THE AMERICAS 48TH FLR |                  | NEW YORK      | NY    | 10105 | 0.40%        |
| FIRST EAGLE GOLD CLASS A                | 1345 AVE OF THE AMERICAS 48TH FLR |                  | NEW YORK      | NY    | 10105 | 0.40%        |
| FIRST EAGLE OVERSEAS CLASS C            | 1345 AVE OF THE AMERICAS 48TH FLR |                  | NEW YORK      | NY    | 10105 | 0.09%        |
| FIRSTHAND TECHNOLOGYOPPORTUNITIES FUND  | 150 ALMADEN BLVD STE 1250         |                  | SAN JOSE      | CA    | 95113 | 0.40%        |
| FRANKLIN DYNATECH FUND A                | 100 FOUNTAIN PARKWAY              |                  | ST PETERSBURG | FL    | 33716 | \$16.00      |
| GRANDEUR PEAK GLOBAL STALWARTS INSTL    | 1290 BROADWAY STREET SUITE 1100   |                  | DENVER        | CO    | 80203 | 0.12%        |
| GUGGENHEIM CORE BOND FUND P             | 9601 BLACKWELL RD STE 500         |                  | ROCKVILLE     | MD    | 20850 | 0.40%        |
| GUGGENHEIM RISK MANAGED REAL EST P      | 9601 BLACKWELL RD STE 500         |                  | ROCKVILLE     | MD    | 20850 | 0.40%        |
| GUGGENHEIM TOTAL RETURN BOND CL P       | 9601 BLACKWELL RD STE 500         |                  | ROCKVILLE     | MD    | 20850 | 0.40%        |
| OAKMARK FUND INVESTOR CLASS             | 111 SOUTH WACKER DR               |                  | CHICAGO       | IL    | 60606 | 0.35%        |
| OAKMARK INTL INVESTOR CL                | 111 SOUTH WACKER DR               |                  | CHICAGO       | IL    | 60606 | 0.35%        |

## Schedule C, Line 2(h) Formula Descriptions

**Cook Childrens Health Care System 403(B) Retirement Plan**

**EIN: 75-2705881, PN: 002**

**Plan Year Ending: December 31, 2023**

**Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786**

| Payor Name                               | Street Address 1                 | Street Address 2     | City          | State | Zip   | Compensation |
|------------------------------------------|----------------------------------|----------------------|---------------|-------|-------|--------------|
| OAKMARK EQUITY & INCOME INVESTOR CL      | 111 SOUTH WACKER DR              |                      | CHICAGO       | IL    | 60606 | 0.35%        |
| HARTFORD CORE EQUITYCLASS A              | 100 MATSONFORD RD STE 300        |                      | RADNOR        | PA    | 19087 | 0.40%        |
| HARTFORD SCHRODERS US MID CAP OPP CL A   | 100 MATSONFORD RD STE 300        |                      | RADNOR        | PA    | 19087 | 0.40%        |
| TRILLIUM ESG GLOBAL EQUITY FUND INVESTOR | 777 E WISCONSIN AVE              | MAIL STOP - MK-WI-T4 | MILWAUKEE     | WI    | 53202 | 0.40%        |
| JAMES BALANCED: GOLDEN RAINBOW FUND      | 1290 BROADWAY ST STE 1100        |                      | DENVER        | CO    | 80203 | 0.40%        |
| JANUS HENDERSON TRITON T                 | 151 DETROIT ST                   |                      | DENVER        | CO    | 80206 | 0.35%        |
| JANUS HENDERSON GLOB TECH & INNOV T      | 151 DETROIT ST                   |                      | DENVER        | CO    | 80206 | 0.35%        |
| JENSEN QUALITY GROWTH FD CL J            | 811 E WISCONSIN AVE 8TH FL       |                      | MILWAUKEE     | WI    | 53202 | 0.40%        |
| JP MORGAN INCOME BUILDER FUND CL A       | 1111 POLARIS PARKWAY             |                      | COLUMBUS      | OH    | 43240 | 0.38%        |
| JPMORGAN EQUITY INCOME FUND CL A         | 1111 POLARIS PARKWAY             |                      | COLUMBUS      | OH    | 43240 | 0.40%        |
| JPMORGAN MORTGAGED BACK SECURITIES CL A  | 1111 POLARIS PARKWAY             |                      | COLUMBUS      | OH    | 43240 | 0.33%        |
| MFS INTERNATIONAL DIVERSIFICATION FD A   | 111 HUNTINGTON AVE               |                      | BOSTON        | MA    | 02199 | 0.40%        |
| MFS EQUITY INCOME FUND CL I              | 111 HUNTINGTON AVE               |                      | BOSTON        | MA    | 02199 | 0.08%        |
| MADISON DIVIDEND INCOME FUND CL Y        | 550 SCIENCE DR                   |                      | MADISON       | WI    | 53711 | 0.40%        |
| MAINSTAY WINSLOW LARGE CAP GROWTH C      | 30 HUDSON ST 23RD FL             |                      | ARLINGTON     | NJ    | 07032 | 0.10%        |
| MAINSTAY WINSLOW LRG CAP GROWTH A        | 30 HUDSON ST 23RD FL             |                      | ARLINGTON     | NJ    | 07032 | 0.40%        |
| MARSICO GROWTH FUND                      | 235 WEST GALENA ST               |                      | MILWAUKEE     | WI    | 53212 | 0.40%        |
| MATTHEWS CHINA FUND                      | 4 EMBARCADERO CENTER STE 550     |                      | SAN FRANCISCO | CA    | 94111 | 0.40%        |
| MATTHEWS JAPAN FUND                      | 4 EMBARCADERO CENTER STE 550     |                      | SAN FRANCISCO | CA    | 94111 | 0.40%        |
| MORGAN STANLEY DISCOVERY PORT CL I       | 522 FIFTH AVE 4TH FL             |                      | NEW YORK      | NY    | 10036 | 0.10%        |
| MORGAN STANLEY DISCOVERY PORT CL A       | 522 FIFTH AVE 4TH FL             |                      | NEW YORK      | NY    | 10036 | 0.40%        |
| MORGAN STANLEY GROWTH PORTFOLIO A        | 522 FIFTH AVE 4TH FL             |                      | NEW YORK      | NY    | 10036 | 0.40%        |
| MORGAN STA INST INC.INCEPTION PORT CL A  | 522 FIFTH AVE 4TH FL             |                      | NEW YORK      | NY    | 10036 | 0.40%        |
| MORGAN STANLEY INSIGHT A                 | 522 FIFTH AVE 4TH FL             |                      | NEW YORK      | NY    | 10036 | 0.40%        |
| MORGAN STANLEY INTL ADVANTAGE CL I       | 522 FIFTH AVE 4TH FL             |                      | NEW YORK      | NY    | 10036 | 0.15%        |
| EVENTIDE HEALTHCARE AND LIFE SCIENCES N  | 80 ARKAY STE 110                 |                      | HAUPPAUGE     | NY    | 11788 | 0.40%        |
| LOOMIS SAYLES CORE PLUS BD FD CL A       | 399 BOYLSTON ST 8TH FL           |                      | BOSTON        | MA    | 02116 | 0.40%        |
| NEUBERGER BERMAN LARGE CAP VALUE INVE    | 1290 AVE OF THE AMERICAS 22ND FL |                      | NEW YORK      | NY    | 10104 | \$16.00      |
| NEUBERGER BERMAN US EQ IDX PUTWRITE INST | 1290 AVE OF THE AMERICAS 22ND FL |                      | NEW YORK      | NY    | 10104 | 0.10%        |
| AMERICAN NEW WORLD FUND CL F2            | 3500 WISEMAN BLVD                |                      | SAN ANTONIO   | TX    | 78251 | 0.15%        |
| NORTHERN INCOME EQUITY                   | 801 SOUTH CANAL C5S              |                      | CHICAGO       | IL    | 60675 | 0.40%        |
| SIERRA TACTICAL ALL ASSET FUND CL I1     | 3420 OCEAN PARK BLVD             |                      | SANTA MONICA  | CA    | 90405 | 0.40%        |
| SIERRA TACTICAL CORE INCOME FD INVESTOR  | 3420 OCEAN PARK BLVD             |                      | SANTA MONICA  | CA    | 90405 | 0.40%        |
| SIERRA TACTICAL BOND FUND INVESTOR CL    | 3420 OCEAN PARK BLVD             |                      | SANTA MONICA  | CA    | 90405 | 0.40%        |
| PFG JP MORGAN TACTICAGGRESSIVE STRAT R   | 777 108TH AVE NE STE 2100        |                      | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG BNY MELLON DIVERSIFIER STRAT R       | 777 108TH AVE NE STE 2100        |                      | BELLEVUE      | WA    | 98004 | 0.40%        |

## Schedule C, Line 2(h) Formula Descriptions

**Cook Childrens Health Care System 403(B) Retirement Plan**

**EIN: 75-2705881, PN: 002**

**Plan Year Ending: December 31, 2023**

**Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786**

| Payor Name                               | Street Address 1                    | Street Address 2 | City          | State | Zip   | Compensation |
|------------------------------------------|-------------------------------------|------------------|---------------|-------|-------|--------------|
| PFG MEEDER TACTICAL STRATEGY FUND R      | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG INVESCO EQ FACTRROTATION STRATEGY R  | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG JANUS HENDERSON BALANCED STRATEGY R  | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG EQUITY INDEX FOCUSED STRATEGY R      | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG SECTOR EQUITY BUS CYCLE STRAT R      | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R  | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG AMERICAN FUNDS GROWTH STRAT CL R     | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PFG AMERICAN FDS CONS INC STRAT CL R     | 777 108TH AVE NE STE 2100           |                  | BELLEVUE      | WA    | 98004 | 0.40%        |
| PIMCO TOTAL RETURN CLASS A               | 1633 BROADWAY                       |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO INTL BD FD U SDOLLAR-HEDGED A      | 1633 BROADWAY                       |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PARNASSUS CORE EQUITY INVESTOR           | 1 MARKET ST STEUART TOWER STE 1600  |                  | SAN FRANCISCO | CA    | 94105 | 0.40%        |
| PAYDEN HIGH INCOME INVESTOR CLASS        | 333 S GRAND AVE 32ND FL             |                  | LOS ANGELES   | CA    | 90071 | 0.38%        |
| PEAR TREE POLARIS FRGN VALUE ORDINARY    | 55 OLD BEDFORD ROAD                 |                  | LINCOLN       | MA    | 01773 | 0.40%        |
| PERMANENT PORTFOLIO                      | 600 MONTGOMERY ST STE 4100          |                  | SAN FRANCISCO | CA    | 94111 | 0.38%        |
| CASTLE FOCUS FUND INVESTOR CLASS         | PO BOX 321054                       |                  | ALEXANDRIA    | VA    | 22320 | 0.40%        |
| PIMCO LOW DURATION INCOME FUND CL A      | 1633 BROADWAY                       |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| PIMCO INCOME FUND CL A                   | 1633 BROADWAY                       |                  | NEW YORK      | NY    | 10019 | 0.40%        |
| T ROWE PRICE COMM & TECHNOLOGY INVESTOR  | 4515 PAINTERS MILL RD               |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE HEALTH SCIENCES             | 4515 PAINTERS MILL RD               |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE GLOBAL TECHNOLOGY           | 4515 PAINTERS MILL RD               |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| PRINCIPAL BLUE CHIP FUND CL A            | 620 COOLIDGE DR STE 300             |                  | FOLSOM        | CA    | 95630 | 0.40%        |
| THE OSTERWEIS STRATEGIC INCOME FD        | 777 E WISCONSIN AVE 4TH FL          |                  | MILWAUKEE     | WI    | 53202 | 0.15%        |
| CONSUMER DISCRETION ULTRASEC PROFUND INV | 7501 WISCONSIN AVE STE 1000 E TOWER |                  | BETHESDA      | MD    | 20814 | 0.40%        |
| BIOTECHNOLOGY ULTRA SECTOR PRO FD INVS   | 7501 WISCONSIN AVE STE 1000 E TOWER |                  | BETHESDA      | MD    | 20814 | 0.40%        |
| PGIM GLOBAL REAL ESTATE CL A             | 655 BROAD ST                        |                  | NEWARK        | NJ    | 07102 | 0.10%        |
| PGIM TOTAL RETURN BOND CL A              | 655 BROAD ST                        |                  | NEWARK        | NJ    | 07102 | 0.40%        |
| PGIM HIGH YIELD CL A                     | 655 BROAD ST                        |                  | NEWARK        | NJ    | 07102 | 0.40%        |
| PUTNAM SUSTAINABLE LEADERS FD CL C       | 1 POST OFFICE SQ                    | MAILZONE G3C     | BOSTON        | MA    | 02109 | 0.10%        |
| T ROWE PRICE BLUE CHIP GROWTH INC        | 4515 PAINTERS MILL RD               |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE INTRNL DISCIPLINED EQ INV   | 4515 PAINTERS MILL RD               |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE OVERSEAS STOCK FUND         | 4515 PAINTERS MILL RD               |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| T ROWE PRICE GLOBAL STOCK                | 4515 PAINTERS MILL RD               |                  | OWINGS MILLS  | MD    | 21117 | 0.15%        |
| RYDEX NASDAQ 100 2X STRATEGY CL H        | 9601 BLACKWELL RD STE 500           |                  | ROCKVILLE     | MD    | 20850 | 0.40%        |
| RYDEX S&P MIDCAP 400PURE GROWTH CLASS A  | 9601 BLACKWELL RD STE 500           |                  | ROCKVILLE     | MD    | 20850 | 0.40%        |
| RYDEX DOW 2X STRATEGY CL H               | 9601 BLACKWELL RD STE 500           |                  | ROCKVILLE     | MD    | 20850 | 0.40%        |
| RYDEX MONTHLY REBAL NASDAQ 100 2X STRA H | 9601 BLACKWELL RD STE 500           |                  | ROCKVILLE     | MD    | 20850 | 0.40%        |

## Schedule C, Line 2(h) Formula Descriptions

Cook Childrens Health Care System 403(B) Retirement Plan

EIN: 75-2705881, PN: 002

Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name                              | Street Address 1          | Street Address 2 | City           | State | Zip     | Compensation |
|-----------------------------------------|---------------------------|------------------|----------------|-------|---------|--------------|
| SHELTON NASDAQ 100 INDEX INVESTOR       | PO BOX 87                 |                  | DENVER         | CO    | 80201   | 0.15%        |
| SMEAD VALUE INSTL SHARE CLASS           | 1290 BROADWAY STE 1100    |                  | DENVER         | CO    | 80203   | 0.15%        |
| SPROTT GOLD EQUITY FUND INVESTOR        | 200 BAY ST STE 2600       |                  | TORONTO        | CA    | M5J 2J1 | 0.40%        |
| TEMPLETON GLOBAL TOTAL RETURN CL A      | 100 FOUNTAIN PARKWAY      |                  | ST PETERSBURG  | FL    | 33716   | \$16.00      |
| THRIVENT SMALL CAP STOCK FUND CL S      | 4321 N BALLARD ROAD       |                  | APPLETON       | WI    | 54919   | 0.15%        |
| INFINITY Q DIVRS ALPHA INVESTOR         | 888 7TH AVE STE 3800      |                  | NEW YORK       | NY    | 10106   | 0.40%        |
| VALUE LINE MID CAP FOCUSED INVESTORS FD | 7 TIMES SQUARE STE 1606   |                  | NEW YORK       | NY    | 10036   | 0.40%        |
| VIRTUS DUFF & PHELPSRL ESTATE SECS A    | 100 SUMMIT LAKE DR 201    |                  | GREENFIELD     | MA    | 01301   | 0.40%        |
| VIRTUS SGA EMERGING MARKETS EQUITY FD C | 100 SUMMIT LAKE DR 201    |                  | GREENFIELD     | MA    | 01301   | 0.10%        |
| VIRTUS SGA EMERGING MARKETS EQUITY FD A | 100 SUMMIT LAKE DR 201    |                  | GREENFIELD     | MA    | 01301   | 0.40%        |
| VIRTUS ZEVENBERGEN INNOVATIVE GR STK A  | 100 SUMMIT LAKE DR 201    |                  | GREENFIELD     | MA    | 01301   | 0.40%        |
| WASATCH SMALL CAP GROWTH                | 505 WAKARA WAY STE 300    |                  | SALT LAKE CITY | UT    | 84108   | 0.40%        |
| WASATCH ULTRA GROWTH                    | 505 WAKARA WAY STE 300    |                  | SALT LAKE CITY | UT    | 84108   | 0.40%        |
| PRINCIPAL FIXED ACCT                    | 711 HIGH ST               |                  | DES MOINES     | IA    | 50392   | 0.25%        |
| VICTORY S SM CO OP I                    | 14785 PRESTON RD STE 1000 |                  | DALLAS         | TX    | 75254   | 0.10%        |

Schedule C, Line 2(h) Formula Descriptions

Cook Childrens Health Care System 403(B) Retirement Plan  
EIN: 75-2705881, PN: 002  
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| Payor Name | Street Address 1 | Street Address 2 | City | State | Zip | Compensation |
|------------|------------------|------------------|------|-------|-----|--------------|
|------------|------------------|------------------|------|-------|-----|--------------|

Schedule C, Line 2(h) Formula Descriptions

Cook Childrens Health Care System 403(B) Retirement Plan  
EIN: 75-2705881, PN: 002  
Plan Year Ending: December 31, 2023

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

| Payor Name | Street Address 1 | Street Address 2 | City | State | Zip | Compensation |
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Schedule C, Line 2(h) Formula Descriptions

Cook Childrens Health Care System 403(B) Retirement Plan  
EIN: 75-2705881, PN: 002  
Plan Year Ending: December 31, 2023

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**Cook Children's Health Care System****403(b) Retirement Plan****EIN 75-2705881 PN 002****Schedule H, Line 4i – Schedule of Assets (Held at End of Year)****(Continued)****December 31, 2023**

| Identity of Issue                                         | Description of Investment | Current Value |
|-----------------------------------------------------------|---------------------------|---------------|
| <b>Investment Contract</b>                                |                           |               |
| Principal Group Annuity Contract GA4-48575                | 27,420,900 shares         | \$ 27,420,900 |
| <b>Money Market Funds</b>                                 |                           |               |
| * Fidelity Cash Reserves Fund                             | 1,614,919 shares          | 3,355,714     |
| Vanguard Money Market Prime Fund                          | 15,033,923 shares         | 15,033,923    |
| * The Variable Annuity Life Insurance Money Market I Fund | 37,790 shares             | 37,790        |
| <b>Mutual Funds</b>                                       |                           |               |
| American Funds EuroPacific Growth R6 Fund                 | 145,526 shares            | 7,960,252     |
| * Fidelity 500 Index                                      | 259,967 shares            | 43,021,937    |
| * Fidelity Mid Cap Index                                  | 560,683 shares            | 16,792,442    |
| MetWest Total Return Bond Plan                            | 1,313,180 shares          | 11,319,615    |
| T. Rowe Price QM Small-Cap Growth I                       | 124,251 shares            | 5,140,283     |
| Vanguard Target Retirement 2020 Fund                      | 1,117,951 shares          | 30,039,335    |
| Vanguard Target Retirement 2025 Fund                      | 2,333,894 shares          | 42,896,977    |
| Vanguard Target Retirement 2030 Fund                      | 2,329,669 shares          | 82,633,371    |
| Vanguard Target Retirement 2035 Fund                      | 3,044,676 shares          | 67,348,235    |
| Vanguard Target Retirement 2040 Fund                      | 2,261,413 shares          | 88,873,545    |
| Vanguard Target Retirement 2045 Fund                      | 2,085,015 shares          | 55,586,513    |
| Vanguard Target Retirement 2050 Fund                      | 1,096,384 shares          | 48,723,293    |
| Vanguard Target Retirement 2055 Fund                      | 665,189 shares            | 32,986,701    |
| Vanguard Target Retirement 2060 Fund                      | 399,440 shares            | 18,250,393    |
| Vanguard Target Retirement 2065 Fund                      | 116,712 shares            | 3,495,515     |
| Vanguard Target Retirement Income Fund                    | 1,246,073 shares          | 16,211,414    |
| Vanguard U.S. Growth Fund                                 | 118,459 shares            | 17,376,769    |
| Vanguard Windsor II Adm Fund                              | 155,924 shares            | 11,859,571    |
| Victory Small Company Opportunity I                       | 158,143 shares            | 7,655,690     |
| <b>Registered Separate Accounts</b>                       |                           |               |
| * VALIC Aggressive Growth Lifestyle Fund                  | 2,970 shares              | 2,970         |
| * VALIC Ariel Appreciation Fund                           | 223 shares                | 1,306         |
| * VALIC Ariel Fund                                        | 87 shares                 | 592           |
| * VALIC Asset Allocation Fund                             | 710 shares                | 5,109         |
| * VALIC Blue Chip Growth Fund                             | 484 shares                | 3,880         |
| * Party-in-interest                                       |                           |               |

**Cook Children's Health Care System**  
**403(b) Retirement Plan**  
**EIN 75-2705881 PN 002**  
**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**  
**December 31, 2023**

| Identity of Issue                               | Description of Investment                                                 | Current Value         |
|-------------------------------------------------|---------------------------------------------------------------------------|-----------------------|
| <b>Registered Separate Accounts (Continued)</b> |                                                                           |                       |
| * VALIC Capital Appreciation Fund               | 198 shares                                                                | \$ 1,792              |
| * VALIC Core Bond Fund                          | 1,059 shares                                                              | 10,088                |
| * VALIC Dividend Value Fund                     | 166 shares                                                                | 1,649                 |
| * VALIC Emerging Economies Fund                 | 108 shares                                                                | 1,081                 |
| * VALIC Fixed Account Plus Fund                 | 460,861 shares                                                            | 4,613,220             |
| * VALIC Global Real Estate Fund                 | 266 shares                                                                | 2,668                 |
| * VALIC Global Strategy Fund                    | 2,548 shares                                                              | 27,415                |
| * VALIC Government Securities Fund              | 541 shares                                                                | 6,000                 |
| * VALIC Growth Fund                             | 900 shares                                                                | 10,626                |
| * VALIC High Yield Bond Fund                    | 280 shares                                                                | 3,681                 |
| * VALIC International Government Bond Fund      | 359 shares                                                                | 5,317                 |
| * VALIC International Growth I Fund             | 3,082 shares                                                              | 51,531                |
| * VALIC International Value Fund                | 119 shares                                                                | 2,030                 |
| * VALIC International Equities Index Fund       | 354 shares                                                                | 6,287                 |
| * VALIC International Opportunities Fund        | 74 shares                                                                 | 1,390                 |
| * VALIC International Socially Responsible Fund | 1,455 shares                                                              | 28,241                |
| * VALIC Large Capital Growth Fund               | 415 shares                                                                | 9,689                 |
| * VALIC Mid Cap Index Fund                      | 9,570 shares                                                              | 230,360               |
| * VALIC Mid Cap Strategic Growth Fund           | 476 shares                                                                | 11,739                |
| * VALIC Mid Cap Value Fund                      | 107 shares                                                                | 2,777                 |
| * VALIC Nasdaq-100(r) Index Fund                | 792 shares                                                                | 30,981                |
| * VALIC Science & Technology Fund               | 5,419 shares                                                              | 370,106               |
| * VALIC Short Term Fixed Account                | 39,344 shares                                                             | 39,344                |
| * VALIC Small Cap Growth Fund                   | 8,795 shares                                                              | 128,851               |
| * VALIC Small Cap Index Fund                    | 2,419 shares                                                              | 36,189                |
| * VALIC Small Cap Special Value Fund            | 39 shares                                                                 | 482                   |
| * VALIC Small Cap Value Fund                    | 409 shares                                                                | 4,975                 |
| * VALIC Stock Index Fund                        | 1,627 shares                                                              | 83,231                |
| * VALIC Systematic Core Fund                    | 3,812 shares                                                              | 107,322               |
| * VALIC Systematic Value Fund                   | 111 shares                                                                | 1,456                 |
| * VALIC Lifestrategy Growth Fund                | 17 shares                                                                 | 701                   |
| * VALIC Vanguard LT Inv-Grade Fund              | 20 shares                                                                 | 164                   |
| * VALIC Vanguard Wellington Fund                | 910 shares                                                                | 37,621                |
| * VALIC Vanguard Windsor II Fund                | 1,245 shares                                                              | 53,390                |
| <b>Self-directed Accounts</b>                   |                                                                           |                       |
| * Fidelity Brokerage Link Account               | 14,278,741 shares                                                         | 14,278,741            |
| <b>Participant Loans</b>                        |                                                                           |                       |
| * Fidelity notes receivable from participants   | Various maturity dates through 2032;<br>interest rates from 3.67% – 9.25% | 15,403,821            |
| * VALIC notes receivable from participants      | Various maturity dates through 2026;<br>interest rates from 3.00% – 5.00% | 372,036               |
|                                                 |                                                                           | <u>\$ 690,011,027</u> |
| * Party-in-interest                             |                                                                           |                       |