Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1959

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
RADY CHILDRENS HOSPITAL AND HEALTH CENTER

3020 CHILDRENS WAY, MC 5001
SAN DIEGO, CA 92123-4282

2b Employer Identification Number (EIN) 95-1691313

2c Plan Sponsor's telephone number 858-576-1700

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/25/2025	JAMES J. ULI JR.
	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

3a Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT COMMITTEE

3020 CHILDRENS WAY, MC 5001
SAN DIEGO, CA 92123-4282

3b Administrator's EIN: 95-1691313

3c Administrator's telephone number: 858-576-1700

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3914
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1880
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1746
b	Retired or separated participants receiving benefits	**6b**	687
c	Other retired or separated participants entitled to future benefits	**6c**	1415
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3848
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	34
f	Total. Add lines **6d** and **6e**.	**6f**	3882
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RADY CHILDRENS HOSPITAL AND HEALTH CENTER

D Employer Identification Number (EIN)
95-1691313

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2023

2 Assets:

a Market value	**2a**	417944462
b Actuarial value	**2b**	428794407

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	624	105495069	105495069
b For terminated vested participants	1410	48335606	48335606
c For active participants	1880	169503147	177591061
d Total	3914	323333822	331421736

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	13675470
b Expected plan-related expenses	**6b**	940000
c Target normal cost	**6c**	14615470

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

12/06/2024
Date

AMY C. SULLIVAN, A.S.A, E.A
Type or print name of actuary

23-06505
Most recent enrollment number

TRANSAMERICA
Firm name

508-903-6012
Telephone number (including area code)

PO BOX 428
CEDAR RAPIDS, IA 52406-0428
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	38928016	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	38928016	0
10	Interest on line 9 using prior year's actual return of 9.38 %	3651448	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.52 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	42579464	0

Part III Funding Percentages

14	Funding target attainment percentage	14	116.53 %
15	Adjusted funding target attainment percentage	15	129.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	135.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.00 %	5.74 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	14615470
b Excess assets, if applicable, but not greater than line 31a	**31b**	14615470

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADY CHILDRENS HOSPITAL AND HEALTH CENTER

D Employer Identification Number (EIN)
95-1691313

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] Yes [ ] No

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

TPG HEALTHCARE PARTNERS, L.P.

82-4937902

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

TPG PARTNERS VII, L.P.

20-5927066

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

TPG PARTNERS VIII, L.P.

82-4937753

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

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

ACTIS ENERGY 3 A LP

2 MORE LONDON RIVERSIDE
LONDON SE1 2JT GB

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

BEACH POINT CAPITAL MANAGEMENT

80-0242162

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

FIRST PACIFIC ADVISORS, LP

20-1362771

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

I SQUARED CAPITAL ADVISORS (US) LLC

98-1043772

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

SHENKMAN CAPITAL MANAGEMENT, INC.

461 FIFTH AVENUE
22ND FLOOR
NEW YORK, NY 10017

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

STATE ST GLOBAL ADVISORS TRUST CO

81-4017137

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

TSE CAPITAL MANAGEMENT L.P.

90-0918043

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

WHITE DEER ENERGY L.P. II

98-1087032

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

FRANKLIN ADVISORS, INC

94-2990534

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

IFM GLOBAL INFRASTRUCTURE (US) L.P.

98-0569684

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

KOPERNIK GLOBAL INVESTORS, LLC

46-2760679

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

PBPE GENERAL PARTNER V, LTD

98-1179780

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

RIVERSTONE ENERGY PARTNERS VI, L.P.

37-1760347

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

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

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 12 15 28 38 50 59 61 62 63 64	RECORD KEEPER	321655	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	TRUSTEE	138283	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEKETA INVESTMENT CROUP, INC.

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	71331	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LONGFELLOW INVESTMENT MANAGEMENT CO

04-2933956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	67778	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	19900	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	114572	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STEPSTONE REAL ESTATE LP

38-3930662

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTING	18750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CUSTOMIZED HR SOLUTIONS, LLC

46-2183610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTANT	6500	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COOK STREET CONSULTING, INC.

84-0854432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	CONSULTANT	60373	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RHUMBLINE

26-0137355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99 50	OTHER	31230	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ C.P.A.S P.C.

43-1947695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	24610	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RHUMBLINE ADVISORS FUND

61-6310014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	8848	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RADY CHILDRENS HOSPITAL AND HEALTH CENTER

D Employer Identification Number (EIN)
95-1691313

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 EQUITY INDEX FD NON-LENDING

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-003	C	50215216

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV DAILY TIPS INDEX FD NONLENDIN

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-091	C	17237485

a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMBLINE QSI INDEX LLC

b Name of sponsor of entity listed in (a): RHUMBLINE ADVISORS CORP.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-0137355-001	E	53165460

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL LRG MIDCAP NATURAL RES INDEX

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-1867445-001	C	10431209

a Name of MTIA, CCT, PSA, or 103-12 IE: CT SSGA U.S. SHORT-TERM

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
81-4017137-000	C	14208307

a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE AGGREGATE BOND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-047	C	26143188

a Name of MTIA, CCT, PSA, or 103-12 IE: COLTV SHORT TERM INVT FD

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
45-6138589-084	C	4562385

a Name of MTIA, CCT, PSA, or 103-12 IE: MFB NT COLLECTIVE MSCI ACWI EX-US

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

c EIN-PN 45-6138589-223	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79124787

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF II MULTI SECTOR CREDIT II

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

c EIN-PN 04-6913417-158	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35203268

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADY CHILDRENS HOSPITAL AND HEALTH CENTER

D Employer Identification Number (EIN)
95-1691313

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8315	7598
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	16346333	17412995
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	94965	97112
(B) All other	1c(3)(B)	11425590	11593600
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	77762637	78096364
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	282093648	307826001
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28578641	33946847
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1748171	1735515

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	418058300	450716032
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	113838	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	113838	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	417944462	450716032

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	175379	
	(B) U.S. Government securities	2b(1)(B)	594403	
	(C) Corporate debt instruments	2b(1)(C)	402282	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	5816018	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6988082
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	301108	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		301108
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	27768508	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20541785	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		7226723
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-3674363	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-3674363

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		24013993
(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)		14501918
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		49357461
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15187162	
(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)		15187162
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	251655	
(4) IQPA audit fees	2i(4)	24610	
(5) Investment advisory and investment management fees	2i(5)	384529	
(6) Bank or trust company trustee/custodial fees	2i(6)	162465	
(7) Actuarial fees	2i(7)	70000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	505470	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1398729
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		16585891
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		32771570
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: CBIZ C.P.A.S P.C. **(2)** EIN: 43-1947695

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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 535221.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan
THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RADY CHILDRENS HOSPITAL AND HEALTH CENTER

D Employer Identification Number (EIN)
95-1691313

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: 50.9 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: 16.4 %
High-Yield Debt: 11.1 % Real Assets: 3.4 % Cash or Cash Equivalents: 1.0 % Other: 17.2 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a 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? ☒ Yes ☐ No

21b 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).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 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 ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Financial Statements
and Supplemental Schedules
June 30, 2024 and 2023

CBIZ CPAs

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

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*Other schedules required by 29 CFR 2520.103-10 of the Department of Labor Rules and Regulations for Reporting and Disclosure and Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

CBIZ CPAs

INDEPENDENT AUDITORS' REPORT

Audit and Corporate Responsibility Committee
The Retirement Plan for Employees of Rady Children's Hospital and Health Center

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

We have performed the audits of the financial statements of The Retirement Plan for Employees of Rady Children's Hospital and Health Center (the "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 June 30, 2024 and 2023, 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan ("investment information") by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA ("qualified institution").

Management has obtained certifications from a qualified institution as of June 30, 2024 and 2023 and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 these 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the 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 Schedules Required by ERISA

The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) as of June 30, 2024 and Schedule H, line 4i – Schedule of Assets (Acquired and Disposed Within A Year) for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

CBIZ CPAs P.C.[1]

San Diego, California
December 16, 2024

[1] *In certain jurisdictions, CBIZ CPAs P.C. operates under its previous name, Mayer Hoffman McCann P.C.*

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Statements of Net Assets Available for Benefits

June 30,	**2024**	2023
Assets		
Investments:		
At fair value	**$ 70,857,831**	$ 64,810,568
At estimated fair value	**197,360,193**	182,845,658
At net asset value	**182,490,410**	170,393,759
Subtotal	**450,708,434**	418,049,985
Amounts Receivable:		
Accrued income receivable	**7,598**	8,315
Total amounts receivable	**7,598**	8,315
Total assets	**450,716,032**	418,058,300
Liabilities		
Amount due for investment securities purchased	**-**	113,838
Net Assets Available for Benefits	**$ 450,716,032**	$ 417,944,462

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

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Statements of Changes in Net Assets Available for Benefits

Years Ended June 30,	**2024**	2023
Additions:		
Net appreciation of investments	**$ 42,068,271**	$ 31,215,808
Interest and dividends	**7,289,190**	5,533,383
Total additions	**49,357,461**	36,749,191
Deductions:		
Benefit payments to participants	**15,187,162**	12,950,342
Administrative and other expenses	**1,398,729**	1,241,770
Total deductions	**16,585,891**	14,192,112
Net Increase	**32,771,570**	22,557,079
Net Assets Available for Benefits		
Beginning of year	**417,944,462**	395,387,383
End of year	**$ 450,716,032**	$ 417,944,462

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

(1) Description of the Plan

The following description of The Retirement Plan for Employees of Rady Children's Hospital and Health Center (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Rady Children's Hospital and Health Center ("RCHHC") and its not-for-profit affiliates who were hired on or before June 30, 2014. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The administrator of the Plan is the Retirement Committee of RCHHC (the "Plan Committee"), the Trustee is Northern Trust Company.

Eligibility

Employees hired on or before June 30, 2014 are eligible to participate in the Plan upon completing one year of service and attaining age 21. RCHHC implemented changes to the Plan effective July 1, 2014. Plan participants as of June 30, 2014 will continue to accrue benefits in the Plan and new employees as of July 1, 2014 are not eligible to participate in the Plan.

Vesting

Participants become fully vested in the Plan upon completing three years of service.

Retirement benefits

Benefits are payable at the normal retirement age, which is the first day of the month coinciding with or immediately following the date on which the employee attains the age of 65 and the fifth anniversary of Plan entry. Payments are calculated using a benefit formula based upon a percentage of compensation, years of service and Social Security benefits. Upon attainment of age 55, a participant with 10 or more years of service may elect early retirement resulting in reduced pension benefits. Any participant, who has attained the age of 62 and has completed 10 years of service, can request an in-service distribution. If a participant elects a second distribution, the accrued benefit will be based on the accrued benefit earned after the immediately preceding in-service distribution.

Retirement benefits, cont'd

In the event of a participant's death on or after July 1, 2007 while performing qualified military service, the beneficiary of the participant is entitled to the benefits, in addition to the benefit accruals relating to the period of qualified military service that would have been provided under the Plan had the participant resumed employment with the employer and then terminated employment on account of death.

In the event employment is terminated prior to the attainment of eligibility for early retirement, the applicable benefit distribution is deferred until what would have been the employee's normal retirement age. If a participant with a vested interest dies while in service, benefit payments equal to that of the vested portion of the participant's accumulated pension benefits are paid to the named beneficiary.

Benefits are paid in a single life annuity, 5-year, 10-year, or 15-year certain annuity, joint and survivor annuity, or a partial lump sum with a reduced monthly annuity, unless an optional form is chosen and approved by the Plan Committee. However, if the value of the benefit is $5,000 or less, the Plan Administrator pays the benefit automatically in a single payment.

Contributions

Minimum required contributions are determined by the Plan's actuary in compliance with ERISA funding requirements.

(2) Summary of Significant Accounting Policies

A summary of the Plan's significant accounting policies consistently applied in the preparation of the accompanying financial statements follows.

Basis of accounting

The accompanying financial statements have been prepared in accordance with United States of America generally accepted accounting principles ("U.S. GAAP").

Use of estimates

The preparation of financial statements and related notes to the financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Risk and uncertainties

The Plan utilizes various investment securities including money market funds, domestic equity funds, fixed income funds, international equity funds, and alternative investments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, changes in the values of investment securities may occur which could materially affect the amounts reported in the financial statements.

Investment valuation and income recognition

Investments in securities with readily determinable fair values are measured in the statements of net assets available for benefits at fair value based on quoted market prices on the last day of the fiscal year. Investments in mutual funds traded in the public market are measured at fair value based on the net asset value ("NAV") of the units held by the Plan.

The Plan has ownership interests in limited partnerships and commingled investment funds that are not traded in the public market which are carried at the percentage of their interest in the fair value of the fund or partnership. The values for the limited partnerships and commingled funds are reported by the respective investment managers. RCHHC reviews and evaluates the values provided by the managers and agrees with the valuation methods and assumptions used in determining the fair value of these investments. Since these investments are not actively traded in the public market, their estimated value is subject to uncertainty and may differ from the value that would have been used had a ready market for such investments existed. Such differences could be material.

Purchases and sales of securities are recorded on a trade-date basis while interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments consists of realized and unrealized gains and losses on investments.

Administrative expenses

The Plan's administrative expenses are paid by RCHHC or from the Plan.

(3) Funding Policy

Contributions to provide benefits under the Plan are made solely by RCHHC. RCHHC's funding policy is to annually contribute at least the required minimum amount as actuarially determined or to avoid variable rate Pension Benefit Guaranty Corporation ("PBGC") premiums. There was no required minimum funding requirement for the years ended June 30, 2024 and 2023.

(4) Information Certified by Trustee

RCHHC has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

- Investments at fair value
- Investments at net asset value
- Net appreciation of investments
- Interest and dividends
- Schedule of assets (held at end of year)
- Schedule of assets (acquired and disposed within a year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

(5) Fair Value Measurement

RCHHC has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan has certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate with respect to investments:

- Level 1 Inputs: Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date.

- Level 2 Inputs: Other than quoted prices included within Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

- Level 3 Inputs: Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at the measurement date. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are, therefore, determined using factors that involve judgment including private and public comparables, third-party appraisals, discounted cash flow models, and fund manager estimates.

(5) Fair Value Measurement, Cont'd

The fair value of the Plan's investments measured on a recurring basis at June 30, 2024, is as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance at June 30, 2024
Investments:				
Fixed income funds	$ 30,839,223	$ 57,588,980	$ -	$ 88,428,203
International equity funds	33,946,847	79,124,787	-	113,071,634
Domestic equity funds	-	60,646,426	-	60,646,426
Money market funds	6,071,761	-	-	6,071,761
Total investments in fair value hierarchy	$ 70,857,831	$ 197,360,193	$ -	$ 268,218,024
Investments measured at NAV:				
Domestic equity funds				68,223,462
Alternative investments				25,882,599
International equity funds				37,155,761
Fixed income funds				51,228,588
Total investments				$ 450,708,434

(5) Fair Value Measurement, Cont'd

The fair value of the Plan's investments measured on a recurring basis at June 30, 2023, is as follows:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance at June 30, 2021
Investments:				
Fixed income funds	$ 29,615,055	$ 55,808,558	$ -	$ 85,423,613
International equity funds	28,578,641	73,603,642	-	102,182,283
Domestic equity funds	-	53,433,458	-	53,433,458
Money market funds	6,616,872	-	-	6,616,872
Total investments in fair value hierachy	$ 64,810,568	$ 182,845,658	$ -	$ 247,656,226
Investments measured at NAV:				
Domestic equity funds				62,511,258
Alternative investments				30,009,795
International equity funds				32,083,509
Fixed income funds				45,789,197
Total investments				$ 418,049,985

Significant Level 2 investments listed in the fair value hierarchy tables above use the following valuation techniques and inputs:

- Domestic equity funds, international equity funds, and fixed income funds consist of marketable securities such as United States and foreign equity securities, government securities, and corporate bonds. Where identical quoted market prices are not readily available, fair value is determined using quoted market prices and/or other market data for comparable instruments and transactions in establishing prices, as well as discounted cash flows models and other pricing models. These inputs to fair value are included in industry-standard valuation techniques such as the income or market approach. RCHHC classifies such investments as Level 2.

(5) Fair Value Measurement, Cont'd

- For assets such as alternative investments, which comprise private equity and hedge funds, fair value is determined using NAV as fair value based on pricing that is not readily determinable. The value of underlying investments of private equity or hedge funds includes estimates determined based on recent filings, operating results, balance sheet stability, growth, and other business and market sector fundamentals.

The following table and explanations identify attributes relating to the nature and risk of RCHHC investments valued at NAV as of June 30, 2024 and 2023:

	Fair Value		Redemption	Redemption
	2024	2023	Frequency	Notice Period
Domestic equity funds	$ 53,165,459	$ 46,841,923	Daily	1 day
Fixed income funds	35,520,714	31,896,420	Daily	1 day
Fixed income funds	15,707,874	13,892,777	Quarterly	90 days
International equity funds	37,155,761	32,083,509	Weekly	1 day
Alternative investments				
Private equity funds	9,033,410	11,464,826	Illiquid[(1)]	N/A
Real assets	16,849,189	18,544,969	Illiquid[(1)]	N/A
Total Alternative investments	25,882,599	30,009,795		
Real assets	15,058,003	15,669,335	Quarterly	15 days
Total Investments valued at NAV	$ 182,490,410	$ 170,393,759		

(1)These categories include private equity and real asset funds that invest in a variety of investment groups including venture capital, leveraged buyout, real estate, infrastructure and other strategies. In connection with these funds, the Plan, as a limited partner, is committed to invest amounts subscribed to by agreement. The aggregate amount of these capital commitments is approximately $35,148,000 at June 30, 2024 of which approximately $175,000 remains unfunded at the end of the Plan year. As of June 30, 2024, it is estimated that these funds will be liquidated within the next six to nine years.

Fair value estimates are made at a specific point in time and are based on relevant market information about the financial instrument. Changes in assumptions could significantly affect these estimates. Since the fair value is estimated as of June 30, 2024, the amounts that will actually be realized or paid at settlement or maturity of the instruments could be significantly different.

(6) Accumulated Plan Benefits

Accumulated plan benefits are future periodic payments, including lump sum distributions, which under the Plan's provisions are attributable to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits at June 30, 2024 and 2023 was determined by an independent actuary and is based on actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent with these estimations and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

The actuarial cost method used to determine minimum funding requirements for the Plan is the Traditional Unit Credit Actuarial Cost Method.

Significant assumption changes included in the June 30, 2024 valuation for purposes of minimum funding requirements are: (a) the segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date, as required by IRC 430, including amendments made by the American Rescue Plan Act of 2021 (b) mortality tables used to calculate the funding target and target normal cost were updated to the Generational Mortality Table as required by IRC 430, (c) the maximum benefit limit increased from $265,000 to $275,000, (d) the maximum compensation limit increased from $330,000 to $345,000 and (d) the interest rate used to convert the PEP lump sum benefit to an annuity increased from 3.87% to 4.44%, based on the 30-year Treasury rate at June 30, 2023 and June 30, 2024, respectively.

The foregoing actuarial assumptions are based on the expectation that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

(6) Accumulated Plan Benefits, Cont'd

The actuarial present value of accumulated plan benefits as of June 30, 2024 and 2023 are as follows:

	2024	2023
Accumulated plan benefits:		
Actuarial present value of vested benefits:		
Participants currently receiving payments	**$ 113,379,061**	$ 98,522,119
Vested terminated participants	**44,310,644**	44,557,320
Other participants	**155,428,030**	155,854,326
Total vested benefits	**313,117,735**	298,933,765
Actuarial present value of nonvested benefits	**9,537,437**	9,276,699
Total actuarial present value of accumulated plan benefits	**$ 322,655,172**	$ 308,210,464

The increase in the actuarial present value of the Plan's accumulated plan benefits for the years ended June 30, 2024 and 2023 are as follows:

	2024	2023
Actuarial present value of accumulated plan benefits – beginning of year	**$ 308,210,464**	$ 291,634,744
Increase (decrease) during the year attributable to:		
Benefits accumulated and actuarial experience	**12,527,505**	12,438,856
Decrease in the discount period	**18,043,327**	17,115,233
Benefits paid	**(15,198,062)**	(12,950,342)
Changes in assumptions	**(928,062)**	(28,027)
Actuarial present value of accumulated plan benefits – end of year	**$ 322,655,172**	$ 308,210,464

(7) Exempt Party-In-Interest Transactions

Certain Plan investments are managed by Northern Trust Company. Northern Trust Company is a Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Northern Trust Company for investment management and trustee services totaled $138,283 and $150,787 for the years ended June 30, 2024 and 2023, respectively, and are reported as a component of administrative and other expenses on the statements of changes in net assets available for benefits.

(7) Exempt Party-In-Interest Transactions, Cont'd

The Plan Committee includes employees who are eligible to participate in the Plan.

StepStone Group LLC provides investment consulting and valuation services for private equity investments held by the Plan which are included in alternative investments. The Plan is also invested in the StepStone Secondary Opportunities Fund II. This transaction qualifies as a party-in-interest transaction.

(8) Federal Income Tax Status

The Internal Revenue Service ("IRS") has determined and informed RCHHC by a letter dated June 18, 2014 that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan has been amended since receiving the determination letter, however, RCHHC and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax asset or liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. RCHHC has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of an asset or liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(9) Plan Termination

Although it has not expressed any intention to do so, RCHHC has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provision set forth in ERISA.

In the event that the Plan was to be terminated, the net assets of the Plan would be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan agreement.

(9) Plan Termination, Cont'd

Certain benefits under the Plan are insured by the PBGC. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants would receive their benefits should the Plan be terminated at some future time would depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

(10) Subsequent Events

RCHHC has evaluated subsequent events through December 16, 2024, which is the date the financial statements were issued.

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Supplemental Schedules

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-1691313 # 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	TRUST INVESTMENTS:		
	U.S. Government Securities:		
	EXPORT IMPORT BK UNITED STATES WASHINGTO2.415% DUE 06-30-2027 C302155BF2	$ 35,172	$ 35,624
	FED HOME LN MTG 2.5% DUE 01-01-2052 C3132DVL94	100,056	97,089
	FED HOME LN MTG 5% DUE 08-20-2036 C31335PNJ0	17,010	16,960
	FEDERAL HOME LN MTG CORP POOL #SD1288 4.0% 06-01-2052 C3132DNND1	187,541	182,729
	FEDERAL HOME LN MTG CORP POOL #G07998 4.5% 07-01-2044 BEO C3128MAGF0	13,495	13,290
	FEDERAL HOME LN MTG CORP POOL #G08651 4%06-01-2045 BEO C3128MJWM8	23,963	23,475
	FEDERAL HOME LN MTG CORP POOL #G08688 4%01-01-2046 BEO C3128MJXS4	20,467	20,068
	FEDERAL HOME LN MTG CORP POOL #G08732 3%11-01-2046 BEO C3128MJY61	132,900	130,012
	FEDERAL HOME LN MTG CORP POOL #SD3958 5%09-01-2053 BEO C3132E0MF6	187,579	193,042
	FEDERAL HOME LN MTG CORP POOL #WN2267 3.87% 10-01-2032 C3132XGQV1	181,017	181,159
	FEDERAL HOME LN MTG CORP POOL #WN3226 4.0% 10-01-2034 C3132XHSQ8	131,904	130,182
	FEDERAL HOME LOAN MORTGAGE CORP POOL #SD1657 2.5% 02-01-2052 C3132DNZW6	179,864	184,363
	FEDERAL HOME LOAN MORTGAGE CORP 2% 04-01-2041 C3133KYU98	170,307	168,455
	FEDERAL HOME LOAN MORTGAGE CORP 3.5% 01-01-2052 C3132DPRB6	156,691	152,969
	FEDERAL HOME LOAN MORTGAGE CORP 4.5% 08-01-2052 C3132DNU68	159,384	156,409
	FEDERAL HOME LOAN MORTGAGE CORP 4.5% 09-01-2052 C3132DNX65	99,578	97,618
	FEDERAL NATIONAL MORTGAGE ASSOC 2.5% 02-01-2051 C3140QHGH2	102,086	98,732
	FEDERAL NATIONAL MORTGAGE ASSOC 4% 06-01-2052 C3133KPMB1	186,092	181,659
	FEDERAL NATIONAL MORTGAGE ASSOC 4% 09-01-2052 C3133KPYQ5	129,782	126,669
	FEDERAL NATL MTG ASSN GTD MTG POOL #AI1935 5% DUE 05-01-2041 BEO C3138AFEH9	16,368	16,060
	FEDERAL NATL MTG ASSN GTD MTG POOL #AL0933 5% 10-01-2041 BEO C3138EHBB7	8,040	7,888
	FHLMC MULTICLASS SR 24-1 CL MT 3 11-25-2063 C35563PR43	61,429	62,336
	FHLMC MULTICLASS TRANCHE SER K087 A2 3.771% DUE 12-25-2028 C3137FKUP9	105,790	105,463
	FHLMC POOL #QD-7508 3.5% DUE 02-01-2052 REG C3133B5KV3	127,498	123,787
	FHLMC POOL# SB0958 2.0% 01-01-2037 C3132CXB35	115,287	118,203
	FHLMC UMBS 30Y FIXED 4.5% 08-01-2052 C3133BHLN4	128,940	126,540
	FNMA POOL #AB3035 5% 05-01-2041 BEO C31416YLR7	15,468	15,179
	FNMA POOL #AR6377 3% DUE 02-01-2043 REG C3138W4CP4	166,676	163,522
	FNMA POOL #AS8483 3% 12-01-2046 BEO C3138WJM96	27,111	26,221
	FNMA POOL #AS8784 3% DUE 02-01-2047 BEO C3138WJXN3	34,488	33,728
	FNMA POOL #BC4777 2.5% 10-01-2031 BEO C3140F0JX3	33,857	34,194
	FNMA POOL #BM1047 4% DUE 02-01-2045 BEO C3140J5EV7	19,210	18,834
	FNMA POOL #BM1257 2.5% DUE 04-01-2037 REG C3140J5MF3	83,855	83,351
	FNMA POOL #BM3707 2.5% 04-01-2047 BEO C3140J8DM2	105,045	102,798
	FNMA POOL #BM5585 3% 11-01-2048 BEO C3140JAF37	104,993	102,849
	FNMA POOL #BO2201 3.0% 09-01-2049 C3140JWNT3	106,280	103,261
	FNMA POOL #CA3792 3.5% DUE 07-01-2049 REG C3140QBGA0	99,688	96,856
	FNMA POOL #CB4030 4.5% 06-01-2052 BEO C3140QPPQ4	161,031	158,025
	FNMA POOL #CB7044 5.0% 09-01-2053 C3140QSZJ3	173,096	179,705
	FNMA POOL #FM1675 3% 10-01-2049 BEO C3140X42H8	96,650	93,920
	FNMA POOL #FM2054 3.5% 12-01-2046 BEO C3140X5H89	23,247	22,649
	FNMA POOL #FM2189 3.5% 02-01-2048 BEO C3140X5NF6	28,796	28,235
	FNMA POOL #FM2870 3% 03-01-2050 C3140X6FL0	60,603	59,194
	FNMA POOL #FM3049 4% 04-01-2044 BEO C3140X6L74	117,131	114,393
	FNMA POOL #FM3505 2.5% DUE 06-01-2050 BEO C3140X63P4	108,746	105,023
	FNMA POOL #FM4860 2.5% 11-01-2040 BEO C3140X8MJ3	118,728	117,257
	FNMA POOL #FM5005 2% 12-01-2040 BEO C3140X8R33	85,198	83,907
	FNMA POOL #FM5534 2% 01-01-2041 BEO C3140X9EG6	126,331	124,602
	FNMA POOL #FM5791 4% 01-01-2040 BEO C3140X9NH4	157,974	158,933
	FNMA POOL #FM7518 2.5% 06-01-2051 BEO C3140XBK82	132,083	128,182
	FNMA POOL #FM8384 3% 11-01-2048 BEO C3140XCJ66	121,521	119,447
	FNMA POOL #FS0252 3.5% 01-01-2052 BEO C3140XFH61	83,334	81,822
	FNMA POOL #FS1448 4% 04-01-2052 BEO C3140XGTE9	127,854	124,799
	FNMA POOL #FS2575 2.5% 04-01-2051 BEO C3140XH2H9	88,874	85,768
	FNMA POOL #FS2661 4.5% 07-01-2052 BEO C3140XH5X1	162,466	159,216
	FNMA POOL #FS2939 4.5% 09-01-2052 BEO C3140XJHR7	115,263	113,295

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-1691313 # 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	FNMA POOL #FS3102 4.5% 10-01-2052 BEO C3140XJNU3	72,474	71,051
	FNMA POOL #FS5628 5.5% 09-01-2053 BEO C3140XMHE9	165,445	169,945
	FNMA POOL #FS5891 3.5% 05-01-2047 BEO C3140XMRM0	181,707	185,293
	FNMA POOL #FS7527 2% 03-01-2052 BEO C3140XPLH0	135,723	139,683
	FNMA POOL #MA2512 4% 01-01-2046 BEO C31418BYJ9	17,863	17,509
	FNMA POOL #MA3182 3.5% 11-01-2047 BEO C31418CRC0	18,230	17,867
	FNMA POOL #MA3210 3.5% 12-01-2047 BEO C31418CR89	21,680	21,103
	FNMA POOL #MA3833 2.5% 11-01-2049 BEO C31418DHK1	168,701	162,799
	FNMA POOL #MA4100 2% 08-01-2050 BEO C31418DRW4	137,430	131,200
	FNMA POOL #MA4175 1.5% 11-01-2040 BEO C31418DT93	80,402	79,916
	FNMA POOL #MA4176 2% 11-01-2040 BEO C31418DUA8	81,894	81,415
	FNMA REMIC TR 2014-92 CL-BD 2.5% 02-25-2044 C3136AMDX4	1,018	1,026
	FNMA 2.5% MBS 01/11/2049 USD'BO4656F' POOL #BO4656 2.5% DUE 11-01-2049 BEO C3140K0E61	85,009	82,244
	GNMA FLTG RT 2.75% DUE 11-16-2044 C38378NNC3	8,106	8,115
	GNMA POOL #999999 2.20000004768% 04-16-2057 BEO C38379UK54	2,351	2,353
	GNMA 2.4% DUE 12-16-2044 C38378XQE4	10,568	10,578
	GNMA 2017-153 CL WA DUE 06-20-2036 C38380HB76	16,710	16,654
	GNMAII POOL #MA8947 5.0% 06-20-2053 C36179X5G7	177,883	182,470
	GNMAII POOL #785591 SER 2051 3% 08-20-2051 C3622ABC42	70,116	68,373
	GOVERNMENT NATIONAL MORTGAGE A CP6435 5.5% 09-20-2062 C3617FWEF4	109,525	109,194
	GOVERNMENT NATIONAL MORTGAGE A CP6435 5.5% 09-20-2062 C3617FWEG2	106,776	106,453
	OVERSEAS PRIVATE INVT CORP PARTN CTF SER641-2015-184-IG 3.28% DUE 10-05-2034 REG C690353S40	62,627	63,148
	RESOLUTION FDG CORP FED BOOK ENTRY PRIN STRIPS GENERIC PRIN PMT 04-15-2030 C76116FAC1	56,192	57,311
	SBA SR 23-25K CL 1 5.71% 11-01-2048 C83162CV34	138,097	141,733
	SMALL BUSINESS ADMIN GTD DEV PARTN 3.38 11-01-2033 C83162CVX8	19,635	19,548
	SMALL BUSINESS ADMIN GTD DEV PARTN CTF SER 2011-20J CL 1 2.76% 10-01-2031 C83162CUH4	12,965	13,125
	SMALL BUSINESS ADMIN GTD DEV PARTN CTF SER 2012-20 H CL-1 2.37 08-01-2032 REG C83162CUY7	89,966	90,398
	SMALL BUSINESS ADMIN GTD DEV PARTN CTF SER 2012-20J CL 1 2.18% 10-01-2032 C83162CVB6	37,637	38,131
	SMALL BUSINESS ADMIN GTD DEV PARTN DEB SER 2023-10 A 5.168% 03-10-2033 C83162CS79	185,177	187,081
	SMALL BUSINESS ADMIN GTD DEV SER 2012-20I CL 1 2.2 09-01-2032 REG C83162CVA8	59,403	59,630
	SMALL BUSINESS ADMIN GTD PARTN CTFS 2.518% DUE 09-10-2027 REG C831641FJ9	42,935	43,561
	SMALL BUSINESS ADMIN GTD PARTN CTFS SER 2015-10B 2.829% 09-10-2025 C831641FE0	13,506	13,783
	SMALL BUSINESS ADMIN GTD PARTN CTFS SR 23-10B CL 1 5.688% 09-10-2033 C831641FW0	141,634	144,814
	SMALL BUSINESS ADMIN GTD PARTN CTFS SRS 2020-10A CL 1 2.078% DUE 03-01-2030 C831641FP5	54,391	55,676
	SMALL BUSINESS ADMIN GTD SER 2014-10B 3.015% DUE 09-01-2024 C831641FB6	2,528	2,593
	SMALL BUSINESS ADMIN SER 2019-25C CL 1 3.42% 03-01-2044 C83162CB44	46,769	45,759
	SMALL BUSINESS ADMIN SR 19-10B CL 1 2.283% 09-01-2029 C831641FN0	100,118	101,869
	SMALL BUSINESS ADMIN SR 24-10A 5.035% 03-10-2034 C831641FX8	100,000	99,424
	SMALL BUSINESS ADMINISTRATION SR 22-10B CL A 4.262% 09-01-2032 C831641FU4	91,427	91,499
	SMALL BUSINESS FIXED 3.548% DUE 09-10-2028 C831641FL4	69,994	70,559
	SMALL BUSINESS 2.51 DUE 03-01-2032 C83162CUR2	13,080	13,178
	SMALL BUSINESS 2.57% DUE 11-01-2036 C83162CYD9	77,604	74,931
	THIRAX 1 LLC .968% DUE 01-14-2033 BEO C88410XAA4	103,230	103,466
	U S INTL DEV FIN CORP .0001% DUE 07-15-2038 REG C90376PCS8	112,685	113,386
	UNITED STATES OF AMER TREAS NOTES 1.5% DUE 01-31-2027 C912828Z78	149,363	152,702
	UNITED STATES TREAS BDS 1.5% DUE 08-15-2026 REG C9128282A7	248,065	247,982
	UNITED STATES TREAS BDS 1.25% DUE 05-15-2050 C912810SN9	1,237,051	1,132,503
	UNITED STATES TREAS BDS 2% 11-15-2041 C912810TC2	1,246,292	1,195,366
	UNITED STATES TREAS BDS 3.125 DUE 08-15-2044 C912810RH3	168,744	155,840
	UNITED STATES TREAS NTS 1.375% DUE 12-31-2028 C91282CDP3	1,179,135	1,194,303
	UNITED STATES TREAS NTS 2.875% 08-15-2028 C9128284V9	116,944	117,773
	UNITED STATES TREAS NTS DTD 02/15/2023 3.5% 02-15-2033 C91282CGM7	37,204	37,491
	UNITED STATES TREAS NTS DTD 06/30/2022 3.25% DUE 06-30-2027 C91282CEW7	407,233	410,075
	UNITED STATES TREAS NTS DTD 10/31/2022 4% 10-31-2029 C91282CFT3	339,110	334,249
	UNITED STATES TREAS NTS 1.375% 11-15-2031 C91282CDJ7	1,057,488	1,057,469
	UNITED STATES TREAS NTS 1.625% DUE 05-15-2026 C912828R36	662,372	675,061
	US TREASURY N/B 1.5% DUE 02-15-2030 REG C912828Z94	1,787,721	1,802,391

* Represents a party-in-interest

(Continued)

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-1691313 # 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	Total U.S. Government Securities	**17,601,770**	**17,412,995**
	Municipal/Provincial Debt Instruments:		
	PETROLEOS MEXICANOS NT 3/A2 2.46% DUE 12-15-2025 BEO SINKING FUND 12-15-2024 C71654QBY7	16,501	16,348
	AUSTIN TEX RENT CAR SPL FAC REV 2.858% 11-15-2042 BEO TAXABLE C052451BH3	87,830	86,388
	CALIFORNIA ST UNIV REV 2.795% 11-01-2041BEO TAXABLE C13077DQU9	112,243	111,989
	CALIFORNIA ST UNIV REV 2.817% 11-01-2042BEO TAXABLE C13077DNA6	39,464	39,353
	CALIFORNIA ST 5.125% 03-01-2038 C13063D3S5	115,581	114,259
	CALIFORNIA ST 7.6% 11-01-2040 BEO TAXABLE C13063BJC7	63,834	59,903
	GOLDEN ST TOB SECURITIZATION CORP CALIF 3.293% DUE 06-01-2042 BEO C38122NB68	90,153	93,354
	GOLDEN ST TOB SECURITIZATION CORP 2.346%06-01-2030 C38122NB43	96,296	100,017
	GRAND PARKWAY TRANSN CORP TEX SYS TOLL R 3.326% 10-01-2052 C38611TDL8	95,529	94,963
	HARRIS CNTY TEX CULTURAL ED FACS 3.344% 11-15-2037 C414008CU4	61,250	61,935
	IOWA ST UNIV SCIENCE & TECHNOLOGY UNIV REV 3.5% 07-01-2029 C4625825X1	70,831	71,402
	KANSAS ST DEV FIN AUTH REV 4.727% 04-15-2037 BEO TAXABLE C485429Z64	87,085	87,009
	KENTUCKY ECON DEV FIN AUTH LSVLE ARENA PROJ REV 3.821 12-01-2027 BEO TAXABLE C49127KCD0	139,034	144,149
	MICHIGAN ST STRATEGIC FD LTD OBLIG REV 3.225% 09-01-2047 BEO TAXABLE C594698SJ2	107,274	106,554
	MICHIGAN ST UNIV REVS 4.165% 08-15-2122 C594712WY3	134,190	131,556
	NAPOLEON OHIO CITY SCH DIST 3.25% 12-01-2049 BEO TAXABLE C630684FQ6	61,376	60,531
	NEW YORK N Y 5.968% 03-01-2036 BEO TAXABLE C64966HYM6	119,492	114,002
	ONONDAGA N Y CIVIC DEV CORP REV 2.768% 12-01-2037 BEO TAXABLE C682832GC8	50,847	51,231
	SUFFOLK CNTY N Y 2.139% 06-15-2027 BEO TAXABLE C86476PE46	89,089	92,380
	UNIVERSITY CALIF REVS 4.131% 05-15-2045 BEO TAXABLE C91412GXY6	99,271	98,192
	Total Municipal/Provincial Debt Instruments	**1,737,170**	**1,735,515**
	Corporate Debt Instruments - Preferred:		
	CAROLINA PWR & LT 5.7% DUE 04-01-2035 C144141CV8	44,574	45,116
	PRECISION 4.2% DUE 06-15-2035 C740189AN5	50,391	51,996
	Total Corporate Debt Instruments - Preferred	**94,965**	**97,112**
	Corporate Debt Instruments - Other:		
	PVTPL AUSTRALIA & NEW ZEALAND BKG GROUP LTD 2.57% DUE 11-25-2035/11-25-2020 BEO C052528AM8	91,154	100,250
	PVTPL GLENCORE FDG LLC 6.375% 10-06-2030 C378272BP2	98,448	106,057
	WESTPAC BKG FIXED 2.668% DUE 11-15-2035 C961214EP4	90,824	100,895
	BANK NOVA SCOTIA B C 3.625% 10-27-2081 C0641598N9	141,373	172,088
	RELIANCE INDS LTD 1.87% DUE 01-15-2026 C759470AV9	60,972	63,148
	AERCAP IRELAND CAP / GLOBA 3.3% DUE 01-30-2032 BEO C00774MAX3	87,004	91,798
	SWISS RE FIN LUXEMBOURG S A 144A FIXED 5% 04-02-2049 C87089NAA8	109,825	112,627
	NATIONAL GRID PLC 5.809% 06-12-2033 C636274AE2	72,391	71,569
	NVENT FIN S A R L 5.65% 05-15-2033 C67078AAF0	52,907	55,726
	ABAY LEASING 2014 FIXED 2.654% DUE 11-09-2026 C00258HAA9	19,768	20,487
	ADVENTIST HEALTH SYS/WEST 5.757% 12-01-2034 C007944AK7	95,000	96,584
	AMGEN INC 5.75% DUE 03-02-2063 C031162DU1	52,961	54,801
	APPLEBEES FDG LLC 7.824% DUE 03-05-2053 C03789XAF5	103,280	110,603
	AT&T INC 5.35% DUE 09-01-2040 C04650NAB0	46,683	48,765
	AT&T INC 5.4% 02-15-2034 C00206RMT6	20,034	20,350
	ATHENE HLDG LTD 6.25% 04-01-2054 C04686JAH4	44,721	45,818
	BANK AMER CORP FLTG RT 1.658% DUE 03-11-2027 C06051GJQ3	76,490	81,090
	BANK AMER CORP 5.015% DUE 07-22-2033/01-22-2023 BEO C06051GKY4	78,260	79,564
	BANK 2021-BNK31 2.211% DUE 02-15-2054 C06541ABP4	61,298	65,391
	BENCHMARK 2018-B8 4.2317% DUE 01-15-2052 C08162UAW0	164,521	167,177
	BENCHMARK 2024-V6 6.38427% DUE 03-15-2029 C081927AE5	133,900	135,736
	BOARDWALK PIPELINES LLC 5.625% 08-01-2034 C096630AK4	114,898	114,988
	BOEING CO FIXED 5.705% DUE 05-01-2040 C097023CV5	79,236	79,740
	BX TR 2023-LIFE COML MTG PASSTHRU CTF CLA 5.0453% 02-15-2028 C05609DAA3	95,158	98,460

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-1691313 # 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	CARVANA AUTO RECEIVABLES TR 2021-N4 ASSET BACKED NT CL A-2 1.8% 09-11-2028 C14687HAB9	160,062	169,983
	CARVANA AUTO RECEIVABLES TRUST SR 21-N3 CL A2 1.11% 06-12-2028 C14687GAB1	108,575	115,799
	CHARLES SCHWAB CORP 5.853% 05-19-2034 C808513CE3	77,865	88,177
	CHASE HOME LENDING MTG TR 2024-2 MTG PASS THRU CTF CL A-7-A 6% 02-25-2055 C161929AM6	149,779	152,267
	CITIGROUP INC 5.827% 02-13-2035 C172967PG0	68,123	70,484
	CLECO CORP HLDGS 4.973% DUE 05-01-2046 C18551PAD1	94,991	96,064
	CMO BANK SR 2017-BNK6 CL A3 3.125% 07-15-2060 C060352AD3	77,966	81,854
	CMO CD MTG TR SER 2019-CD8 CL A4 2.912% 08-15-2057 REG C12515BAE8	186,880	195,268
	CMO DBGS 2018-C1 COML MTG PASS THRU CTF CL A-3 4.197% 08-15-2028 C23307DAZ6	130,106	134,002
	CNH EQUIP TR FIXED 5.15% DUE 04-17-2028 C12664JAC4	99,610	101,548
	CROWLEY CONRO LLC 4.181% DUE 08-15-2043 C228023AB3	55,311	52,207
	CVS CAREMARK CORP 6.036 DUE 12-10-2028 C126650BP4	72,555	74,624
	DRIVEN BRANDS FDG 3.786% DUE 07-20-2050 C26209XAA9	110,744	119,167
	DUKE ENERGY 2.617% DUE 07-01-2041 C26443KAB1	91,849	98,888
	ESSENTIAL UTILITIES INC 5.375% 01-15-2034 C29670GAH5	59,935	59,962
	FORD CREDIT AUTO OWNER TRUST SER 22-C CL A4 4.59% DUE 12-15-2027 BEO C34535AAE0	152,618	155,912
	FRONTIER ISSUER 6.6% DUE 08-20-2053 C35910EAA2	151,852	153,543
	GM FINANCIAL SECURITIZED TERM SER 23-3 CL A3 5.45% DUE 06-16-2028 C36267KAD9	139,995	142,903
	HARLEY-DAVIDSON 3.26% DUE 01-15-2030 C41284YAE6	71,628	73,994
	HERTZ VEH FING III LLC 2021-1 RENT CAR AST BKD NT 1.56% 12-26-2025 C42806MAB5	135,582	145,465
	HNA 2015 LLC 2.291% DUE 06-30-2027 C40426UAA3	73,954	76,079
	J P MORGAN CHASE COML MTG SECS TR 3.0242% 01-05-2039 C46655AAA6	154,800	159,027
	JBS USA LUX S A 6.5% DUE 12-01-2052 C46590XAX4	145,637	152,936
	JEFFERIES FINL GROUP INC 6.2% 04-14-2034 C47233WEJ4	74,879	77,292
	JOHN SEVIER COMB CYCLE 4.626 1-15-42 C478045AA5	87,334	87,377
	JPMORGAN CHASE & CO 2.58% 04-22-2032 C46647PCC8	120,440	124,611
	M D C HLDGS INC 6% DUE 01-15-2043 C552676AQ1	104,896	112,367
	MA EDL FING AUTH 2.3% DUE 02-25-2040 C57563NAD0	45,771	45,681
	MA INST TECH 4.678% DUE 07-01-2114 C575718AB7	74,603	71,931
	MARATHON OIL CORP 5.7% 04-01-2034 C565849AR7	104,562	108,775
	MISSISSIPPI PWR CO 4.25 DUE 03-15-2042 C605417BZ6	84,678	91,973
	MORGAN STANLEY 5.297% 04-20-2037 C61747YES0	23,655	24,357
	MORGAN STANLEY 5.94% 02-07-2039 C61747YFM2	84,100	85,538
	NEW ECONOMY ASSETS PHASE 1 ISSUER NET LEASE MTG NT SER 2021-1 2.41% 10-20-2061 C643821AB7	95,765	100,846
	NORTHWELL HEALTHCARE INC 4.26% 11-01-2047 C667274AC8	69,757	69,992
	NORTHWESTERN UNIV FIXED 3.688% DUE 12-01-2038 C668444AM4	44,340	44,073
	NRG ENERGY INC 4.45% DUE 06-15-2029 C629377CL4	79,546	86,470
	ONEMAIN DIRECT 4.65% DUE 03-14-2029 C68269DAA2	116,896	120,979
	ORACLE CORP 6.125% DUE 07-08-2039 C68389XAH8	106,885	105,435
	PACIFIC GAS & ELEC CO 6.7% 04-01-2053 C694308KK2	78,539	84,703
	PACIFIC GAS & ELEC CO 6.75% 01-15-2053 C694308KH9	16,331	15,842
	PG&E WILDFIRE FIXED 4.451% DUE 12-01-2047 C693342AD9	86,523	84,851
	PG&E WILDFIRE RECOVERY FDG LLC SR SECD RECOVERY BD SER 5.212% 12-01-2049 C693342AJ6	89,770	88,500
	PLAINS ALL AMERN PIPELN L P/PAA 4.9% 02-15-2045 C72650RBH4	88,548	94,875
	PNC FINL SVCS GROUP INC 3.4% DUE 12-31-2049/09-15-2026 REG C693475BC8	84,813	104,982
	PULTE HOMES INC 7.875 DUE 06-15-2032 BEO C745867AM3	118,980	122,209
	PVPTL DELTA AIR LINES/SKYMILES 4.75% DUE 10-20-2028 C830867AB3	121,336	123,871
	PVTPL ALIGNED DATA CTRS ISSUER LLC 21-1A CL A2 1.937% DUE 08-15-2046 BEO C01627AAA6	118,041	126,514
	PVTPL AMERICAN TOWER TRUST I 5.49% 03-15-2028 C03027WAM4	152,288	158,341
	PVTPL ATHENE GLOBAL FDG 1.985% 08-19-2028 C04685A3C3	68,211	75,286
	PVTPL BNSF RY CO 2015-1 PASS THRU TR PASSTHRU CTF 3.442% DUE 06-16-2028 C05581JAA2	55,266	57,604
	PVTPL BUSINESS JET SECS 2021-1 LLC SECD NT CL A 144A 2.162% DUE 04-15-2036 BEO C12327BAA4	39,549	41,556
	PVTPL CANTOR FITZGERALD LP 7.2% 12-12-2028 C138616AM9	117,078	120,346
	PVTPL CF HIPPOLYTA ISSUER LLC SER 20-1 CL A1 1.69% DUE 07-15-2060 BEO C12530MAA3	80,716	86,726
	PVTPL CHENIERE ENERGY INC 5.65% 04-15-2034 C16411RAL3	99,789	101,832
	PVTPL CMO BX TR 2022-CLS 5 SER 22-CLS CL A 5.76% DUE 10-13-2027 BEO C05609XAA9	101,091	105,661
	PVTPL CMO IMS ECUADORIAN MTG 2021-1 TR 18/08/2043 3.4% DUE 08-18-2043 BEO C44970EAA1	113,961	123,261
	PVTPL CYRUSONE DATA CTRS ISSUER I LLC SR23-2A CL A2 5.56% 11-20-2048 C23284BAE4	74,182	79,505

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-1691313 # 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	PVTPL DRIVEN BRANDS FDG LLC SR SECD NT SER 2019-2 CL A-2 144A 0-20-2049 C26208LAE8	108,274	115,715
	PVTPL EDVESTINU PRIVATE ED LN ISSUE NO 2SER 19-A CL A FLTG 144A 11-25-2038 C28166GAA3	33,107	34,596
	PVTPL GLOBAL ATLANTIC FIN CO 3.125% DUE 06-15-2031 BEO C37959GAB3	83,576	84,157
	PVTPL HARDEES FDG LLC SER 21-1A CL A-2 2.865% 06-20-2051 C411707AK8	104,340	114,450
	PVTPL HARDEES FDG LLC/CARLS JR FDG LLC 2020-1 SR SECD NT CL A-2 144A 12-20-2050 C411707AH5	131,408	142,783
	PVTPL NATIONWIDE MUT INS CO SURPLUS NT 144A 9.375% DUE 08-15-2039 REG C638671AK3	109,374	109,480
	PVTPL NEW YORK LIFE INSURANCE 5.875% DUE 05-15-2033 C64952GAE8	56,800	57,776
	PVTPL NORTHWESTERN MUT LIFE INS CO - INS PRODS 6.063% DUE 03-30-2040 C668131AA3	159,547	162,796
	PVTPL PENN MUT LIFE INS CO 3.8% DUE 04-29-2061 BEO C707567AE3	101,158	97,762
	PVTPL SEB FDG LLC SR 24-1A CL A2 7.386% 04-30-2054 C78433DAC8	155,000	159,956
	PVTPL SOLVENTUM CORP 5.6% 03-23-2034 C83444MAG6	89,707	89,944
	PVTPL SPRINT SPECTRUM /SPRINT 5.152% 03-20-2028 C85208NAE0	74,208	75,949
	PVTPL SUBWAY FDG LLC ISSUER SER 24-1A CL A2II 6.268% 07-30-2054 C864300AC2	110,710	113,401
	PVTPL VISTRA OPERATIONS CO LLC 6.95% DUE10-15-2033 BEO C92840VAQ5	94,958	103,458
	SALMON RIV EXPT 2.193% DUE 09-15-2026 C79547UAA5	15,189	15,799
	SANTANDER DRIVE AUTO RECEIVABLES TR 2022SR 22-3 CL B 4.59% 08-16-2027 C80285UAE1	102,181	105,787
	SCF EQUIP LEASING 2021-1 LLC / SCF EQUIPCONT BACKED NT CL B 1.37% 08-20-2029 C783897AD3	91,725	98,881
	SCHWAB CHARLES CORP NEW DEP SHS REPSTG 1/100TH INT 4% 12-31-2250 C808513BJ3	29,190	34,759
	SCI APPLICATIONS 5.5% DUE 07-01-2033 C808626AG0	32,711	34,835
	SCI APPLICATIONS 7.125% DUE 07-01-2032 C808626AE5	90,407	93,810
	SERVICEMASTER FDG LLC / 2020-1 SR SECD NT CL A-2-I 2.841% 01-30-2051 C81761TAA3	101,533	110,969
	SOUTHAVEN COMBINED 3.846% DUE 08-15-2033 C841215AA4	93,399	93,436
	SOUTHERN CALIF EDISON CO 6.03% DUE 03-01-2053 C842400HV8	84,981	83,781
	STATE STR CORP FLTG RT 4.821% DUE 01-26-2034 C857477CA9	63,113	63,856
	STATE STR CORP FLTG RT 5.159% DUE 05-18-2034 C857477CC5	74,129	75,417
	TARGA RES CORP 6.5% DUE 02-15-2053 C87612GAD3	76,592	80,172
	Total United States - USD TARGA RES PARTNERS LP/TARGA RES FIN 5.5% SNR NTS 03-01-2030 USD C87612BBQ4	57,742	60,677
	TRUIST FINL CORP SR MED TERM NTS 5.122% 01-26-2034 C89788MAM4	66,334	68,218
	U S BANCORP 5.836% 06-12-2034 C91159HJN1	106,776	108,325
	UNUM GROUP 6% 06-15-2054 C91529YAT3	69,072	68,406
	VALMONT INDS INC 5% DUE 10-01-2044 C920253AF8	87,685	92,355
	VERIZON MASTER TRUST SR 22-6 CL A 3.67% 01-22-2029 C92348KAZ6	101,578	104,835
	VMWARE INC FIXED 2.2% 08-15-2031 C928563AL9	88,313	90,946
	WARNERMEDIA HLDGS INC SR NT 5.391% 03-15-2062 C55903VBF9	75,155	75,444
	WELLS FARGO & COMPANY 6.303% 10-23-2029 C95000U3G6	105,000	110,869
	WELLS FARGO COML 3.56% DUE 01-15-2059 C94989YAZ6	211,620	221,020
	WESTINGHOUSE AIR BRAKE TECH CORP 5.611% 03-11-2034 C960386AR1	85,000	86,964
	WESTN GAS PARTNERS 5.45% DUE 04-01-2044 C958254AD6	89,713	91,693
	WEYERHAEUSER CO 6.875% DUE 12-15-2033 C962166BT0	81,484	83,338
	YALE UNIV MEDIUM 7.375% DUE 04-15-2096 C98458PAA3	59,350	58,758
	Total Corporate Debt Instruments - Other	**11,136,781**	**11,593,600**
	Mutual Funds:		
	MFO ARTISAN PARTNERS FDS INC FORMERLY ARTIS GLOBAL VALUE FD INSTL SHS C04314H741	29,517,181	33,946,847
	Total Mutual Funds	**29,517,181**	**33,946,847**
	Partnership/Joint Venture/International Equity Interests:		
	ACTIS ENERGY 3 "A" LP C991NLG995	27,880	46,101
	ADVENT INTERNATIONAL GPE VIII-C LP C992AUU991	997,002	906,923
	AMERICAN INDUSTRIAL PARTNERS CAPITAL FUND V LP C991AVH990	468,840	437,775
	AMERICAN INDUSTRIAL PARTNERS CAPITAL FUND VI, LP C992448993	1,640,311	1,744,767
	AMERICAN SECURITIES PARTNERS VII LP C9925BE999	1,873,828	1,730,251
	CVC CREDIT PARTNERS GLOBAL SPECIAL SITUATIONS USD FUND LP C991XHK999	193,547	196,382
	ENCAP ENERGY CAPITAL FUND X LP C992C21992	686,318	614,566
	GLOBAL INFRASTRUCTURE PARTNERS III-B FEEDER FUND, LP C992C23998	1,946,196	1,901,259
	GQG PARTNERS GLOBAL EQUITY FUND C992QJW995	22,794,512	37,155,761

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Schedule H, line 4i – Schedule of Assets (Held at End of Year)

EIN: 95-1691313 # 001

June 30, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(d) Cost	(e) Current Value
	IFM GLOBAL INFRASTRUCTURE (US), L.P CLASS A C993BFE991	10,334,814	10,958,034
	ISQ GLOBAL FUND GP, LP C992C24996	1,752,515	1,619,765
	PATRIA BRAZILIAN PRIVATE EQUITY FUND V C9923MF999	1,498,880	1,472,831
	PRIME PROPERTY FUND LLC C993C93990	16,971,682	15,058,003
	RIVERSTONE GLOBAL ENERGY & POWER FUND VI C992C25993	527,320	454,748
	StepStone Secondary Opportunities Fund II, L.P. C991DNY996	593,761	434,808
	TPG PARTNERS VII LP C9924GK993	836,487	739,178
	US FARMING REALTY TRUST II LP C991LR8991	236,438	567,102
	VISTA EQUITY PARTNERS V LP C991S50997	1,219,074	1,370,496
	WHITE DEER ENERGY TE LP II C991HT9996	1,986,939	687,614
	Total Partnership/Joint Venture/International Equity Interests	**66,586,344**	**78,096,364**
	Common/Collective Trusts:		
	CF GLOBAL LARGE MID CAP NATURAL RESOUCES INDEX FUND C424996YU4	9,895,648	10,431,209
	CF RHUMBLINE QSI INDEX FUND CRT9945997	48,648,560	53,165,460
	CF SSGA U.S. SHORT-TERM GOVERNMENT/CREDIT BOND INDX NL (CMLD) C617999U70	13,540,762	14,208,307
	CF WTC-CIF II MULTI SECTOR CREDIT II C998456560	33,780,368	35,520,714
*	MFB NT COLLECTIVE AGGREGATE BOND INDEX FUND-NON LENDING CCOB9989C3	25,477,538	26,143,188
*	MFB NT COLLECTIVE MSCI ACWI EX-US INDEX FUND-NON LENDING C003999323	70,812,895	79,124,787
*	MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING C658991310	40,314,233	50,215,216
*	MFB NT COLLECTIVE TIPS INDEX FUND - NON LENDING C003999349	16,772,457	17,237,485
*	NT COLLECTIVE SHORT TERM INVT FD C66586U452	4,562,385	4,562,385
	CF GOLDENTREE MULTI-SECTOR CAYMAN, LTD CLA SER 1 C7I9991D50	13,733,457	15,707,874
	VANGUARD TREASURY MONEY MARKET INV (TRS)	1,509,376	1,509,376
	Total Common/Collective Trusts	**279,047,679**	**307,826,001**
		$ 405,721,890	**$ 450,708,434**

* Represents a party-in-interest

The Retirement Plan for Employees of Rady Children's Hospital and Health Center

Schedule H, line 4i – Schedule of Assets (Acquired and Disposed Within A Year)

EIN: 95-1691313 # 001

June 30, 2024

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
ACTIS ENERGY 3 "A" LP		$ 28,028	$ 10,628
ADVENT INTERNATIONAL GPE VIII-C LP		36,914	187,181
AMERICAN INDUSTRIAL PARTNERS CAPITAL FUND VI, LP		51,231	17,571
AMERICAN SECURITIES PARTNERS VII LP		17,787	512,617
BGC GROUP INC 4.375% 12-15-2025		(139,481)	145,174
CVC CREDIT PARTNERS GLOBAL SPECIAL SITUATIONS USD FUND LP		3,201	62,858
ENCAP ENERGY CAPITAL FUND X LP		84,475	86,257
GLOBAL INFRASTRUCTURE PARTNERS III-B FEEDER FUND, LP		67,785	86,257
IFM GLOBAL INFRASTRUCTURE (US), L.P CLASS A		93,067	93,067
ISQ GLOBAL FUND GP, LP		83,031	37,124
MORGAN STANLEY 6.342% 10-18-2033		67,183	69,067
PATRIA BRAZILIAN PRIVATE EQUITY FUND V		24,438	81,915
RIVERSTONE GLOBAL ENERGY & POWER FUND VI		9,131	116,656
T-MOBILE USA INC 5.05% 07-15-2033		23,858	24,508
T-MOBILE USA INC 5.75% 01-15-2034		54,965	56,717
TPG PARTNERS VII LP		31,475	61,498
VISTA EQUITY PARTNERS V LP		9,713	17,446
WHITE DEER ENERGY TE LP II		26,645	90,000

* Represents a party-in-interest

Attachment to 2023 Form 5500 Schedule SB,
Line 26a – Schedule of Active Participant Data

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

	..... Completed Years of Credited Service										
Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +	Total
0 – 24	0	0	0	0	0	0	0	0	0	0	0
Avg. Comp.											
25 – 29	0	0	0	2	0	0	0	0	0	0	2
30 – 34	0	0	6	31	0	0	0	0	0	0	37
				98,284							
35 – 39	0	8	36	103	36	0	0	0	0	0	183
			48,566	97,610	121,038						
40 – 44	0	7	14	111	125	30	1	0	0	0	288
				103,277	121,056	112,133					
45 – 49	1	6	19	91	120	72	8	1	0	0	318
				88,432	128,962	126,560					
50 – 54	1	6	9	92	90	72	38	7	0	0	315
				96,780	129,212	120,768	141,120				
55 – 59	1	2	16	73	75	62	38	32	7	3	309
				103,371	97,526	119,317	116,516	119,707			
60 – 64	0	3	16	69	41	49	27	18	26	11	260
				97,349	104,015	117,527	111,933		144,527		
65 – 69	3	21	13	30	20	12	10	8	4	8	129
		75,315		95,150	106,544						
70 & Up	2	7	7	9	7	2	0	0	1	4	39
Totals	8	60	136	611	514	299	122	66	38	26	1,880

Attachment to 2023 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year). However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Attachment to 2023 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for the July of the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv) including the amendments made by the American Rescue Plan Act of 2021.
PBGC Interest Rates	Based on the standard premium funding target and the PBGC segment interest rates in accordance with ERISA Section 4006.4(b)(2). 1st Segment 5.26% (previously, 3.64%) 2nd Segment 5.23% (previously, 4.80%) 3rd Segment 5.16% (previously, 4.78%) Effective Rate 5.20%
Expected Investment Return/ ASC 960-20 Interest Rate	6.00%

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Funding: Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year. Accounting (ASC 960-20): PRI-2012 Employee Tables with the Retiree and Contingent Survivor Tables for annuitants projected forward with Scale MP-2021 for all years. Contingent Survivor Tables are applied following the death of the participant (previously, the Contingent Survivor Tables were applied for beneficiaries regardless of participant status).
Disability Mortality	Funding: Revenue Ruling 96-7 Post-94 table for males and females. Accounting (ASC 960-20): PRI-2012 Disabled Retiree Table for annuitants projected forward with Scale MP-2021 for all years (unchanged).
Compensation Increases	3.50%
Taxable Wage Base Increases	3.00%
IRC Maximum Benefit and Compensation Limitations	
Benefit Limit	$265,000 for 2023 (previously, $245,000).
Compensation Limit	$330,000 for 2023 (previously, $305,000).

Attachment to 2023 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

D. ACTUARIAL ASSUMPTIONS *(cont'd)*

PEP Annuity Conversion Rate

Funding: 3.87% interest rate and the 417(e) applicable mortality table for the valuation year (previously, 3.25% was used).

Accounting (ASC 960-20): 3.87% interest rate and the 417(e) mortality table (previously, 3.25% interest rate).

Withdrawal Rates

Sample probabilities are as follows:

Age	Rate
20	30.0%
25	20.0%
30	16.0%
35	11.5%
40	8.5%
45	8.0%
50	7.5%
55	11.25%
62	15.0%

Retirement Age

Age	Rate
55-61	3.0%
62-64	10.0%
65-69	25.0%
70+	100.0%

Terminated vested participants are assumed to retire at age 65.

Disability Rates

50% of the 1987 Standard Disability Table.

Sample probabilities are as follows:

Age	Male Rate	Female Rate
35	0.0445%	0.0725%
40	0.0695%	0.1015%
45	0.1285%	0.1630%
50	0.2535%	0.2730%
55	0.4790%	0.4245%
60	0.7360%	0.5470%
65	0.9285%	0.6325%

Attachment to 2023 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

Form of Payment	Participants retiring from active status and vested terminated participants eligible for early retirement: • 70% are assumed to take an immediate annuity in the following forms: – 65% Single Life Annuity – 25% 10-Year Certain Only – 10% 100% Joint and Survivor • The remaining 30% are assumed to take the PEP Lump Sum immediately. The Residual Annuity is assumed to commence immediately with the same forms of annuity as above. Participants terminating from active status and vested terminated participants not yet eligible for early retirement: • 80% are assumed to take an annuity at the normal retirement age in the following forms: – 65% Single Life Annuity – 25% 10-Year Certain Only – 10% 100% Joint and Survivor • The remaining 20% are assumed to take the PEP Lump Sum immediately. The Residual Annuity is assumed to commence at normal retirement age with the same forms of annuity as above. Participants decrementing due to disability: • 100% are assumed to take a single life annuity at normal retirement age.
Marital Assumption	It has been assumed that 60% of all male participants and 55% of all female participants are married. Husbands are assumed to be 3 years older than their wives.
Plan Expenses	$940,000 (previously, $870,000)

ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: Rady Children's Hospital and Health Center

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

Plan Year: July 1, 2023 to June 30, 2024
EIN: 95-1691313 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Pages 21-26 of the attached auditor's report of the Plan for the plan year ending June 30, 2024 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 27 of the attached auditor's report of the Plan for the plan year ending June 30, 2024 provides the schedule of reportable transactions.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
THE RETIREMENT PLAN OF RADY CHILDRENS HOSPITAL AND HEALTH CENTER

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
RADY CHILDRENS HOSPITAL AND HEALTH CENTER

D Employer Identification Number (EIN)
95-1691313

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2023

2 Assets:

a Market value	**2a**	417944462
b Actuarial value	**2b**	428794407

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	624	105495069	105495069
b For terminated vested participants	1410	48335606	48335606
c For active participants	1880	169503147	177591061
d Total	3914	323333822	331421736

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	13675470
b Expected plan-related expenses	**6b**	940000
c Target normal cost	**6c**	14615470

Statement by Enrolled Actuary

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

SIGN HERE

Amy C. Sullivan

Signature of actuary

12/6/2024
Date

Amy C. Sullivan, A.S.A, E.A
Type or print name of actuary

23-06505
Most recent enrollment number

TRANSAMERICA
Firm name

(508) 903-6012
Telephone number (including area code)

PO Box 428

Cedar Rapids, IA 52406-0428
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	38928016	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	38928016	0
10	Interest on line 9 using prior year's actual return of 9.38 %	3651448	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.52 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	42579464	0

Part III Funding Percentages

14	Funding target attainment percentage	14	116.53 %
15	Adjusted funding target attainment percentage	15	129.38 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	135.24 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	☐ N/A, full yield curve used
b Applicable month (enter code)			**21b**	0
22 Weighted average retirement age			**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	14615470
b Excess assets, if applicable, but not greater than line 31a	**31b**	14615470

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Attachment to 2023 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.03	1,000,000	1	0.03	1.65
56	0.03	970,000	0.97	0.0291	1.6296
57	0.03	940,900	0.9409	0.028227	1.608939
58	0.03	912,673	0.912673	0.02738	1.588051
59	0.03	885,293	0.885293	0.026559	1.566968
60	0.03	858,734	0.858734	0.025762	1.545721
61	0.03	832,972	0.832972	0.024989	1.524339
62	0.1	807,983	0.807983	0.080798	5.009494
63	0.1	727,185	0.727185	0.072718	4.581263
64	0.1	654,466	0.654466	0.065447	4.188583
65	0.25	589,019	0.589019	0.147255	9.571567
66	0.25	441,765	0.441765	0.110441	7.289116
67	0.25	331,323	0.331323	0.082831	5.549668
68	0.25	248,493	0.248493	0.062123	4.224374
69	0.25	186,369	0.186369	0.046592	3.214873
70	1	139,777	0.139777	0.139777	9.784396

Average age at retirement	64.52695
Rounded for Schedule SB item 22	**65**

Attachment to 2023 Form 5500 Schedule SB, Line 26b – Schedule of Projection of Expected Benefit Payments

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

Funding Projected Benefit Payments				
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2023	3,296,599	831,107	11,764,530	15,892,236
2024	3,986,874	1,091,326	11,287,319	16,365,519
2025	5,099,951	1,247,046	10,676,113	17,023,110
2026	6,173,710	1,472,866	9,930,868	17,577,444
2027	7,296,197	1,735,847	9,239,772	18,271,816
2028	8,637,428	2,035,764	8,790,393	19,463,585
2029	9,611,339	2,320,781	8,486,884	20,419,004
2030	10,504,300	2,532,645	8,129,801	21,166,746
2031	11,486,319	2,679,223	7,470,138	21,635,680
2032	12,264,370	2,762,375	6,973,195	21,999,940
2033	12,574,012	3,004,443	6,592,435	22,170,890
2034	12,992,354	3,200,556	6,244,722	22,437,632
2035	13,352,943	3,351,704	5,769,815	22,474,462
2036	13,801,117	3,467,529	5,279,295	22,547,941
2037	14,059,613	3,589,296	4,879,949	22,528,858
2038	14,315,512	3,667,630	4,573,412	22,556,554
2039	14,535,757	3,839,178	4,317,701	22,692,636
2040	14,861,276	3,988,789	4,045,539	22,895,604
2041	15,086,987	4,089,553	3,758,860	22,935,400
2042	15,078,727	4,166,332	3,460,444	22,705,503
2043	15,106,160	4,247,514	3,153,853	22,507,527
2044	15,119,661	4,291,272	2,843,381	22,254,314
2045	15,030,411	4,365,887	2,533,860	21,930,158
2046	14,800,715	4,396,836	2,230,404	21,427,955
2047	14,480,238	4,420,168	1,938,163	20,838,569
2048	14,090,415	4,420,177	1,661,949	20,172,541
2049	13,709,128	4,390,651	1,405,873	19,505,652
2050	13,114,418	4,341,461	1,173,117	18,628,996
2051	12,498,037	4,226,918	965,761	17,690,716
2052	11,857,395	4,074,480	784,711	16,716,586
2053	11,142,824	3,910,511	629,746	15,683,081
2054	10,416,243	3,723,557	499,692	14,639,492
2055	9,679,015	3,533,199	392,649	13,604,863
2056	8,943,794	3,335,548	306,184	12,585,526
2057	8,234,937	3,138,327	237,568	11,610,832
2058	7,556,822	2,941,302	183,991	10,682,115
2059	6,883,467	2,749,163	142,731	9,775,361
2060	6,273,627	2,559,337	111,291	8,944,255
2061	5,690,191	2,374,075	87,496	8,151,762
2062	5,152,443	2,193,881	69,542	7,415,866
2063	4,656,426	2,019,181	55,977	6,731,584
2064	4,181,806	1,850,319	45,663	6,077,788
2065	3,742,449	1,687,581	37,734	5,467,764
2066	3,337,151	1,531,247	31,537	4,899,935
2067	2,960,000	1,381,603	26,588	4,368,191
2068	2,606,724	1,238,947	22,551	3,868,222
2069	2,281,261	1,103,589	19,182	3,404,032
2070	1,982,389	975,838	16,314	2,974,541
2071	1,709,235	855,991	13,829	2,579,055
2072	1,461,380	744,344	11,651	2,217,375

Attachment to 2023 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

Plan Status	Closed to new entrants.
Effective Date	October 1, 1959; latest amendment and restatement effective as of July 1, 2013. Most recent amendment dated June 27, 2017.
Plan Year	July 1 through June 30.
Coverage	All employees of the Company are eligible to participate in the Plan, excluding leased employees or any person who is an independent contractor.
Eligibility	All employees become participants in the Plan on the first day of the month coincident with or next following attainment of age 21 and completion of 1,000 hours of service. No new participants will enter the Plan after June 30, 2014.
Accrual Service	One year of service for each calendar year in which employee worked 1,000 hours or more. For employees employed between October 1, 1976 and December 31, 1987, one year of service was credited for the year of hire regardless of the number of hours worked.
Earnings	Basic earnings plus any compensation deferred under a Section 125 or Section 403(b) plan.
Average Compensation	The average pay of the 5 calendar years that produces the highest average starting with 1985. If a participant has less than 5 years, then the Average Compensation will be the average compensation during employment.
Normal Retirement Date	The normal retirement date is the first day of the month coinciding with or next following a participant's 65th birthday and completion of 5 years of participation.

Attachment to 2023 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

Normal Retirement Benefit

Participants may elect to receive either the PEP benefit or the Annuity Benefit shown below.

PEP Benefit:

- Payable immediately upon termination or retirement as a lump sum payout.
- Equal to 2% of the Average Compensation times Accrual Service.
- Residual Annuity: should a participant elect to receive the PEP benefit as a lump sum, any residual annuity after offset shall be paid on their retirement date and shall be calculated as I minus II:
  - I) The monthly Annuity Benefit described below.
  - II) The actuarially equivalent annuitized vale of the PEP benefit (based on 30-year Treasury Rate and PPA mortality).

Annuity Benefit: The greater of the following formulas.

I) 45% of Average Compensation times Accrual Service up to 30 years divided by 30 minus 70% of the participant's Social Security benefit payable at age 65 times Accrual Service up to 30 years divided by 30.

II) $20 times Accrual Service.

Early Retirement

Early retirement is available for any participant who has attained age 55 and 10 years of vesting service.

The amount payable to an early retiree shall be his or her Normal Retirement Benefit at the time of early retirement reduced by .5% for each month that payments commence prior to the normal retirement date.

Attachment to 2023 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

Late Retirement	The late retirement benefit is equal to the greater of: (i) the accrued benefit on the normal retirement date actuarially increased to the late retirement date, or (ii) the accrued benefit on the late retirement date.
Disability Benefit	The disability benefit is payable on the normal retirement date (or early retirement date with appropriate early retirement adjustments) and is equal to the normal retirement benefit assuming that service continues to accrue while the participant is totally and permanently disabled and the average compensation remains unchanged from the year in which the disability occurred.
Pre-Retirement Death Benefit	The vested benefit for the life of the beneficiary in an amount equal to the benefit payable as if the participant had separated from service on the day of death, and commenced payment on his earliest retirement date in the form of a qualified 50% joint and survivor annuity, and died the next day. The PEP benefit is not available as a Lump Sum upon death and is converted to an annuity for this purpose.
Termination Benefit	Eligible on termination with 3 years of vesting service. The termination benefit is equal to the normal retirement benefit payable at Normal Retirement.
Form of Payment	The normal form of payment is a life annuity if single, 50% Joint & Survivor if married. Other optional forms of benefit are: 50% Joint & Survivor 75% Joint & Survivor 100% Joint & Survivor 5 year Certain Only 10 year Certain Only 15 year Certain Only Social Security Adjustment Option Lump Sum (up to the greater of the value of the PEP benefit or $5000)

Attachment to 2023 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

Actuarial Equivalence	The actuarial equivalence basis is 6.5% interest and the IRS Applicable Mortality Table. For purposes of calculating a lump sum distribution, the interest rate and the mortality table will be determined pursuant to Internal Revenue Code Section 417(e). The interest rate shall be the applicable interest rate for the month of March immediately preceding the Plan Year in which the distribution is made, and the mortality table shall be the applicable mortality table for the Plan Year in which the distribution is made. For purposes of converting a PEP benefit to a life annuity, the interest rate shall be the yield for the thirty (30) year Treasury constant maturity securities for the March preceding the Plan Year.
Vesting	A participant becomes 100% vested in his or her accrued retirement benefit upon completion of 3 or more years of vesting service. A year of vesting is granted for each 12 month period of employment from date of hire in which at least 1,000 hours worked.
Changes in Principal Eligibility or Benefit Provision since the Previous Valuation	None.

ATTACHMENT TO THE 2023 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: Rady Children's Hospital and Health Center

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

Plan Year: July 1, 2023 to June 30, 2024
EIN: 95-1691313 Plan No.: 001

Item 4i- Schedule of Assets Held at End of Year
Pages 21-26 of the attached auditor's report of the Plan for the plan year ending June 30, 2024 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 27 of the attached auditor's report of the Plan for the plan year ending June 30, 2024 provides the schedule of reportable transactions.

Attachment to 2023 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: The Retirement Plan of Rady Children's Hospital and Health Center

EIN/PN: 95-1691313/001

For 2023, $940,000 included in target normal cost for expected expenses (previously, $870,000). This change was made to better reflect anticipated future expenses.

The PEP Annuity Conversion Rate increased to 3.87% (June 2023 30-year Treasury rate) from the rate used last year of 3.25% (June 2022 30-year Treasury rate). This change was made to reflect the most recently available rates.