

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: CHMC ANESTHESIA FOUNDATION, INC. MONEY PURCHASE PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): CHMC ANESTHESIA FOUNDATION, INC.
2b Employer Identification Number (EIN): 04-2702169
2c Plan Sponsor's telephone number: 617-919-1355
2d Business code (see instructions): 621111

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	175
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	149
	<b>6a(2)</b>	152
	<b>6b</b>	0
	<b>6c</b>	33
	<b>6d</b>	185
	<b>6e</b>	0
	<b>6f</b>	185
	<b>6g(1)</b>	173
<b>6g(2)</b>	184	
<b>6h</b>	6	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2A 2C 3F

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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 A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

<b>A</b> Name of plan <b>CHMC ANESTHESIA FOUNDATION, INC. MONEY PURCHASE PENSION PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CHMC ANESTHESIA FOUNDATION, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>04-2702169</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**CONSECO LIFE INSURANCE**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>04-1590850</b>	<b>435</b>	<b>PO239570</b>	<b>1</b>	<b>07/01/2023</b>	<b>06/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
---	--------------------------------------

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶ **FULLY PAID CONTRACT**

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

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

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

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

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>		<b>0</b>
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
(6) Total additions .....	<b>7c(6)</b>		<b>0</b>
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>		<b>0</b>
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>		
	<b>7e(2)</b>		
	<b>7e(3)</b>		
	<b>7e(4)</b>		
	(5) Total deductions .....	<b>7e(5)</b>	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>		<b>0</b>

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

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

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

<b>A</b> Name of plan <b>CHMC ANESTHESIA FOUNDATION, INC. MONEY PURCHASE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CHMC ANESTHESIA FOUNDATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2702169</b>	

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

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

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

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

PHYSICIANS ORG. AT CHILDRENS HOSPIT

300 LONGWOOD AVENUE  
BOSTON, MA 02115

(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	INVESTMENT MANAGER	389835	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
---	--	--

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

<b>A</b> Name of plan <u>CHMC ANESTHESIA FOUNDATION, INC. MONEY PURCHASE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHMC ANESTHESIA FOUNDATION, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2702169</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>P.O. AT C.H. RETIREMENT PLAN GROUP</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>PHYSICIANS ORGANIZATION AT CHILDRENS HOSPITAL, INC.</u>	
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>04-3266103-001</u>	<u>E</u>	<u>76041937</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

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

<b>A</b> Name of plan <b>CHMC ANESTHESIA FOUNDATION, INC. MONEY PURCHASE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CHMC ANESTHESIA FOUNDATION, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>04-2702169</b>	

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3245	3363
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	15252785	52771985
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	683346	531575
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	99572012	76041937
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	83011222	93341726
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	150698	141284

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	198673308	222831870
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	88117	12422
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	88117	12422
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	198585191	222819448

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	8576233	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	56690	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		8632923
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	28262	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		28262
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		14027760
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		7359764
<b>c</b> Other income.....	<b>2c</b>		-9415
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		30039294

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	5396004	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5396004
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees.....	<b>2i(5)</b>	409033	
(6) Bank or trust company trustee/custodial fees.....	<b>2i(6)</b>		
(7) Actuarial fees.....	<b>2i(7)</b>		
(8) Legal fees.....	<b>2i(8)</b>		
(9) Valuation/appraisal fees.....	<b>2i(9)</b>		
(10) Other trustee fees and expenses.....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		409033
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		5805037

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		24234257
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan.....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **BAKER NEWMAN NOYES**

(2) EIN: **01-0494526**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

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

<b>A</b> Name of plan <u>CHMC ANESTHESIA FOUNDATION, INC. MONEY PURCHASE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CHMC ANESTHESIA FOUNDATION, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>04-2702169</u>	

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	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): 33-6134835 04-3076058

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	4
--	---	---

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

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

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

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

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	8576233
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	8576233
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	6c	0

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

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

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

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**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

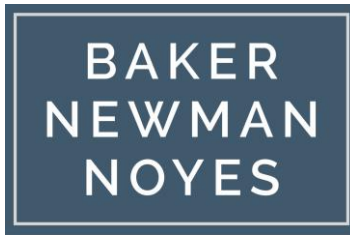
**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 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 \_\_\_\_\_.



# **CHMC Anesthesia Foundation, Inc. Money Purchase Pension Plan**

Financial Statements  
and Supplemental Schedules

*Years Ended June 30, 2024 and 2023  
With Independent Auditors' Report*

Baker Newman & Noyes LLC  
MAINE | MASSACHUSETTS | NEW HAMPSHIRE  
800.244.7444 | [www.bnn CPA.com](http://www.bnn CPA.com)



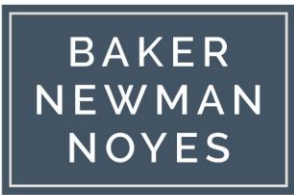
**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES**

Years Ended June 30, 2024 and 2023

**Contents**

Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Schedules:	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13
Schedule H, Line 4j – Schedule of Reportable Transactions	23



## INDEPENDENT AUDITORS' REPORT

To the Plan Trustees  
CHMC Anesthesia Foundation, Inc. Money Purchase Pension Plan

### Opinion

We have audited the financial statements of the CHMC Anesthesia Foundation, Inc. Money Purchase Pension Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), which 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

### 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 U.S. GAAP, 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.

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.

To the Plan Trustees  
CHMC Anesthesia Foundation, Inc. Money Purchase Pension Plan

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**

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, misrepresentation, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

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.

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of June 30, 2024 and schedule of reportable transactions 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 (DOL) 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 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.

To the Plan Trustees  
CHMC Anesthesia Foundation, Inc. Money Purchase Pension Plan

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Baker Newman + Noyes LLC*

Portland, Maine  
February 20, 2025

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value:		
Interest-bearing cash	\$ 12,339,956	\$ 12,090,933
Money market funds	40,432,021	3,161,852
Exchange traded funds	84,974,882	75,082,430
Mutual funds	5,240,744	5,579,816
Common stocks	3,126,108	2,348,976
Physicians' Organization at Children's Hospital Retirement Plan Group Trust	76,041,937	99,572,012
Other investments	<u>141,284</u>	<u>150,698</u>
Total investments	222,296,932	197,986,717
Receivables:		
Notes receivable from participants	531,575	683,346
Other receivable	<u>3,363</u>	<u>3,245</u>
Total receivables	<u>534,938</u>	<u>686,591</u>
Total assets	222,831,870	198,673,308
Liabilities:		
Contributions payable	<u>12,422</u>	<u>88,117</u>
Total liabilities	<u>12,422</u>	<u>88,117</u>
Net assets available for benefits	<u>\$222,819,448</u>	<u>\$198,585,191</u>

See accompanying notes.

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividend income	\$ 3,928,052	\$ 3,799,387
Net change in fair value of investments	4,548,410	157,599
Net change in Physicians' Organization at Children's Hospital Retirement Plan Group Trust	<u>12,901,647</u>	<u>7,019,976</u>
	21,378,109	10,976,962
Interest income on notes receivable from participants	28,262	26,788
Contributions:		
Employer	8,576,233	8,111,889
Rollover	<u>56,690</u>	<u>76,128</u>
Total contributions	<u>8,632,923</u>	<u>8,188,017</u>
Total additions	30,039,294	19,191,767
Deductions from net assets attributed to:		
Benefit payments	5,396,004	3,784,643
Administrative expenses	<u>409,033</u>	<u>269,538</u>
Total deductions	<u>5,805,037</u>	<u>4,054,181</u>
Net increase in net assets available for benefits	24,234,257	15,137,586
Net assets available for benefits, beginning of year	<u>198,585,191</u>	<u>183,447,605</u>
Net assets available for benefits, end of year	<u>\$222,819,448</u>	<u>\$198,585,191</u>

See accompanying notes.

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**1. Description of Plan**

The following brief description of the CHMC Anesthesia Foundation, Inc. Money Purchase Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the Plan Sponsor. The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

General

CHMC Anesthesia Foundation, Inc. (the Foundation) is the Plan Sponsor. The Plan was established by the Foundation and became effective July 1, 1980 and covers substantially all employees of the Foundation. The Plan is a money purchase pension plan qualified under Section 401(a) of the U.S. Internal Revenue Code (IRC). The Plan was most recently amended and restated effective July 1, 2024.

Participation

All employees, except employees whose employment agreement provides that they will not be eligible for retirement benefits and per diem employees, are eligible to participate in the Plan on the first day of the calendar quarter after having completed 250 service hours.

Contributions

The Foundation makes annual contributions to each eligible participant's account in accordance with the formula defined in the Plan. Eligible compensation is used to determine the contribution percentage which is applied to compensation up to Internal Revenue Service (IRS) limits.

Rollover contributions are subject to conditions stated in the Plan and in the appropriate sections of the Internal Revenue Code (IRC).

Participant Accounts

Each participant's account is credited with the contributions of the Foundation and an allocation of earnings or losses of each fund based on the participant's relative account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. All accounts are invested at the direction of the Plan trustees.

Vesting

Participants are immediately 100% vested in their rollover accounts. Participants become 20% vested in their employer contributions account after two years, 40% vested after three years, 60% vested after four years, 80% vested after five years and 100% vested after six or more years.

Forfeitures

When an employee ceases participation in the Plan, the unvested portion is forfeited. Forfeitures are used to reduce employer contributions. During 2024 and 2023, the Plan used \$45,142 and \$115,357, respectively, to reduce contributions.

**CHMC ANESTHESIA FOUNDATION, INC.**  
**MONEY PURCHASE PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**1. Description of Plan (Continued)**

*Notes Receivable From Participants*

Participants may borrow from the Plan up to a maximum equal to the lesser of \$50,000 or 50% of the participant's vested account balance. The repayment period shall not exceed five years, except in the instance where the proceeds are used to purchase a principal residence, in which case the Plan Administrator may approve a longer repayment period. Notes receivable are secured by the balance in the participant's account and bear a fixed interest rate determined by the prevailing rates at the date the loan is issued. Principal and interest is paid ratably through payroll deductions.

*Plan Termination*

While the Foundation intends to continue this Plan, the Foundation reserves the right to amend or terminate at any time any provision of the Plan or the Plan in its entirety, subject to the provisions of ERISA. Upon termination of the Plan, the custodians, once notified by the Foundation of the termination date, will distribute to each participant his or her account balance on that date in accordance with the terms of the Plan.

*Payment of Benefits*

Upon termination of employment, a participant may elect to receive a distribution equal to the vested value of his or her account in the form of a lump sum, through the purchase of an annuity contract to provide payments over a specified number of years not to exceed his or her life expectancy, through the purchase of a joint survivor annuity contract to provide payments for life, or in annual installments for a specified number of years from the Plan's trust. Effective July 1, 2015, the Plan was amended to allow in-service distributions for participants having attained the normal retirement age as defined in the Plan document. Payment of benefits resulting from the death of a participant are made in a payment equal to 100% of the participant's account balance to the participant's beneficiary.

**2. Summary of Significant Accounting Policies**

*Basis of Presentation*

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

*Use of Estimates*

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

**CHMC ANESTHESIA FOUNDATION, INC.**  
**MONEY PURCHASE PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Summary of Significant Accounting Policies (Continued)**

*Risks and Uncertainties*

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

*Investments*

Investments are reported at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The net change in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

*Notes Receivable From Participants*

Notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. As of June 30, 2024, the interest rates on outstanding notes receivable range from 3.25% to 8.50% with various maturities through June 2031.

Interest income on notes receivable from participants is recorded when it is earned on an accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of June 30, 2024 or 2023. If a participant ceases to make loan repayments and the Plan Administrator deems the loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

*Contributions*

Employer contributions are recognized in the Plan's financial statements when a formal commitment to fund the Plan has been made by the Plan Sponsor, or when required by law to meet the minimum funding requirements of ERISA. The Foundation met the minimum funding requirements of ERISA for the years ended June 30, 2024 and 2023.

*Payment of Benefits*

Benefits are recorded when paid.

**CHMC ANESTHESIA FOUNDATION, INC.**  
**MONEY PURCHASE PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**2. Summary of Significant Accounting Policies (Continued)**

*Administrative Expenses*

Certain administrative fees are paid directly by the Plan Sponsor. Management fees related to interest in the Physicians' Organization at Children's Hospital Retirement Plan Group Trust (Group Trust) are paid by the Plan.

*Subsequent Events*

Events occurring after the statement of net assets available for benefits date are evaluated by the Plan Administrator to determine whether such events should be recognized or disclosed in the financial statements. The Plan Administrator has evaluated subsequent events through February 20, 2025, the date the financial statements were available to be issued.

**3. Income Tax Status**

The Plan has received a determination letter from the IRS dated May 18, 2015, stating that the Plan is qualified under Section 401(a)(1) of the IRC and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualified status. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator 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 a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress.

**4. Investments and Fair Value Measurements**

Fair value is the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability. The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity.

The fair value hierarchy for valuation inputs prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

**CHMC ANESTHESIA FOUNDATION, INC.**  
**MONEY PURCHASE PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**4. Investments and Fair Value Measurements (Continued)**

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation method include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs other than quoted prices that are observable for the asset; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

There have been no changes in the methodologies used at June 30, 2024.

Following is a description of the valuation methodologies used for assets measured at fair value:

*Interest-bearing cash, money market funds, exchange traded funds, mutual fund and common stocks:* Valued at net asset value of shares (based upon quoted market price) held by the Plan at year end which are traded in an active market.

*Group Trust:* Valued using the Net Asset Value (NAV) as a practical expedient to estimate the fair value of the underlying investments. The NAV is based upon the fair value of the underlying investments comprising the trust less its liabilities. Accordingly, the Group Trust is not included in the fair value hierarchy table.

*Other investments:* Valued at the cash surrender value of the life insurance policies.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**4. Investments and Fair Value Measurements (Continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of June 30:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>2024</b>				
Interest-bearing cash	\$ 12,339,956	\$ —	\$ —	\$ 12,339,956
Money market funds	40,432,021	—	—	40,432,021
Exchange traded funds	84,974,882	—	—	84,974,882
Mutual funds	5,240,744	—	—	5,240,744
Common stocks	3,126,108	—	—	3,126,108
Other investments	<u>—</u>	<u>141,284</u>	<u>—</u>	<u>141,284</u>
	<u>\$146,113,712</u>	<u>\$141,284</u>	<u>\$ —</u>	146,254,995
Group Trust valued based upon NAV				<u>76,041,937</u>
Total investments at fair value				<u>\$222,296,932</u>
<b>2023</b>				
Interest-bearing cash	\$ 12,090,933	\$ —	\$ —	\$ 12,090,933
Money market funds	3,161,852	—	—	3,161,852
Exchange traded funds	75,082,430	—	—	75,082,430
Mutual funds	5,579,816	—	—	5,579,816
Common stocks	2,348,976	—	—	2,348,976
Other investments	<u>—</u>	<u>150,698</u>	<u>—</u>	<u>150,698</u>
	<u>\$ 98,264,007</u>	<u>\$150,698</u>	<u>\$ —</u>	98,414,705
Group Trust valued based upon NAV				<u>99,572,012</u>
Total investments at fair value				<u>\$197,986,717</u>

The Group Trust was established on January 1, 2004 and is operated exclusively for the collective investment of the assets of its Participating Trusts. All Participating Trusts in the Group Trust are employers. The Group Trust does not interact with any participants (employees) of the underlying retirement plans (Participating Trusts). The Group Trust is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA), as amended.

The objective of the Group Trust is to provide capital appreciation and income. The Group Trust provides Participating Trusts an opportunity to acquire certain investments they could not acquire on their own. The Group Trust expects to meet its objective based on its investment policy. This policy is designed to utilize investment managers, employed by Children's Hospital Medical Corporation's (the Hospital) investment committee, with the goal of emulating the investment allocations of the Hospital. The Group Trust's assets are invested based upon the most recent (at least quarterly) investment reports received from the Hospital's investment committee.

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

June 30, 2024 and 2023

**4. Investments and Fair Value Measurements (Continued)**

Redemptions are allowed from the Group Trust daily with 15 days notice. There are no unfunded commitments related to the investment in the Group Trust.

**5. Party-in-Interest Transaction**

Administrative expenses charged to the Plan by the Group Trust and other service providers for the years ending June 30, 2024 and 2023 were \$409,033 and \$269,538, respectively. The transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rule under ERISA. Notes receivable from Plan participants, the related interest income and transactions are also considered party-in-interest transactions.

The Plan invests in a group trust sponsored by the Foundation. All transactions with the group trust qualify as party-in-interest transactions.

**6. Reconciliation of Financial Statements to Form 5500**

Notes receivable from participants are reflected as a receivable on the financial statements which is different from the Form 5500 presentation. On Form 5500, notes receivable are classified as investments under the caption "participant loans".

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) Borrower or Similar Party	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing cash	Cash	\$ 12,339,956	\$ 12,339,956
	CRA (BNY Mellon Member FDIC)	Money Market Fund	392,498	392,498
	Fidelity Treasury Money Market Fund	Money Market Fund	<u>40,039,523</u>	<u>40,039,523</u>
			40,432,021	40,432,021
	Abrdn Gold ETF TR Abrdn Physical Gold	Exchange Traded Fund	18	22
	Bondbloxx ETF Trust Bloomberg-Six MN	Exchange Traded Fund	15,246,665	15,291,858
	Bondbloxx ETF Trust Bloomberg-One YR	Exchange Traded Fund	1,173,886	1,169,979
	Flexshares Trust Morningstar Global	Exchange Traded Fund	32,132	36,407
	Harbor ETF Trust Harbor Commodity	Exchange Traded Fund	1,681,246	1,695,088
	Ishares 0-5 Year Tips Bond ETF	Exchange Traded Fund	4,581,460	4,331,397
	Ishares Core MSCI Eafe ETF	Exchange Traded Fund	238,261	276,032
	Ishares Core S&P 500 ETF	Exchange Traded Fund	5,951,559	9,866,010
	Ishares Gold Trust Ishares	Exchange Traded Fund	28,293	50,168
	Ishares MSCI Emerging Markets	Exchange Traded Fund	32,728	35,520
	Ishares Russell 2000 Value ETF	Exchange Traded Fund	207,895	194,030
	Ishares Tips Bond ETF	Exchange Traded Fund	4,169,337	4,207,452
	Ishares TR 7-10 YR TRSY BD	Exchange Traded Fund	9,205,296	8,464,368
	Ishares TR MSCI USA QTL FCT	Exchange Traded Fund	6,598,603	7,051,363
	Ishares TR MSCI USA VALUE	Exchange Traded Fund	277,733	287,308
	Ishares TR PFD and INCM	Exchange Traded Fund	78,739	68,306
	Ishares TR S & P Midcap 400 Index FD	Exchange Traded Fund	492,081	572,033
	Ishares TR S & P Smallcap 600	Exchange Traded Fund	161,756	174,922
	Ishares Trust Global REIT ETF	Exchange Traded Fund	54,882	45,338
	Ishares Trust MSCI India	Exchange Traded Fund	5,419,678	5,948,100
	JP Morgan Exchange Traded FD Betabuilders	Exchange Traded Fund	10,417,326	10,309,253
	SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange Traded Fund	4,036,330	4,050,619
	World Gold TR Sprd Gld Minis	Exchange Traded Fund	<u>9,876,763</u>	<u>10,849,309</u>
			79,962,667	84,974,882
	Artisan Intl Value Fund Advisor	Mutual Fund	372,047	489,442
	Ashmore Emerging Markets Equity CI	Mutual Fund	313,594	295,597
	BNY Mellon Floating Rate Income Fund - Class Y	Mutual Fund	41,912	43,251
	BNY Mellon High Yield Fund - Class I	Mutual Fund	17,768	17,848
	BNY Mellon Intermediate Fund	Mutual Fund	265,017	265,017
	BNY Mellon International Stock Fund - Class Y	Mutual Fund	165,482	202,521
	Champlain Mid Cap Fund	Mutual Fund	152,259	156,815
	Conestoga Small Cap Institutional	Mutual Fund	192,285	185,987
	Fidelity International Small Cap Fund	Mutual Fund	126,000	149,904
	Fuller & Thaler Behavioral Small Cap Equity Fund	Mutual Fund	204,241	280,324
	Goldman Sachs Absolute Return Tracker Fund – I	Mutual Fund	100,000	104,114
	G Q G Partners Emerging Markets Equity Fund	Mutual Fund	210,000	276,427
	Invenomic Instl CL	Mutual Fund	135,133	120,937
	Lazard Global Listd Infrastructure Instl	Mutual Fund	65,000	59,715
	Lord Abbett Credit Opportunities Fund	Mutual Fund	145,000	139,229
	Metropolitan West Total Return Class I	Mutual Fund	1,445,777	1,221,341
	Neuberger Berman Long Short Fund	Mutual Fund	145,000	153,707
	Pear Tree Polaris Frgn Val Sm Cap Inst	Mutual Fund	140,569	165,934

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Pimco Income Fund Institutional Fund	Mutual Fund	\$ 353,215	\$ 335,020
	Versus Capital Multi-Manager Real Estate Inc. I	Mutual Fund	17,456	15,491
	Wavelength Fund	Mutual Fund	147,961	129,263
	WCM Focused Intl Growth Fund Instl	Mutual Fund	<u>390,455</u>	<u>432,860</u>
			5,146,171	5,240,744
	Abbott Laboratories	Common Stock	9,290	8,728
	Abbvie Inc	Common Stock	13,680	15,265
	Accenture PLC Cls A	Common Stock	20,908	27,003
	Adobe Systems Inc	Common Stock	16,423	24,444
	Advanced Micro Devices Inc	Common Stock	6,695	13,463
	Aflac Inc	Common Stock	1,891	2,679
	Agilent Technologies Inc	Common Stock	3,947	3,759
	Airbnb, Inc.	Common Stock	2,253	2,578
	Air Products & Chemicals Inc	Common Stock	2,913	2,839
	Albemarle Corp	Common Stock	2,242	860
	Allstate Corp	Common Stock	2,270	2,714
	Alphabet Inc Cap Stk Cl C	Common Stock	75,594	137,587
	Altria Group Inc	Common Stock	451	456
	Amazon.Com Inc	Common Stock	67,931	110,926
	Amcor PLC	Common Stock	1,209	978
	American Airlines Group Inc	Common Stock	1,053	793
	American Electric Power Inc	Common Stock	3,830	5,557
	American International Group Inc	Common Stock	2,348	2,970
	American Tower Corporation	Common Stock	2,354	2,138
	American Water Works Co. Inc	Common Stock	2,565	2,712
	Ameriprise Financial Inc	Common Stock	2,311	3,418
	Amgen Inc	Common Stock	7,743	9,374
	Amphenol Corp New ClA	Common Stock	2,277	4,042
	Analog Devices Inc	Common Stock	3,218	4,565
	Anthem Inc	Common Stock	5,971	6,502
	Aon PLC/Ireland A	Common Stock	3,040	2,936
	Apple Inc	Common Stock	132,867	198,193
	Applied Materials Inc	Common Stock	4,695	10,856
	Archer Daniels Midland Co	Common Stock	2,770	1,814
	Arista Networks Inc.	Common Stock	1,677	4,907
	AT&T Inc	Common Stock	5,069	5,733
	Autodesk Inc	Common Stock	1,828	2,227
	Automatic Data Processing Inc	Common Stock	5,979	5,967
	Autozone Inc	Common Stock	2,232	2,964
	Baker Hughes	Common Stock	2,025	2,462
	Bank of America Corporation	Common Stock	7,389	8,352

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Baxter International Inc	Common Stock	\$ 1,162	\$ 1,004
	Becton Dickinson & Co	Common Stock	3,530	3,272
	Berkshire Hathaway Inc Del Cl B	Common Stock	27,943	36,612
	Best Buy Inc	Common Stock	1,657	1,686
	Bio-Techne Corp Com	Common Stock	774	717
	Blackrock Inc Com	Common Stock	12,746	17,321
	Blackstone Group Inc	Common Stock	2,774	3,219
	Boeing Company, The	Common Stock	3,878	4,368
	Booking Holdings Inc.	Common Stock	4,182	7,923
	Boston Properties Inc	Common Stock	1,036	1,231
	Boston Scientific Corporation	Common Stock	3,405	6,161
	Bristol-Myers Squibb Company	Common Stock	6,780	3,738
	Broadcom Inc	Common Stock	19,816	62,616
	Broadridge Financial Solutions Inc	Common Stock	1,193	1,576
	Bunge Global SA	Common Stock	564	641
	Cadence Design Sys Inc	Common Stock	3,947	7,386
	Caesars Entmt Inc New	Common Stock	890	795
	Capital One Financial Corporation	Common Stock	4,558	5,538
	Cardinal Health Inc	Common Stock	1,720	2,556
	Carmax Inc	Common Stock	1,315	1,173
	Carnival Corp	Common Stock	1,081	2,059
	Carrier Global Corporation	Common Stock	1,309	1,892
	Catalent Inc Com	Common Stock	440	562
	Caterpillar Inc	Common Stock	5,469	8,661
	C B R E Group, Inc.	Common Stock	2,307	2,673
	Celanese Corp	Common Stock	1,361	1,484
	Centene Corp Del	Common Stock	1,584	1,326
	Charles Riv Laboratories Intl Inc	Common Stock	476	413
	Chevron Corporation	Common Stock	9,374	8,916
	Chipotle Mexican Grill Inc Cl A	Common Stock	1,620	3,133
	Chubb Limited	Common Stock	4,143	5,102
	Church & Dwight Inc	Common Stock	2,010	2,385
	CIGNA Corporation	Common Stock	4,920	5,620
	Cincinnati Finl Corp	Common Stock	1,490	1,535
	Cintas Corp	Common Stock	1,720	2,801
	Cisco Systems Inc	Common Stock	8,171	8,077
	Citigroup Inc	Common Stock	2,947	4,442
	Citizens Financial Group Inc.	Common Stock	2,368	2,162
	Cme Group Inc Com	Common Stock	2,442	2,556
	Coca - Cola Co	Common Stock	7,346	7,638
	Cognizant Technology Solutions Corp	Common Stock	2,202	2,040
	Colgate-Palmolive Company	Common Stock	2,346	2,911
	Comcast Corp Cl A	Common Stock	6,729	7,049
	Comerica Inc	Common Stock	2,492	1,531

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Conagra Inc	Common Stock	\$ 1,081	\$ 853
	Conocophillips	Common Stock	5,713	5948
	Consolidated Edison Inc	Common Stock	3,720	3,577
	Constellation Brands Inc-A	Common Stock	1,955	2,058
	Constellation Energy	Common Stock	1,561	4,206
	Cooper Cos Inc	Common Stock	970	1,048
	Copart Inc	Common Stock	2,083	18,523
	Corning Inc	Common Stock	1,377	1,554
	Corpay INC	Common Stock	17,662	14,919
	Corteva Inc	Common Stock	2,495	2,158
	Costar Group Inc Com	Common Stock	21,919	49,299
	Costco Wholesale Corp Com	Common Stock	14,275	15,940
	Crown Castle Intl Corp New	Common Stock	932	782
	C S X Corp	Common Stock	3,589	3,680
	Cummins Inc	Common Stock	2,903	3,600
	CVS Health Corporation	Common Stock	5,758	3,366
	Danaher Corporation Com	Common Stock	18,024	25,735
	Darden Restaurants Inc	Common Stock	1,211	1,362
	Deere & Co	Common Stock	6,295	5,978
	Delta Air Lines Inc	Common Stock	1,073	1,423
	Dentsply Sirona Inc	Common Stock	983	747
	Devon Energy Corporation New	Common Stock	3,254	2,370
	Dexcom Inc	Common Stock	1,972	2,268
	Digital Realty Trust Inc	Common Stock	1,710	2,129
	Disney Company, The Walt	Common Stock	4,016	4,468
	Dollar General Corp	Common Stock	1,038	1,058
	Dollar Tree Inc	Common Stock	1,691	1,174
	Dominion Res Inc VA New	Common Stock	3,404	3,920
	Dow Inc.	Common Stock	979	1,061
	D R Horton Inc	Common Stock	1,920	3,523
	D T E Energy Co	Common Stock	1,609	1,443
	Duke Energy Corporation	Common Stock	5,003	4,811
	Eaton Corp PLC	Common Stock	3,866	8,152
	EBAY Inc	Common Stock	2,268	2,686
	Ecolab Inc	Common Stock	1,893	2,856
	Edison International	Common Stock	1,927	2,154
	Electronic Arts Inc	Common Stock	13,673	15,744
	Eli Lilly & Co	Common Stock	26,162	48,891
	Emerson Electric Co	Common Stock	2,528	3,305
	EOG Resources Inc	Common Stock	15,399	20,769
	Equifax Inc	Common Stock	1,779	2,182
	Equinix, Inc.	Common Stock	3,248	3,783
	Equity Residential	Common Stock	1,397	1,387
	Estee Lauder Companies Inc Com	Common Stock	1,617	1,170

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Evergy Inc	Common Stock	\$ 1,995	\$ 2,119
	Eversource Energy	Common Stock	3,485	3,403
	Exelon Corp	Common Stock	2,601	2,077
	Exxon Mobil Corp	Common Stock	20,068	23,369
	Fastenal Co	Common Stock	2,074	2,514
	Fedex Corp	Common Stock	2,317	3,598
	Fidelity National Information	Common Stock	2,670	3,768
	Fifth Third Bancorp	Common Stock	2,199	2,189
	Firstenergy Corp	Common Stock	2,068	1,914
	First Solar Inc	Common Stock	838	1,127
	Fiserv Inc	Common Stock	3,005	4,471
	Ford Motor Company	Common Stock	2,719	2,508
	Fortinet Inc	Common Stock	2,516	2,712
	Fortive Corp.	Common Stock	1,209	1,482
	Fox Corp	Common Stock	300	344
	Freeport McMoran Copper & Gold Inc	Common Stock	2,607	3,402
	Gartner Inc	Common Stock	1,593	2,245
	Ge Healthcare Technologies Inc	Common Stock	151	234
	Ge Vernova LLC	Common Stock	776	1,887
	General Dynamics Corporation	Common Stock	3,327	4,062
	General Elec Co	Common Stock	3,116	7,313
	General Mills Inc	Common Stock	2,347	1,898
	General Motors Co	Common Stock	2,561	3,252
	Gilead Sciences Inc	Common Stock	4,239	4,117
	Goldman Sachs Group Inc	Common Stock	5,105	6,785
	Grail, Inc	Common Stock	36	23
	Grainger W W Inc	Common Stock	995	1,804
	Halliburton Co	Common Stock	3,084	3,040
	Harris Corporation	Common Stock	1,377	1,347
	Hartford Finl Svcs Group Inc	Common Stock	2,100	3,016
	H C A Holdings Inc	Common Stock	3,009	4,177
	Healthpeak Properties Inc	Common Stock	2,701	2,940
	Hershey Co	Common Stock	2,011	1,654
	Hess Corporation	Common Stock	3,867	4,573
	Hewlett Packard Enterprise Company	Common Stock	1,811	2,540
	Hilton Worldwide Holdings Inc.	Common Stock	1,785	2,837
	Hologic Inc	Common Stock	1,511	1,485
	Home Depot Inc Com	Common Stock	26,864	33,391
	Honeywell Intl Inc	Common Stock	5,591	6,193
	Host Hotels & Resorts Inc	Common Stock	1,319	1,259
	H P Inc.	Common Stock	1,296	1,401
	Humana Inc	Common Stock	2,983	2,242
	Huntington Bancshares Inc	Common Stock	2,408	2,241

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Idex Corp	Common Stock	\$ 1,042	\$ 1,006
	Idexx Labs Inc	Common Stock	2,051	2,436
	Illinois Tool Wks Inc	Common Stock	3,343	3,791
	Illumina Inc	Common Stock	1,243	939
	Ingersoll Rand Inc	Common Stock	978	1,817
	Insulet Corporation	Common Stock	1,065	1,009
	Intel Corp	Common Stock	6,368	5,575
	Intercontinentalexchange Group, Inc.	Common Stock	2,624	3,422
	International Business Machines Corporation	Common Stock	3,609	4,843
	Interpublic Group Cos Inc	Common Stock	661	582
	Intuit	Common Stock	18,910	30,232
	Intuitive Surgical Inc	Common Stock	19,119	31,140
	Invesco Limited	Common Stock	1,280	1,047
	Invitation Homes Inc	Common Stock	1,278	1,436
	Iqvia Hldgs Inc Com	Common Stock	13,998	19,241
	Iron Mountain Incorporated	Common Stock	1,643	2,689
	Ishares S&P 500 Index Fund	Common Stock	224,132	257,198
	Jacobs Solutions Inc	Common Stock	1,023	1,118
	Johnson & Johnson	Common Stock	22,180	1,8708
	Johnson Ctls Intl PLC	Common Stock	3,013	3,324
	JP Morgan Chase & Co Com	Common Stock	27,581	48,745
	Kellogg Co	Common Stock	1,530	1,730
	Kenvue Inc	Common Stock	2,391	2,182
	Keurig Dr Pepper Inc	Common Stock	1,811	2,004
	Keycorp New	Common Stock	2,068	1,563
	Keysight Technologies Inc Com	Common Stock	1,614	1,368
	Kimberly Clark Corp	Common Stock	1,886	2,073
	Kimco Realty Corp	Common Stock	1,987	1,751
	Kinder Morgan Inc.	Common Stock	1,683	1,788
	K L A - Tencor Corp	Common Stock	2,686	6,596
	Kraft Heinz Company, The	Common Stock	1,558	1,289
	Kroger Co	Common Stock	2,563	2,497
	Laboratory Corp Amer Hldgs	Common Stock	1,275	1,221
	Lam Resh Corp	Common Stock	3,196	7,454
	Lennar Corp Class A	Common Stock	1,490	2,997
	Linde PLC	Common Stock	27,314	30,717
	Live Nation Inc	Common Stock	1,418	1,875
	Lockheed Martin Corp	Common Stock	6,258	6,539
	Lowe's Companies Inc	Common Stock	7,888	8,598
	Lululemon Athletica Inc	Common Stock	1,530	896
	Lyondellbasell Industries NV	Common Stock	1,752	1,913
	Marathon Oil Corp	Common Stock	3,206	3,440
	Marathon Petroleum Corp	Common Stock	3,388	5,725
	Marketaxess Hldgs Inc	Common Stock	773	602

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Marriott International Inc	Common Stock	\$ 2,591	\$ 3,868
	Marsh & McLennan Cos Inc	Common Stock	3,312	4,214
	Martin Marietta Materials Inc Com	Common Stock	1,060	1,625
	Mastercard Inc	Common Stock	13,552	17,646
	Mc Donald's Corporation	Common Stock	7,441	7,390
	McKesson Corporation	Common Stock	2,838	4,672
	Medtronic, PLC ADR	Common Stock	2,766	2,676
	Merck & Co Inc	Common Stock	10,411	13,494
	Meta Platforms Inc Class A Common Stock	Common Stock	27,932	62,523
	Metlife Inc	Common Stock	1,191	1,404
	Mettler-Toledo Intl Inc	Common Stock	1,344	1,398
	M G M Mirage	Common Stock	1,073	1,333
	Microchip Technology Inc	Common Stock	15,710	15,921
	Micron Technology Inc	Common Stock	3,133	6,577
	Microsoft Corp	Common Stock	109,132	196,658
	Mid-America Apartment Communities Inc	Common Stock	2,556	2,710
	Moderna Inc Com	Common Stock	1,780	2,375
	Molson Coors Brewing Company	Common Stock	1,060	1,017
	Mondelez International	Common Stock	4,524	4,581
	Monolithic Power Systems Inc	Common Stock	632	822
	Monster Beverage Corporation	Common Stock	17,270	16,384
	Moodys Corp	Common Stock	2,077	2,947
	Morgan Stanley	Common Stock	6,827	7,775
	Motorola Solutions Inc.	Common Stock	2,184	3,474
	MSCI Inc	Common Stock	1,417	1,445
	M & T BK Corp	Common Stock	2,109	1,816
	Netapp Inc	Common Stock	649	1,288
	Netflix Com Inc	Common Stock	12,344	34,419
	Newmont Mining Corp	Common Stock	2,178	1,675
	Nextera Energy Inc	Common Stock	238	276
	News Corporation	Common Stock	4,661	4,957
	Nike Inc Class B Stock	Common Stock	18,075	12,738
	Norfolk Southern Corporation	Common Stock	3,471	3,006
	Northrop Grumman Corp	Common Stock	3,830	3,488
	NRG Energy	Common Stock	1,194	2,336
	Nucor Corp	Common Stock	2,765	3,162
	Nvidia Corp	Common Stock	34,478	161,837
	NXP Semiconductors N V	Common Stock	3,257	4,305
	Old Dominion Fght Line	Common Stock	1,705	2,119
	Omnicom Group Inc	Common Stock	1,551	1,794
	On Semiconductor Corp	Common Stock	1,464	1,371
	Oneok Inc	Common Stock	1,878	2,447
	Oracle Corp	Common Stock	7,029	12,990
	O'Reilly Automotive Inc	Common Stock	2,328	3,168

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Otis Worldwide Corporation	Common Stock	\$ 1,510	\$ 1,925
	Paccar Inc	Common Stock	1,951	3,397
	Packaging Corp Amer	Common Stock	1,394	1,826
	Palo Alto Networks Inc	Common Stock	2,573	3,390
	Parker Hannifin Corp	Common Stock	2,009	3,541
	Paychex Inc	Common Stock	2,980	2,845
	Paypal Holdings, Inc.	Common Stock	2,325	2,321
	Pepsico Inc	Common Stock	12,664	11,875
	Pfizer Inc	Common Stock	6,008	3,637
	Philip Morris International Inc	Common Stock	6,907	7,194
	Phillips 66	Common Stock	2,882	4,235
	PNC Financial Services Group	Common Stock	2,968	3,110
	P P G Industries Inc	Common Stock	2,066	2,014
	Principal Finl Group Inc	Common Stock	3,181	3,138
	Procter & Gamble Company, The	Common Stock	17,238	19,461
	Progressive Corp Ohio	Common Stock	4,484	7,685
	Prologis, Inc.	Common Stock	4,510	3,931
	Prudential Financial Inc	Common Stock	1,397	1,523
	Public Storage Inc Reit	Common Stock	2,912	2,589
	Public Svc Enterprise Group Inc	Common Stock	1,974	2,211
	Pulte Homes Inc	Common Stock	1,963	5,175
	Qualcomm Inc	Common Stock	7,128	10,955
	Quest Diagnostics Inc	Common Stock	1,538	1,506
	Raytheon Technologies Corp	Common Stock	6,687	7,128
	Realty Income Corp	Common Stock	3,895	3,697
	Regency Ctrs Corp	Common Stock	1,210	1,244
	Regeneron Pharmaceuticals Inc	Common Stock	3,571	5,255
	Regions Finl Corp New	Common Stock	3,069	2,806
	Republic Svcs Inc Cl A	Common Stock	1,341	1,943
	Resmed Inc	Common Stock	1,538	1,340
	Rockwell Automation Inc Com	Common Stock	1,227	1,376
	Roper Industries Inc	Common Stock	2,602	3,382
	Ross Stores Inc	Common Stock	1,246	1,889
	Royal Caribbean Cruises Ltd	Common Stock	1,114	2,232
	Salesforce.Com Inc	Common Stock	7,957	12,341
	Schlumberger Ltd	Common Stock	2,711	2,831
	Schwab Charles Corp New	Common Stock	13048	19,896
	Sempra Energy	Common Stock	2,565	2,434
	Servicenow, Inc.	Common Stock	3,441	6,293
	Sherwin Williams Co	Common Stock	2,485	2,984
	Simon Property Group Inc Reit	Common Stock	2,662	3,643
	Skyworks Solutions Inc	Common Stock	335	320
	Smucker J M Co	Common Stock	1,148	872
	Solventum Corp	Common Stock	345	317

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Southern Co	Common Stock	\$ 4,281	\$ 4,654
	Southwest Aircls Co	Common Stock	295	286
	S & P Global Inc.	Common Stock	7,069	8,920
	Starbucks Corp	Common Stock	4,118	3,737
	Steris PLC	Common Stock	219	220
	Stryker Corporation Com	Common Stock	16028	26,199
	Synchrony Financial	Common Stock	2,840	3,775
	Synopsys Inc	Common Stock	2,513	4,760
	Sysco Corp	Common Stock	2,396	2,142
	Tapestry Inc.	Common Stock	1,051	1,284
	Target Corp	Common Stock	1,603	1,628
	T E Connectivity Limited	Common Stock	2,487	3,009
	Teledyne Technologies	Common Stock	16,930	15,519
	Teleflex Inc	Common Stock	506	421
	Tesla Motors Inc	Common Stock	28,911	24,339
	Texas Instruments Inc	Common Stock	7,527	8,559
	Textron Inc	Common Stock	1,267	1,717
	Thermo Fisher Scientific Inc	Common Stock	10,147	9,954
	3M Co	Common Stock	1,985	2,657
	T J X Companies Inc	Common Stock	2,001	3,303
	T -Mobile US, Inc.	Common Stock	4,442	5,638
	Tractor Supply Company	Common Stock	1,683	2,160
	Tradeweb MKTS INC CL A	Common Stock	8,335	16,112
	Trane Technologies Public Limited Co	Common Stock	1,550	3,289
	Transdigm Group Inc	Common Stock	1,774	3,833
	Travelers Companies Inc, The	Common Stock	2,319	2,643
	Trex Company Inc	Common Stock	8,792	11,414
	T Rowe Price Group Inc	Common Stock	1,574	1,499
	Tyler Technologies Inc Com	Common Stock	13,533	20,111
	Uber Technologies Inc	Common Stock	4,961	5,814
	Union Pac Corp Com	Common Stock	18,825	22,852
	United Continental Holdings Inc	Common Stock	1,294	1,460
	United Parcel Service Cl B	Common Stock	7,231	5,337
	United Rentals Inc	Common Stock	1,631	3,234
	Unitedhealth Group Inc	Common Stock	35,238	43,287
	US Bancorp	Common Stock	885	794
	Valero Energy Corp New	Common Stock	2,887	3,762
	Veralto Corporation	Common Stock	1,050	1,050
	Verizon Communications Inc	Common Stock	5,064	6,598
	Vertex Pharmaceuticals Inc	Common Stock	3,471	5,625
	V F Corp	Common Stock	559	405
	ViacomCBS Inc	Common Stock	798	520
	Visa Inc-Class A Shrs	Common Stock	15,901	20,210
	Wal Mart Stores Inc	Common Stock	9,742	13,813

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Walgreens Boots Alliance Inc	Common Stock	\$ 1,801	\$ 968
	Waste Management Inc	Common Stock	3,765	4,907
	Waters Corp	Common Stock	331	290
	Wells Fargo & Company	Common Stock	6,012	8,315
	Welltower Inc.	Common Stock	1,492	2,085
	Weyerhaeuser Company	Common Stock	1,379	1,136
	Williams Cos Inc	Common Stock	1,680	2,125
	Willis Towers Watson Public Limited Company	Common Stock	1,329	1,573
	Workday Inc Com	Common Stock	7,951	12,296
	Xylem Inc	Common Stock	1,394	1,763
	Yum! Brands Inc	Common Stock	1,890	2,119
	Zebra Technologies Corp Class A	Common Stock	592	618
	Zimmer Holdings Inc	Common Stock	456	434
	Zions Bancorporation	Common Stock	2,791	2,169
	Zoetis Inc	Common Stock	<u>5,340</u>	<u>5,548</u>
			2,221,819	3,126,108
* Physicians' Organization at Children's Hospital Retirement Plan Group Trust		Group Trust	76,041,937	76,041,937
Other		Other	141,284	141,284
* Participant loans		Interest rates from 3.25% to 8.50%	<u>531,575</u>	<u>531,575</u>
			<u>\$216,817,430</u>	<u>\$222,828,507</u>

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

EIN: 04-2702169 Plan #: 001

For the Year Ended June 30, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>Category (iii) – Series of transactions in excess of 5% of plan assets</u>								
Avantis US Small Capvalue ETF	Exchange Traded Fund	\$ 6,068,040	\$ –	\$ –	\$ –	\$ 6,068,040	\$ 6,068,040	\$ –
Avantis US Small Capvalue ETF	Exchange Traded Fund	–	6,133,389	–	–	6,068,040	6,133,389	65,349
Bondbloxx ETF Trust Bloomberg Six Month	Exchange Traded Fund	5,001,875	–	–	–	5,001,875	5,001,875	–
Bondbloxx ETF Trust Bloomberg Six Month	Exchange Traded Fund	–	12,735,564	–	–	12,713,034	12,735,564	22,530
Franklin Templeton ETF TR FTSE Japan HDG	Exchange Traded Fund	3,528,786	–	–	–	3,528,786	3,528,786	–
Franklin Templeton ETF TR FTSE Japan HDG	Exchange Traded Fund	–	9,385,794	–	–	9,304,100	9,385,793	81,693
Franklin Templeton ETF TR FTSE Japan ETF	Exchange Traded Fund	4,880,525	–	–	–	4,880,525	4,880,525	–
Franklin Templeton ETF TR FTSE Japan ETF	Exchange Traded Fund	–	9,072,337	–	–	9,046,659	9,072,338	25,679
Ishares TR MSCI China ETF	Exchange Traded Fund	6,263,321	–	–	–	6,263,321	6,263,321	–
Ishares TR MSCI China ETF	Exchange Traded Fund	–	5,410,917	–	–	6,263,321	5,410,917	(852,404)
JP Morgan Exchange Traded FD Betabuilders	Exchange Traded Fund	10,417,326	–	–	–	10,417,326	10,417,326	–
Simplify Exchange Traded Funds Hedged Equity	Exchange Traded Fund	8,751,665	–	–	–	8,751,665	8,751,665	–
Simplify Exchange Traded Funds Hedged Equity	Exchange Traded Fund	–	8,902,265	–	–	8,751,665	8,902,265	150,600
SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange Traded Fund	21,888,586	–	–	–	21,888,586	21,888,586	–
SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange Traded Fund	–	17,836,903	–	–	17,852,256	17,836,903	(15,353)
Wisdomtree Japan Smallcap Dividend Fund	Exchange Traded Fund	10,315,247	–	–	–	10,315,247	10,315,247	–
Wisdomtree Japan Smallcap Dividend Fund	Exchange Traded Fund	–	10,591,885	–	–	10,315,247	10,591,885	276,638
World Gold TR Sprd Gld Minis	Exchange Traded Fund	6,995,269	–	–	–	6,995,269	6,995,269	–
World Gold TR Sprd Gld Minis	Exchange Traded Fund	–	3,703,743	–	–	3,707,435	3,703,743	(3,692)

There were no category (i), (ii) or (iv) transactions.

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

**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 )

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here ▶

**D** Check box if filing under  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan CHMC Anesthesia Foundation, Inc. Money Purchase Pension Plan</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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)  CHMC Anesthesia Foundation, Inc  300 Longwood Avenue  Boston MA 02115-5724</p>	<p><b>1c</b> Effective date of plan <u>07/01/1980</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>04-2702169</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>617-919-1355</u></p> <p><b>2d</b> Business code (see instructions) <u>621111</u></p>

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

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

<b>SIGN HERE</b>		<u>Mar 18, 2025</u>	Joseph P Cravero, M D.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		<u>Mar 18, 2025</u>	Joseph P. Cravero, M.D.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																																	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																																	
<b>5</b> Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>5</b></td> <td style="text-align: right;">175</td> </tr> </table>	<b>5</b>	175																															
<b>5</b>	175																																	
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;"><b>6a(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">149</td> </tr> <tr> <td style="text-align: center;"><b>6a(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">152</td> </tr> <tr> <td style="text-align: center;"><b>6b</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6c</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">33</td> </tr> <tr> <td style="text-align: center;"><b>6d</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">185</td> </tr> <tr> <td style="text-align: center;"><b>6e</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>6f</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">185</td> </tr> <tr> <td style="text-align: center;"><b>6g(1)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">173</td> </tr> <tr> <td style="text-align: center;"><b>6g(2)</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">184</td> </tr> <tr> <td style="text-align: center;"><b>6h</b></td> <td style="text-align: center;"></td> <td style="text-align: right;">6</td> </tr> </table>				<b>6a(1)</b>		149	<b>6a(2)</b>		152	<b>6b</b>		0	<b>6c</b>		33	<b>6d</b>		185	<b>6e</b>		0	<b>6f</b>		185	<b>6g(1)</b>		173	<b>6g(2)</b>		184	<b>6h</b>		6
<b>6a(1)</b>		149																																
<b>6a(2)</b>		152																																
<b>6b</b>		0																																
<b>6c</b>		33																																
<b>6d</b>		185																																
<b>6e</b>		0																																
<b>6f</b>		185																																
<b>6g(1)</b>		173																																
<b>6g(2)</b>		184																																
<b>6h</b>		6																																
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;"><b>7</b></td> <td style="width:90%;"></td> </tr> </table>	<b>7</b>																																
<b>7</b>																																		

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 2A 2C 3F

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

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

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

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)</p> <p>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)</p> <p>(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  1  </u></p> <p>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
---	---

---

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

---

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS**

EIN: 04-2702169 Plan #: 001

For the Year Ended June 30, 2024

(a) <u>Identity of Party Involved</u>	(b) <u>Description of Asset</u>	(c) <u>Purchase Price</u>	(d) <u>Selling Price</u>	(e) <u>Lease Rental</u>	(f) <u>Expense Incurred With Transaction</u>	(g) <u>Cost of Asset</u>	(h) <u>Current Value of Asset on Transaction Date</u>	(i) <u>Net Gain (Loss)</u>
<u>Category (iii) — Series of transactions in excess of 5% of plan assets</u>								
Avantis US Small Capvalue ETF	Exchange Traded Fund	\$ 6,068,040	\$ —	\$ —	\$ —	\$ 6,068,040	\$ 6,068,040	\$ —
Avantis US Small Capvalue ETF	Exchange Traded Fund	—	6,133,389	—	—	6,068,040	6,133,389	65,349
Bondbloxx ETF Trust Bloomberg Six Month	Exchange Traded Fund	5,001,875	—	—	—	5,001,875	5,001,875	—
Bondbloxx ETF Trust Bloomberg Six Month	Exchange Traded Fund	—	12,735,564	—	—	12,713,034	12,735,564	22,530
Franklin Templeton ETF TR FTSE Japan HDG	Exchange Traded Fund	3,528,786	—	—	—	3,528,786	3,528,786	—
Franklin Templeton ETF TR FTSE Japan HDG	Exchange Traded Fund	—	9,385,794	—	—	9,304,100	9,385,793	81,693
Franklin Templeton ETF TR FTSE Japan ETF	Exchange Traded Fund	4,880,525	—	—	—	4,880,525	4,880,525	—
Franklin Templeton ETF TR FTSE Japan ETF	Exchange Traded Fund	—	9,072,337	—	—	9,046,659	9,072,338	25,679
Ishares TR MSCI China ETF	Exchange Traded Fund	6,263,321	—	—	—	6,263,321	6,263,321	—
Ishares TR MSCI China ETF	Exchange Traded Fund	—	5,410,917	—	—	6,263,321	5,410,917	(852,404)
JP Morgan Exchange Traded FD BetaBuilders	Exchange Traded Fund	10,417,326	—	—	—	10,417,326	10,417,326	—
Simplify Exchange Traded Funds Hedged Equity	Exchange Traded Fund	8,751,665	—	—	—	8,751,665	8,751,665	—
Simplify Exchange Traded Funds Hedged Equity	Exchange Traded Fund	—	8,902,265	—	—	8,751,665	8,902,265	150,600
SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange Traded Fund	21,888,586	—	—	—	21,888,586	21,888,586	—
SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange Traded Fund	—	17,836,903	—	—	17,852,256	17,836,903	(15,353)
Wisdomtree Japan Smallcap Dividend Fund	Exchange Traded Fund	10,315,247	—	—	—	10,315,247	10,315,247	—
Wisdomtree Japan Smallcap Dividend Fund	Exchange Traded Fund	—	10,591,885	—	—	10,315,247	10,591,885	276,638
World Gold TR Sprd Gld Minis	Exchange Traded Fund	6,995,269	—	—	—	6,995,269	6,995,269	—
World Gold TR Sprd Gld Minis	Exchange Traded Fund	—	3,703,743	—	—	3,707,435	3,703,743	(3,692)

There were no category (i), (ii) or (iv) transactions.

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) Borrower or Similar Party	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Interest-bearing cash	Cash	\$ 12,339,956	\$ 12,339,956
	CRA (BNY Mellon Member FDIC)	Money Market Fund	392,498	392,498
	Fidelity Treasury Money Market Fund	Money Market Fund	<u>40,039,523</u>	<u>40,039,523</u>
			40,432,021	40,432,021
	Abrdn Gold ETF TR Abrdn Physical Gold	Exchange Traded Fund	18	22
	Bondbloxx ETF Trust Bloomberg-Six MN	Exchange Traded Fund	15,246,665	15,291,858
	Bondbloxx ETF Trust Bloomberg-One YR	Exchange Traded Fund	1,173,886	1,169,979
	Flexshares Trust Morningstar Global	Exchange Traded Fund	32,132	36,407
	Harbor ETF Trust Harbor Commodity	Exchange Traded Fund	1,681,246	1,695,088
	Ishares 0-5 Year Tips Bond ETF	Exchange Traded Fund	4,581,460	4,331,397
	Ishares Core MSCI Eafe ETF	Exchange Traded Fund	238,261	276,032
	Ishares Core S&P 500 ETF	Exchange Traded Fund	5,951,559	9,866,010
	Ishares Gold Trust Ishares	Exchange Traded Fund	28,293	50,168
	Ishares MSCI Emerging Markets	Exchange Traded Fund	32,728	35,520
	Ishares Russell 2000 Value ETF	Exchange Traded Fund	207,895	194,030
	Ishares Tips Bond ETF	Exchange Traded Fund	4,169,337	4,207,452
	Ishares TR 7-10 YR TRSY BD	Exchange Traded Fund	9,205,296	8,464,368
	Ishares TR MSCI USA QTL FCT	Exchange Traded Fund	6,598,603	7,051,363
	Ishares TR MSCI USA VALUE	Exchange Traded Fund	277,733	287,308
	Ishares TR PFD and INCM	Exchange Traded Fund	78,739	68,306
	Ishares TR S & P Midcap 400 Index FD	Exchange Traded Fund	492,081	572,033
	Ishares TR S & P Smallcap 600	Exchange Traded Fund	161,756	174,922
	Ishares Trust Global REIT ETF	Exchange Traded Fund	54,882	45,338
	Ishares Trust MSCI India	Exchange Traded Fund	5,419,678	5,948,100
	JP Morgan Exchange Traded FD Betabuilders	Exchange Traded Fund	10,417,326	10,309,253
	SPDR Bloomberg 1-3 Month T-Bill ETF	Exchange Traded Fund	4,036,330	4,050,619
	World Gold TR Sprd Gld Minis	Exchange Traded Fund	<u>9,876,763</u>	<u>10,849,309</u>
			79,962,667	84,974,882
	Artisan Intl Value Fund Advisor	Mutual Fund	372,047	489,442
	Ashmore Emerging Markets Equity CI	Mutual Fund	313,594	295,597
	BNY Mellon Floating Rate Income Fund - Class Y	Mutual Fund	41,912	43,251
	BNY Mellon High Yield Fund - Class I	Mutual Fund	17,768	17,848
	BNY Mellon Intermediate Fund	Mutual Fund	265,017	265,017
	BNY Mellon International Stock Fund - Class Y	Mutual Fund	165,482	202,521
	Champlain Mid Cap Fund	Mutual Fund	152,259	156,815
	Conestoga Small Cap Institutional	Mutual Fund	192,285	185,987
	Fidelity International Small Cap Fund	Mutual Fund	126,000	149,904
	Fuller & Thaler Behavioral Small Cap Equity Fund	Mutual Fund	204,241	280,324
	Goldman Sachs Absolute Return Tracker Fund – I	Mutual Fund	100,000	104,114
	G Q G Partners Emerging Markets Equity Fund	Mutual Fund	210,000	276,427
	Invenomic Instl CL	Mutual Fund	135,133	120,937
	Lazard Global Listd Infrastructure Instl	Mutual Fund	65,000	59,715
	Lord Abbett Credit Opportunities Fund	Mutual Fund	145,000	139,229
	Metropolitan West Total Return Class I	Mutual Fund	1,445,777	1,221,341
	Neuberger Berman Long Short Fund	Mutual Fund	145,000	153,707
	Pear Tree Polaris Frgn Val Sm Cap Inst	Mutual Fund	140,569	165,934

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Pimco Income Fund Institutional Fund	Mutual Fund	\$ 353,215	\$ 335,020
	Versus Capital Multi-Manager Real Estate Inc. I	Mutual Fund	17,456	15,491
	Wavelength Fund	Mutual Fund	147,961	129,263
	WCM Focused Intl Growth Fund Instl	Mutual Fund	<u>390,455</u>	<u>432,860</u>
			5,146,171	5,240,744
	Abbott Laboratories	Common Stock	9,290	8,728
	Abbvie Inc	Common Stock	13,680	15,265
	Accenture PLC Cls A	Common Stock	20,908	27,003
	Adobe Systems Inc	Common Stock	16,423	24,444
	Advanced Micro Devices Inc	Common Stock	6,695	13,463
	Aflac Inc	Common Stock	1,891	2,679
	Agilent Technologies Inc	Common Stock	3,947	3,759
	Airbnb, Inc.	Common Stock	2,253	2,578
	Air Products & Chemicals Inc	Common Stock	2,913	2,839
	Albemarle Corp	Common Stock	2,242	860
	Allstate Corp	Common Stock	2,270	2,714
	Alphabet Inc Cap Stk Cl C	Common Stock	75,594	137,587
	Altria Group Inc	Common Stock	451	456
	Amazon.Com Inc	Common Stock	67,931	110,926
	Amcor PLC	Common Stock	1,209	978
	American Airlines Group Inc	Common Stock	1,053	793
	American Electric Power Inc	Common Stock	3,830	5,557
	American International Group Inc	Common Stock	2,348	2,970
	American Tower Corporation	Common Stock	2,354	2,138
	American Water Works Co. Inc	Common Stock	2,565	2,712
	Ameriprise Financial Inc	Common Stock	2,311	3,418
	Amgen Inc	Common Stock	7,743	9,374
	Amphenol Corp New ClA	Common Stock	2,277	4,042
	Analog Devices Inc	Common Stock	3,218	4,565
	Anthem Inc	Common Stock	5,971	6,502
	Aon PLC/Ireland A	Common Stock	3,040	2,936
	Apple Inc	Common Stock	132,867	198,193
	Applied Materials Inc	Common Stock	4,695	10,856
	Archer Daniels Midland Co	Common Stock	2,770	1,814
	Arista Networks Inc.	Common Stock	1,677	4,907
	AT&T Inc	Common Stock	5,069	5,733
	Autodesk Inc	Common Stock	1,828	2,227
	Automatic Data Processing Inc	Common Stock	5,979	5,967
	Autozone Inc	Common Stock	2,232	2,964
	Baker Hughes	Common Stock	2,025	2,462
	Bank of America Corporation	Common Stock	7,389	8,352

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Baxter International Inc	Common Stock	\$ 1,162	\$ 1,004
	Becton Dickinson & Co	Common Stock	3,530	3,272
	Berkshire Hathaway Inc Del Cl B	Common Stock	27,943	36,612
	Best Buy Inc	Common Stock	1,657	1,686
	Bio-Techne Corp Com	Common Stock	774	717
	Blackrock Inc Com	Common Stock	12,746	17,321
	Blackstone Group Inc	Common Stock	2,774	3,219
	Boeing Company, The	Common Stock	3,878	4,368
	Booking Holdings Inc.	Common Stock	4,182	7,923
	Boston Properties Inc	Common Stock	1,036	1,231
	Boston Scientific Corporation	Common Stock	3,405	6,161
	Bristol-Myers Squibb Company	Common Stock	6,780	3,738
	Broadcom Inc	Common Stock	19,816	62,616
	Broadridge Financial Solutions Inc	Common Stock	1,193	1,576
	Bunge Global SA	Common Stock	564	641
	Cadence Design Sys Inc	Common Stock	3,947	7,386
	Caesars Entmt Inc New	Common Stock	890	795
	Capital One Financial Corporation	Common Stock	4,558	5,538
	Cardinal Health Inc	Common Stock	1,720	2,556
	Carmax Inc	Common Stock	1,315	1,173
	Carnival Corp	Common Stock	1,081	2,059
	Carrier Global Corporation	Common Stock	1,309	1,892
	Catalent Inc Com	Common Stock	440	562
	Caterpillar Inc	Common Stock	5,469	8,661
	C B R E Group, Inc.	Common Stock	2,307	2,673
	Celanese Corp	Common Stock	1,361	1,484
	Centene Corp Del	Common Stock	1,584	1,326
	Charles Riv Laboratories Intl Inc	Common Stock	476	413
	Chevron Corporation	Common Stock	9,374	8,916
	Chipotle Mexican Grill Inc Cl A	Common Stock	1,620	3,133
	Chubb Limited	Common Stock	4,143	5,102
	Church & Dwight Inc	Common Stock	2,010	2,385
	CIGNA Corporation	Common Stock	4,920	5,620
	Cincinnati Finl Corp	Common Stock	1,490	1,535
	Cintas Corp	Common Stock	1,720	2,801
	Cisco Systems Inc	Common Stock	8,171	8,077
	Citigroup Inc	Common Stock	2,947	4,442
	Citizens Financial Group Inc.	Common Stock	2,368	2,162
	Cme Group Inc Com	Common Stock	2,442	2,556
	Coca - Cola Co	Common Stock	7,346	7,638
	Cognizant Technology Solutions Corp	Common Stock	2,202	2,040
	Colgate-Palmolive Company	Common Stock	2,346	2,911
	Comcast Corp Cl A	Common Stock	6,729	7,049
	Comerica Inc	Common Stock	2,492	1,531

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Conagra Inc	Common Stock	\$ 1,081	\$ 853
	Conocophillips	Common Stock	5,713	5948
	Consolidated Edison Inc	Common Stock	3,720	3,577
	Constellation Brands Inc-A	Common Stock	1,955	2,058
	Constellation Energy	Common Stock	1,561	4,206
	Cooper Cos Inc	Common Stock	970	1,048
	Copart Inc	Common Stock	2,083	18,523
	Corning Inc	Common Stock	1,377	1,554
	Corpay INC	Common Stock	17,662	14,919
	Corteva Inc	Common Stock	2,495	2,158
	Costar Group Inc Com	Common Stock	21,919	49,299
	Costco Wholesale Corp Com	Common Stock	14,275	15,940
	Crown Castle Intl Corp New	Common Stock	932	782
	C S X Corp	Common Stock	3,589	3,680
	Cummins Inc	Common Stock	2,903	3,600
	CVS Health Corporation	Common Stock	5,758	3,366
	Danaher Corporation Com	Common Stock	18,024	25,735
	Darden Restaurants Inc	Common Stock	1,211	1,362
	Deere & Co	Common Stock	6,295	5,978
	Delta Air Lines Inc	Common Stock	1,073	1,423
	Dentsply Sirona Inc	Common Stock	983	747
	Devon Energy Corporation New	Common Stock	3,254	2,370
	Dexcom Inc	Common Stock	1,972	2,268
	Digital Realty Trust Inc	Common Stock	1,710	2,129
	Disney Company, The Walt	Common Stock	4,016	4,468
	Dollar General Corp	Common Stock	1,038	1,058
	Dollar Tree Inc	Common Stock	1,691	1,174
	Dominion Res Inc VA New	Common Stock	3,404	3,920
	Dow Inc.	Common Stock	979	1,061
	D R Horton Inc	Common Stock	1,920	3,523
	D T E Energy Co	Common Stock	1,609	1,443
	Duke Energy Corporation	Common Stock	5,003	4,811
	Eaton Corp PLC	Common Stock	3,866	8,152
	EBAY Inc	Common Stock	2,268	2,686
	Ecolab Inc	Common Stock	1,893	2,856
	Edison International	Common Stock	1,927	2,154
	Electronic Arts Inc	Common Stock	13,673	15,744
	Eli Lilly & Co	Common Stock	26,162	48,891
	Emerson Electric Co	Common Stock	2,528	3,305
	EOG Resources Inc	Common Stock	15,399	20,769
	Equifax Inc	Common Stock	1,779	2,182
	Equinix, Inc.	Common Stock	3,248	3,783
	Equity Residential	Common Stock	1,397	1,387
	Estee Lauder Companies Inc Com	Common Stock	1,617	1,170

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Evergy Inc	Common Stock	\$ 1,995	\$ 2,119
	Eversource Energy	Common Stock	3,485	3,403
	Exelon Corp	Common Stock	2,601	2,077
	Exxon Mobil Corp	Common Stock	20,068	23,369
	Fastenal Co	Common Stock	2,074	2,514
	Fedex Corp	Common Stock	2,317	3,598
	Fidelity National Information	Common Stock	2,670	3,768
	Fifth Third Bancorp	Common Stock	2,199	2,189
	Firstenergy Corp	Common Stock	2,068	1,914
	First Solar Inc	Common Stock	838	1,127
	Fiserv Inc	Common Stock	3,005	4,471
	Ford Motor Company	Common Stock	2,719	2,508
	Fortinet Inc	Common Stock	2,516	2,712
	Fortive Corp.	Common Stock	1,209	1,482
	Fox Corp	Common Stock	300	344
	Freeport McMoran Copper & Gold Inc	Common Stock	2,607	3,402
	Gartner Inc	Common Stock	1,593	2,245
	Ge Healthcare Technologies Inc	Common Stock	151	234
	Ge Vernova LLC	Common Stock	776	1,887
	General Dynamics Corporation	Common Stock	3,327	4,062
	General Elec Co	Common Stock	3,116	7,313
	General Mills Inc	Common Stock	2,347	1,898
	General Motors Co	Common Stock	2,561	3,252
	Gilead Sciences Inc	Common Stock	4,239	4,117
	Goldman Sachs Group Inc	Common Stock	5,105	6,785
	Grail, Inc	Common Stock	36	23
	Grainger W W Inc	Common Stock	995	1,804
	Halliburton Co	Common Stock	3,084	3,040
	Harris Corporation	Common Stock	1,377	1,347
	Hartford Finl Svcs Group Inc	Common Stock	2,100	3,016
	H C A Holdings Inc	Common Stock	3,009	4,177
	Healthpeak Properties Inc	Common Stock	2,701	2,940
	Hershey Co	Common Stock	2,011	1,654
	Hess Corporation	Common Stock	3,867	4,573
	Hewlett Packard Enterprise Company	Common Stock	1,811	2,540
	Hilton Worldwide Holdings Inc.	Common Stock	1,785	2,837
	Hologic Inc	Common Stock	1,511	1,485
	Home Depot Inc Com	Common Stock	26,864	33,391
	Honeywell Intl Inc	Common Stock	5,591	6,193
	Host Hotels & Resorts Inc	Common Stock	1,319	1,259
	H P Inc.	Common Stock	1,296	1,401
	Humana Inc	Common Stock	2,983	2,242
	Huntington Bancshares Inc	Common Stock	2,408	2,241

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Idex Corp	Common Stock	\$ 1,042	\$ 1,006
	Idexx Labs Inc	Common Stock	2,051	2,436
	Illinois Tool Wks Inc	Common Stock	3,343	3,791
	Illumina Inc	Common Stock	1,243	939
	Ingersoll Rand Inc	Common Stock	978	1,817
	Insulet Corporation	Common Stock	1,065	1,009
	Intel Corp	Common Stock	6,368	5,575
	Intercontinentalexchange Group, Inc.	Common Stock	2,624	3,422
	International Business Machines Corporation	Common Stock	3,609	4,843
	Interpublic Group Cos Inc	Common Stock	661	582
	Intuit	Common Stock	18,910	30,232
	Intuitive Surgical Inc	Common Stock	19,119	31,140
	Invesco Limited	Common Stock	1,280	1,047
	Invitation Homes Inc	Common Stock	1,278	1,436
	Iqvia Hldgs Inc Com	Common Stock	13,998	19,241
	Iron Mountain Incorporated	Common Stock	1,643	2,689
	Ishares S&P 500 Index Fund	Common Stock	224,132	257,198
	Jacobs Solutions Inc	Common Stock	1,023	1,118
	Johnson & Johnson	Common Stock	22,180	1,8708
	Johnson Ctls Intl PLC	Common Stock	3,013	3,324
	JP Morgan Chase & Co Com	Common Stock	27,581	48,745
	Kellogg Co	Common Stock	1,530	1,730
	Kenvue Inc	Common Stock	2,391	2,182
	Keurig Dr Pepper Inc	Common Stock	1,811	2,004
	Keycorp New	Common Stock	2,068	1,563
	Keysight Technologies Inc Com	Common Stock	1,614	1,368
	Kimberly Clark Corp	Common Stock	1,886	2,073
	Kimco Realty Corp	Common Stock	1,987	1,751
	Kinder Morgan Inc.	Common Stock	1,683	1,788
	K L A - Tencor Corp	Common Stock	2,686	6,596
	Kraft Heinz Company, The	Common Stock	1,558	1,289
	Kroger Co	Common Stock	2,563	2,497
	Laboratory Corp Amer Hldgs	Common Stock	1,275	1,221
	Lam Resh Corp	Common Stock	3,196	7,454
	Lennar Corp Class A	Common Stock	1,490	2,997
	Linde PLC	Common Stock	27,314	30,717
	Live Nation Inc	Common Stock	1,418	1,875
	Lockheed Martin Corp	Common Stock	6,258	6,539
	Lowe's Companies Inc	Common Stock	7,888	8,598
	Lululemon Athletica Inc	Common Stock	1,530	896
	Lyondellbasell Industries NV	Common Stock	1,752	1,913
	Marathon Oil Corp	Common Stock	3,206	3,440
	Marathon Petroleum Corp	Common Stock	3,388	5,725
	Marketaxess Hldgs Inc	Common Stock	773	602

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Marriott International Inc	Common Stock	\$ 2,591	\$ 3,868
	Marsh & McLennan Cos Inc	Common Stock	3,312	4,214
	Martin Marietta Materials Inc Com	Common Stock	1,060	1,625
	Mastercard Inc	Common Stock	13,552	17,646
	Mc Donald's Corporation	Common Stock	7,441	7,390
	McKesson Corporation	Common Stock	2,838	4,672
	Medtronic, PLC ADR	Common Stock	2,766	2,676
	Merck & Co Inc	Common Stock	10,411	13,494
	Meta Platforms Inc Class A Common Stock	Common Stock	27,932	62,523
	Metlife Inc	Common Stock	1,191	1,404
	Mettler-Toledo Intl Inc	Common Stock	1,344	1,398
	M G M Mirage	Common Stock	1,073	1,333
	Microchip Technology Inc	Common Stock	15,710	15,921
	Micron Technology Inc	Common Stock	3,133	6,577
	Microsoft Corp	Common Stock	109,132	196,658
	Mid-America Apartment Communities Inc	Common Stock	2,556	2,710
	Moderna Inc Com	Common Stock	1,780	2,375
	Molson Coors Brewing Company	Common Stock	1,060	1,017
	Mondelez International	Common Stock	4,524	4,581
	Monolithic Power Systems Inc	Common Stock	632	822
	Monster Beverage Corporation	Common Stock	17,270	16,384
	Moodys Corp	Common Stock	2,077	2,947
	Morgan Stanley	Common Stock	6,827	7,775
	Motorola Solutions Inc.	Common Stock	2,184	3,474
	MSCI Inc	Common Stock	1,417	1,445
	M & T BK Corp	Common Stock	2,109	1,816
	Netapp Inc	Common Stock	649	1,288
	Netflix Com Inc	Common Stock	12,344	34,419
	Newmont Mining Corp	Common Stock	2,178	1,675
	Nextera Energy Inc	Common Stock	238	276
	News Corporation	Common Stock	4,661	4,957
	Nike Inc Class B Stock	Common Stock	18,075	12,738
	Norfolk Southern Corporation	Common Stock	3,471	3,006
	Northrop Grumman Corp	Common Stock	3,830	3,488
	NRG Energy	Common Stock	1,194	2,336
	Nucor Corp	Common Stock	2,765	3,162
	Nvidia Corp	Common Stock	34,478	161,837
	NXP Semiconductors N V	Common Stock	3,257	4,305
	Old Dominion Fght Line	Common Stock	1,705	2,119
	Omnicom Group Inc	Common Stock	1,551	1,794
	On Semiconductor Corp	Common Stock	1,464	1,371
	Oneok Inc	Common Stock	1,878	2,447
	Oracle Corp	Common Stock	7,029	12,990
	O'Reilly Automotive Inc	Common Stock	2,328	3,168

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Otis Worldwide Corporation	Common Stock	\$ 1,510	\$ 1,925
	Paccar Inc	Common Stock	1,951	3,397
	Packaging Corp Amer	Common Stock	1,394	1,826
	Palo Alto Networks Inc	Common Stock	2,573	3,390
	Parker Hannifin Corp	Common Stock	2,009	3,541
	Paychex Inc	Common Stock	2,980	2,845
	Paypal Holdings, Inc.	Common Stock	2,325	2,321
	Pepsico Inc	Common Stock	12,664	11,875
	Pfizer Inc	Common Stock	6,008	3,637
	Philip Morris International Inc	Common Stock	6,907	7,194
	Phillips 66	Common Stock	2,882	4,235
	PNC Financial Services Group	Common Stock	2,968	3,110
	P P G Industries Inc	Common Stock	2,066	2,014
	Principal Finl Group Inc	Common Stock	3,181	3,138
	Procter & Gamble Company, The	Common Stock	17,238	19,461
	Progressive Corp Ohio	Common Stock	4,484	7,685
	Prologis, Inc.	Common Stock	4,510	3,931
	Prudential Financial Inc	Common Stock	1,397	1,523
	Public Storage Inc Reit	Common Stock	2,912	2,589
	Public Svc Enterprise Group Inc	Common Stock	1,974	2,211
	Pulte Homes Inc	Common Stock	1,963	5,175
	Qualcomm Inc	Common Stock	7,128	10,955
	Quest Diagnostics Inc	Common Stock	1,538	1,506
	Raytheon Technologies Corp	Common Stock	6,687	7,128
	Realty Income Corp	Common Stock	3,895	3,697
	Regency Ctrs Corp	Common Stock	1,210	1,244
	Regeneron Pharmaceuticals Inc	Common Stock	3,571	5,255
	Regions Finl Corp New	Common Stock	3,069	2,806
	Republic Svs Inc Cl A	Common Stock	1,341	1,943
	Resmed Inc	Common Stock	1,538	1,340
	Rockwell Automation Inc Com	Common Stock	1,227	1,376
	Roper Industries Inc	Common Stock	2,602	3,382
	Ross Stores Inc	Common Stock	1,246	1,889
	Royal Caribbean Cruises Ltd	Common Stock	1,114	2,232
	Salesforce.Com Inc	Common Stock	7,957	12,341
	Schlumberger Ltd	Common Stock	2,711	2,831
	Schwab Charles Corp New	Common Stock	13048	19,896
	Sempra Energy	Common Stock	2,565	2,434
	Servicenow, Inc.	Common Stock	3,441	6,293
	Sherwin Williams Co	Common Stock	2,485	2,984
	Simon Property Group Inc Reit	Common Stock	2,662	3,643
	Skyworks Solutions Inc	Common Stock	335	320
	Smucker J M Co	Common Stock	1,148	872
	Solventum Corp	Common Stock	345	317

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) <u>Identity of Issue</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Southern Co	Common Stock	\$ 4,281	\$ 4,654
	Southwest Aircls Co	Common Stock	295	286
	S & P Global Inc.	Common Stock	7,069	8,920
	Starbucks Corp	Common Stock	4,118	3,737
	Steris PLC	Common Stock	219	220
	Stryker Corporation Com	Common Stock	16028	26,199
	Synchrony Financial	Common Stock	2,840	3,775
	Synopsys Inc	Common Stock	2,513	4,760
	Sysco Corp	Common Stock	2,396	2,142
	Tapestry Inc.	Common Stock	1,051	1,284
	Target Corp	Common Stock	1,603	1,628
	T E Connectivity Limited	Common Stock	2,487	3,009
	Teledyne Technologies	Common Stock	16,930	15,519
	Teleflex Inc	Common Stock	506	421
	Tesla Motors Inc	Common Stock	28,911	24,339
	Texas Instruments Inc	Common Stock	7,527	8,559
	Textron Inc	Common Stock	1,267	1,717
	Thermo Fisher Scientific Inc	Common Stock	10,147	9,954
	3M Co	Common Stock	1,985	2,657
	T J X Companies Inc	Common Stock	2,001	3,303
	T -Mobile US, Inc.	Common Stock	4,442	5,638
	Tractor Supply Company	Common Stock	1,683	2,160
	Tradeweb MKTS INC CL A	Common Stock	8,335	16,112
	Trane Technologies Public Limited Co	Common Stock	1,550	3,289
	Transdigm Group Inc	Common Stock	1,774	3,833
	Travelers Companies Inc, The	Common Stock	2,319	2,643
	Trex Company Inc	Common Stock	8,792	11,414
	T Rowe Price Group Inc	Common Stock	1,574	1,499
	Tyler Technologies Inc Com	Common Stock	13,533	20,111
	Uber Technologies Inc	Common Stock	4,961	5,814
	Union Pac Corp Com	Common Stock	18,825	22,852
	United Continental Holdings Inc	Common Stock	1,294	1,460
	United Parcel Service Cl B	Common Stock	7,231	5,337
	United Rentals Inc	Common Stock	1,631	3,234
	Unitedhealth Group Inc	Common Stock	35,238	43,287
	US Bancorp	Common Stock	885	794
	Valero Energy Corp New	Common Stock	2,887	3,762
	Veralto Corporation	Common Stock	1,050	1,050
	Verizon Communications Inc	Common Stock	5,064	6,598
	Vertex Pharmaceuticals Inc	Common Stock	3,471	5,625
	V F Corp	Common Stock	559	405
	ViacomCBS Inc	Common Stock	798	520
	Visa Inc-Class A Shrs	Common Stock	15,901	20,210
	Wal Mart Stores Inc	Common Stock	9,742	13,813

**CHMC ANESTHESIA FOUNDATION, INC.  
MONEY PURCHASE PENSION PLAN**

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

EIN: 04-2702169 Plan #: 001

June 30, 2024

(a) <u>Borrower or Similar Party</u>	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Walgreens Boots Alliance Inc	Common Stock	\$ 1,801	\$ 968
	Waste Management Inc	Common Stock	3,765	4,907
	Waters Corp	Common Stock	331	290
	Wells Fargo & Company	Common Stock	6,012	8,315
	Welltower Inc.	Common Stock	1,492	2,085
	Weyerhaeuser Company	Common Stock	1,379	1,136
	Williams Cos Inc	Common Stock	1,680	2,125
	Willis Towers Watson Public Limited Company	Common Stock	1,329	1,573
	Workday Inc Com	Common Stock	7,951	12,296
	Xylem Inc	Common Stock	1,394	1,763
	Yum! Brands Inc	Common Stock	1,890	2,119
	Zebra Technologies Corp Class A	Common Stock	592	618
	Zimmer Holdings Inc	Common Stock	456	434
	Zions Bancorporation	Common Stock	2,791	2,169
	Zoetis Inc	Common Stock	<u>5,340</u>	<u>5,548</u>
			2,221,819	3,126,108
* Physicians' Organization at Children's Hospital Retirement Plan Group Trust		Group Trust	76,041,937	76,041,937
Other		Other	141,284	141,284
* Participant loans		Interest rates from 3.25% to 8.50%	<u>531,575</u>	<u>531,575</u>
			<u>\$216,817,430</u>	<u>\$222,828,507</u>