

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTHWESTERN MEMORIAL HOSPITAL EMPLOYEES' PENSION TRUST
1b Three-digit plan number (PN): 005
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHWESTERN MEMORIAL HOSPITAL
2b Employer Identification Number (EIN): 91-1941761
2c Plan Sponsor's telephone number: 312-926-4357
2d Business code (see instructions)

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 entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor NORTHWESTERN MEMORIAL HOSPITAL 541 NORTH FAIRBANKS COURT SUITE 1800 CHICAGO, IL 60611	3b Administrator's EIN 37-0960170 3c Administrator's telephone number 312-926-4357																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NORTHWESTERN MEMORIAL HOSPITAL EMPLOYEES' PENSION TRUST	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWESTERN MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 91-1941761	

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

ADAGE CAPITAL PARTNERS

04-3559355

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

BAIN CAPITAL X, L.P.

98-0545381

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

BBH CORE SELECT **140 BROADWAY AVENUE**
NEW YORK, NY 10005

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

BC EUROPEAN CAPITAL VII TOP-UP 1 LP

98-0626011

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

BC EUROPEAN CAPITAL VII-4 LP

98-0349093

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

BEACON CAPITAL STRATEGIC PTNR VI LP

06-1826666

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

CHAMBERS ENERGY CAPITAL II, L.P.

26-4076250

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

CID GREATER CHINA FD III LP

98-0629793

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

COATUE

13-4078032

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

COMMONFUND CAPITAL VENTURE PTNRS VI

06-1605325

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

DENHAM COMMODITY PARTNERS IV, L.P.

20-5891466

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

DENHAM COMMODITY PARTNERS V, L.P.

20-5891466

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

DENHAM COMMODITY PARTNERS VI, L.P.

20-5891466

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

DOVER STREET VII, L.P.

HARBOURVEST PARTNERS LLC
ONE FINANCIAL CENTER, 44TH FLOOR
BOSTON, MA 02111

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

ENERGY CAPITAL PARTNERS II, L.P.

26-4046337

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

ETON PARK OVERSEAS FUND

89 NEXUS WAY PO BOX 31106
CAMANA BAY, GRAND CAYMAN KY1-1205 KY

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

FARALLON CAPITAL

94-3106323

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

FIR TREE INSTITUTIONAL VALUE FUND

13-3745261

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

FLEXPOINT FUND II, L.P.

98-1059915

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

FORTRESS CREDIT OPPORTUNITIES B LP

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

GEM REALTY FUND III, L.P.

900 NORTH MICHIGAN AVENUE
SUITE 1450
CHICAGO, IL 60611

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

GMO EMERGING COUNTRIES DEBT

04-6757436

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

GRAHAM PARTNERS III, L.P.

51-0667308

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

GREEN COURTE RE PARTNERS II, LLC

303 WEST MADISON STREET
SUITE 1500
CHICAGO, IL 60606

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

HIGHFIELDS CAPITAL

11-3841276

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

HONGSHAN CAPITAL GROWTH 2010 LP

ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

HONGSHAN CAPITAL GROWTH FUND I LP

ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

HONGSHAN CAPITAL II LP

ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

HONGSHAN CAPITAL VENTURE 2010 LP

ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

IMPALA FUND LTD

01-3053168

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

IMPALA RESOURCE MASTER FUND LTD

01-2031689

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

KABOUTER

401 NORTH MICHIGAN AVENUE
SUITE 2510
CHICAGO, IL 60611

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

KING STREET CAPITAL

13-3978904

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

LIME ROCK RESOURCES II-C, L.P.

1111 BAGBY STREET
SUITE 4600
HOUSTON, TX 77002

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

OCH ZIFF OVERSEAS

9 WEST 57TH STREET
39TH FLOOR
NEW YORK, NY 10019

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

OCH ZIFF RE PARALLEL FUND II A, LP

9 WEST 57TH STREET
39TH FLOOR
NEW YORK, NY 10019

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

ONSET IV, L.P. 2400 SAND HILL ROAD
SUITE 150
MENLO PARK, CA 94025

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

PAINE & PTNR CAPITAL III AIV II 475 FIFTH AVENUE
17TH FLOOR
NEW YORK, NY 10017

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

PAINE & PTNR CAPITAL III AIV III 475 FIFTH AVENUE
17TH FLOOR
NEW YORK, NY 10017

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

PAINE & PTNR CAPITAL III AIV

26-0718259

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

PAINE & PTNR CAPITAL III CZ I 475 FIFTH AVENUE
17TH FLOOR
NEW YORK, NY 10017

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

PAINE & PTNR CAPITAL III 475 FIFTH AVENUE
17TH FLOOR
NEW YORK, NY 10017

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

PAINE & PTNR CAPITAL III NLV COOP 475 FIFTH AVENUE
17TH FLOOR
NEW YORK, NY 10017

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

PARK WEST 194 FINLEY GOLF COURSE ROAD
SUITE 102
CHAPEL HILL, NC 27517

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

PEAK XV PARTNERS GROWTH FUND I LTD

ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

PEAK XV PARTNERS GROWTH FUND II LTD

ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

PEAK XV PARTNERS III, LTD

ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

PROVIDENCE EQ PTNRS VI

50 KENNEDY PLAZA
18TH FLOOR
PROVIDENCE, RI 02903

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

PROVIDENCE EQ PTNRS VI CREDIT I

50 KENNEDY PLAZA
18TH FLOOR
PROVIDENCE, RI 02903

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

PROVIDENCE EQ PTNRS VI INTL

50 KENNEDY PLAZA
18TH FLOOR
PROVIDENCE, RI 02903

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

PROVIDENCE EQ PTNRS VI UMBRELLA US

50 KENNEDY PLAZA
18TH FLOOR
PROVIDENCE, RI 02903

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

REDWOOD

ELIAN FIDUCIARY, 190 ELGIN AVENUE 190 ELGIN AVENUE
GEORGE TOWN, GRAND CAYMAN KY1-9007 KY

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

ROYCE
745 FIFTH AVENUE
NEW YORK, NY 10151

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

SEQUOIA CAPITAL US VENTURE 2010 LP
ROOM 3606, CHINA CENTRAL PLACE TOWER 3, 77 JIANGUO ROAD
CHAOYANG DISTRICT, BEIJING 100025 CH

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

UPDATA PARTNERS III, L.P.
2099 PENNSYLVANIA AVENUE NW
8TH FLOOR
WASHINGTON, DC 20006

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

VALUEACT
ONE LETTERMAN DRIVE
BUILDING D, 4TH FLOOR
SAN FRANCISCO, CA 94129

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

VERSANT VENTURE CAPITAL IV, L.P.
ONE SANSOME STREET
SUITE 3630
SAN FRANCISCO, CA 94104

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

WESTBRIDGE VENTURES II, LLC

45-1671868

(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)

GREEN COURTE RE PARTNERS III LLC

303 WEST MADISON STREET
SUITE 1500
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	1105867	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

PACIFIC INVESTMENT MANAGEMENT CO.

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	908525	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	305008	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"/>

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)

MEKETA INVESTMENT GROUP, INC

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	146250	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)

GREEN EQ INVESTORS OFFSHORE FD VI

11111 SANTA MONICA BOULEVARD
SUITE 2000
LOS ANGELES, CA 60025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	118349	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)

LIME ROCK PARTNERS V, LP

98-0439403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	29801	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"/>

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)

DYNAMO SOFTWARE INC

04-3502101

(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?
49 50	NONE	7631	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)

ROUNDTABLE HEALTHCARE PTRS III

38-3815002

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	7010	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ENCAP FLATROCK MIDSTREAM FUND II

45-5057812

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	7000	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"/>

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)

NGP NATURAL RESOURCES X, LP

32-0363007

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	5399	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BAIN CAPITAL EUROPE FUND III

98-0567447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	894	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

CID GREATER CHINA VENTURE CAP III

98-0565322

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	385	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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)

NATURAL GAS PARTNERS IX, LP

26-0632542

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52	NONE	384	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

(b) 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.

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>NORTHWESTERN MEMORIAL HOSPITAL EMPLOYEES' PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHWESTERN MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>91-1941761</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRINSON PARTNERSHIP FD TR 2002 SF</u>		
b Name of sponsor of entity listed in (a): <u>UBS GLOBAL ASSET MANAGEMENT TRUST</u>		
c EIN-PN <u>02-6135654-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRINSON PARTNERSHIP FD TR 2003 PF</u>		
b Name of sponsor of entity listed in (a): <u>UBS GLOBAL ASSET MANAGEMENT TRUST</u>		
c EIN-PN <u>32-0047510-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>22142</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRINSON PARTNERSHIP FD TR 2000 PF</u>		
b Name of sponsor of entity listed in (a): <u>UBS GLOBAL ASSET MANAGEMENT TRUST</u>		
c EIN-PN <u>36-4309907-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4285</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRINSON PARTNERSHIP FD TR 2001 PF</u>		
b Name of sponsor of entity listed in (a): <u>UBS GLOBAL ASSET MANAGEMENT TRUST</u>		
c EIN-PN <u>36-4395877-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11737</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BRINSON PARTNERSHIP FD TR 2002 PF</u>		
b Name of sponsor of entity listed in (a): <u>UBS GLOBAL ASSET MANAGEMENT TRUST</u>		
c EIN-PN <u>36-4486493-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7526</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>2002 US FUND, LP</u>		
b Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS, LLC</u>		
c EIN-PN <u>36-4486500-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13276</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>2002 NON-US FUND, LP</u>		
b Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS, LLC</u>		
c EIN-PN <u>36-4486501-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE GOVERNMENT STIF

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

c EIN-PN 45-6138589-068	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 152790744
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a Name of MTIA, CCT, PSA, or 103-12 IE: BRINSON PARTNERSHIP FD TR 2004 PF

b Name of sponsor of entity listed in (a): UBS GLOBAL ASSET MANAGEMENT TRUST

c EIN-PN 86-6327778-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	NORTHWESTERN MEMORIAL HOSPITAL EMPLOYEES' PENSION PLAN	
b Name of plan sponsor	NORTHWESTERN MEMORIAL HOSPITAL	c EIN-PN 37-0960170-001

a Plan name	LAKE FOREST HOSPITAL EMPLOYEES RETIREMENT PLAN	
b Name of plan sponsor	NORTHWESTERN LAKE FOREST HOSPITAL	c EIN-PN 36-2179779-001

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTHWESTERN MEMORIAL HOSPITAL EMPLOYEES' PENSION TRUST	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWESTERN MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 91-1941761

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1066	1624648
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29062323	60022439
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	26251391	93993612
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	41002679	120205987
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	143911204	27021580
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	12645034	152836434
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	34897	13276
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	560377069	413851209
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	33454871	12631988

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	846740534	882201173
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36716054	84995254
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	36716054	84995254
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	810024480	797205919

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	128425	
(B) U.S. Government securities.....	2b(1)(B)	662258	
(C) Corporate debt instruments.....	2b(1)(C)	2896782	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	74350	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3761815
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	24111863	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		24111863
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1185073534	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1183332780	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-4628078	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		6674673
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		-7081
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-24981194
c Other income	2c		28241893
d Total income. Add all income amounts in column (b) and enter total	2d		34914645

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	2337436	
(6) Bank or trust company trustee/custodial fees	2i(6)	305008	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	6762709	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		9405153
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9405153

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25509492
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		38328053

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Northwestern Memorial Hospital Employee Pension Trust
Lake Forest Hospital Employee Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 37-0960170 Plan #005

Year Ended December 31, 2024

		Number of Transactions	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
Part C – Series of transactions by issue in excess of 5% of plan assets						
FNMA SINGLE FAMILY MORTGAGE 5.0% 30 YEAR S SETTLES DECEMBER CUSIP: 01F0506C5	Total acquisitions	3	\$ –	\$ 23,054,895	\$ 23,054,895	\$ –
	Total dispositions	3	\$ –	\$ 23,054,895	\$ 22,792,344	\$ –
FNMA SINGLE FAMILY MORTGAGE 5.0% 30 YEARS SETTLES NOVEMBER SEDOL: BL3HYX5	Total acquisitions	1	\$ –	\$ 20,736,387	\$ 20,736,387	\$ –
	Total dispositions	1	\$ –	\$ 20,736,387	\$ 20,312,684	\$ –
FNMA SINGLE FAMILY MORTGAGE 5.5% 30 YEAR S SETTLES OCTOBER SEDOL: B02WJB7	Total acquisitions	1	\$ –	\$ 23,805,539	\$ 23,805,539	\$ –
	Total dispositions	1	\$ –	\$ 23,805,539	\$ 23,999,953	\$ –
FNMA SINGLE FAMILY MORTGAGE 5.5% 30 YEARS SETTLES DECEMBER SEDOL: B03P1G4	Total acquisitions	3	\$ –	\$ 27,079,342	\$ 27,079,342	\$ –
	Total dispositions	3	\$ –	\$ 27,079,342	\$ 26,770,734	\$ –
FNMA SINGLE FAMILY MORTGAGE 5% 30 YEARS SETTLES JUNE SEDOL: B011V86	Total acquisitions	3	\$ –	\$ 20,456,516	\$ 20,456,516	\$ –
	Total dispositions	3	\$ –	\$ 20,456,516	\$ 20,613,156	\$ –
FNMA SINGLE FAMILY MORTGAGE 5% 30 YEARS SETTLES OCTOBER SEDOL: B7MG2Z3	Total acquisitions	1	\$ –	\$ 20,619,949	\$ 20,619,949	\$ –
	Total dispositions	1	\$ –	\$ 20,619,949	\$ 20,732,344	\$ –
FNMA SINGLE FAMILY MTG 5 30 YEARS SETTLES SEP SEDOL: B43RBT1	Total acquisitions	1	\$ –	\$ 20,229,398	\$ 20,229,398	\$ –

Northwestern Memorial Hospital Employee Pension Trust
Lake Forest Hospital Employee Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 37-0960170 Plan #005

Year Ended December 31, 2024

		Number of Transactions	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
	Total dispositions	1	\$ –	\$ 20,229,398	\$ 20,615,906	\$ –
FNMA 30 YEAR PASS THROUGH 5.5% 30 YEARS SETTLES MAY SEDOL: B1VXM42	Total acquisitions	6	\$ –	\$ 23,492,856	\$ 23,492,856	\$ –
	Total dispositions	6	\$ –	\$ 23,492,856	\$ 23,361,653	\$ –
FNMA 30 YEAR PASS-THROUGH 5.5% MAT 30 YEARS SETTLES JULY SEDOL: B01NT00	Total acquisitions	5	\$ –	\$ 44,581,021	\$ 44,581,021	\$ –
	Total dispositions	5	\$ –	\$ 44,581,021	\$ 44,731,194	\$ –
FNMA 30 YEAR PASS-THROUGH 5.5% 30 YEARS SETTLES MARCH SEDOL: BN4NPK0	Total acquisitions	9	\$ –	\$ 22,201,250	\$ 22,201,250	\$ –
	Total dispositions	9	\$ –	\$ 22,201,250	\$ 22,218,967	\$ –
FNMA 30 YEAR PASS-THROUGH 5.5% 30 YEARS SETTLES AUGUST SEDOL: B1Y9BZ1	Total acquisitions	2	\$ –	\$ 23,478,755	\$ 23,478,755	\$ –
	Total dispositions	2	\$ –	\$ 23,478,755	\$ 23,625,938	\$ –
FNMA 30 YEAR PASS-THROUGH 5.5% 30 YEARS SETTLES JUNE SEDOL: B1XFM91	Total acquisitions	7	\$ –	\$ 25,624,907	\$ 25,624,907	\$ –
	Total dispositions	7	\$ –	\$ 25,624,907	\$ 25,590,919	\$ –
FNMA 30 YEAR PASS-THROUGH 5.5% 30 YEARS SETTLES NOVEMBER SEDOL: B24HB96	Total acquisitions	1	\$ –	\$ 24,003,193	\$ 24,003,193	\$ –
	Total dispositions	1	\$ –	\$ 24,003,193	\$ 23,792,578	\$ –

Northwestern Memorial Hospital Employee Pension Trust
Lake Forest Hospital Employee Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 37-0960170 Plan #005

Year Ended December 31, 2024

		Number of Transactions	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
FNMA 30 YEAR PASS-THROUGHS 5.5% 30 YEARS SETTLES SEPTEMBER SEDOL: B4JQQ19	Total acquisitions	1	\$ –	\$ 23,630,104	\$ 23,630,104	\$ –
	Total dispositions	1	\$ –	\$ 23,630,104	\$ 23,807,391	\$ –
FNMA 30 YEARS SINGLE FAMILY MORTGAGE 5.5 % 30 YEARS SETTLES APRIL SEDOL: B07WVZO	Total acquisitions	11	\$ –	\$ 29,559,188	\$ 29,559,188	\$ –
	Total dispositions	10	\$ –	\$ 29,559,188	\$ 29,568,364	\$ –
FNMA 30 YR PASS-THROUGHS 5.5% 30 YEARS SETTLES JAN CUSIP: 01F052615	Total acquisitions	1	\$ –	\$ 20,186,039	\$ 20,186,039	\$ –
	Total dispositions	1	\$ –	\$ 20,186,039	\$ 20,253,375	\$ –
MFO PIMCO FDS PIMCO SECTOR FD SER I CUSIP: 72203G868	Total acquisitions	6	\$ –	\$ 101,267,119	\$ 101,267,119	\$ –
	Total dispositions	–	\$ –	\$ –	\$ –	\$ –
MFO PIMCO FDS LONG DURATION CORP BD PORTFOLIO CUSIP: 72201P878	Total acquisitions	6	\$ –	\$ 67,959,995	\$ 67,959,995	\$ –
	Total dispositions	3	\$ –	\$ 387,260,003	\$ 374,556,318	\$ –
MFO PIMCO SHORT TERM FLOATING NAV II CUSIP: 72201P613	Total acquisitions	102	\$ –	\$ 375,763,560	\$ 375,763,560	\$ –
	Total dispositions	76	\$ –	\$ 291,464,544	\$ 291,500,000	\$ –
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	251	\$ –	\$ 369,498,938	\$ 369,498,938	\$ –
	Total dispositions	216	\$ –	\$ 229,797,538	\$ 229,797,538	\$ –

Northwestern Memorial Hospital Employee Pension Trust
 Lake Forest Hospital Employee Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 37-0960170 Plan #005

Year Ended December 31, 2024

		Number of Transactions	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
UNITED STATES OF AMER TREAS BONDS DTD 4.0% 11-15-2052 SEDOL: BQXS7C3	Total acquisitions	16	\$ –	\$ 46,506,736	\$ 46,506,736	\$ –
	Total dispositions	17	\$ –	\$ 47,879,406	\$ 47,645,328	\$ –
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054 SEDOL: BS2G1C0	Total acquisitions	11	\$ –	\$ 49,352,037	\$ 49,352,037	\$ –
	Total dispositions	9	\$ –	\$ 43,757,776	\$ 43,492,500	\$ –
UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043 SEDOL: BQC4SL8	Total acquisitions	10	\$ –	\$ 48,873,452	\$ 48,873,452	\$ –
	Total dispositions	12	\$ –	\$ 50,680,292	\$ 50,811,469	\$ –
Part A – Single of transaction in Excess of 5%						
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	1		\$ 109,751,951	\$ 109,751,951	\$ –
	Total acquisitions	1		\$ 74,386,783	\$ 74,386,783	\$ –
	Total acquisitions	1		\$ 75,005,139	\$ 75,005,139	\$ –
	Total dispositions	1		\$ 48,010,490	\$ 48,010,490	\$ –
	Total dispositions	1		\$ 73,313,046	\$ 73,313,046	\$ –
MFO PIMCO FDS PIMCO SECTOR FD SER I CUSIP: 72203G868	Total acquisitions	1		\$ 96,781,620	\$ 96,781,620	\$ –

Northwestern Memorial Hospital Employee Pension Trust
 Lake Forest Hospital Employee Retirement Plan

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN 37-0960170 Plan #005

Year Ended December 31, 2024

		Number of Transactions	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain/(Loss)
MFO PIMCO FDS LONG DURATION CORP BD PORTFOLIO CUSIP: 72201P878	Total acquisitions	1		\$ 48,688,434	\$ 48,688,434	\$ –
	Total dispositions	1		\$ 375,242,582	\$ 362,394,891	\$ (12,847,691)
MFO PIMCO SHORT TERM FLOATING NAV II CUSIP: 72201P613	Total acquisitions	1		\$ 50,000,000	\$ 50,000,000	\$ –
	Total acquisitions	1		\$ 185,400,000	\$ 185,400,000	\$ –
	Total dispositions	1		\$ 50,799,971	\$ 50,800,000	\$ 29

There were no Part B or Part D transactions during the year.

Source: 5500 Supplemental Schedules from Northern Trust.

Email Patrick at NT for this

Northwestern Memorial Hospital Employees' Pension Plan
Schedule H i

Row Labels	Shares	Cost Value	Market Value
	Count of Share/Par Value	Sum of Cost Value+Accrual	Sum of Market Value+Accrual
103-12 Investment Entities	2.00	349,392.00	27,775.00
ADAMS STREET PSHP FD - 2002 US FUND, LP	1.00	294,794.00	13,412.00
ADAMS STREET PSHP FD -2002 NON US FD, LP	1.00	54,598.00	14,363.00
Corporate Debt Instruments - Other	116.00	119,972,738.51	120,205,986.84
ENBRIDGE INC 5.7% 03-08-2033	1.00	609,967.00	617,262.49
ROYAL BANK OF CANADA 5.0% DUE 02-01-2033	1.00	713,631.33	702,808.29
PVTPL SOCIETE GENERALE MEDIUM TERM NTS BOOK EN DUE 01-10-2034/01-10-2023 BEO	1.00	1,031,782.25	1,057,685.14
PVTPL BAYER US FIN LLC 6.5% 11-21-2033	1.00	1,105,073.44	1,126,856.69
MITSUBISHI UFJ FINL GROUP INC 5.441% 02-22-2034	1.00	101,949.69	103,085.82
MIZUHO FINANCIAL GROUP 5.754% DUE 05-27-2034	1.00	603,260.60	614,996.53
NOMURA HLDGS INC 2.172% DUE 07-14-2028	1.00	86,245.57	91,301.57
NOMURA HLDGS INC 6.181% DUE 01-18-2033	1.00	308,395.86	320,183.68
SUMITOMO MITSUI FINL GROUP INC 5.766% 01-13-2033	1.00	1,437,671.20	1,477,836.60
PVTPL OCI N V 6.7% 03-16-2033	1.00	203,576.33	205,578.29
CREDIT SUISSE AG NEW YORK BRH MEDIUM TER7.5% DUE 02-15-2028	1.00	307,813.00	329,760.12
PVTPL UBS GROUP AG 5.959% 01-12-2034	1.00	1,027,974.19	1,050,682.74
NATWEST GROUP PLC 6.016% DUE 03-02-2034	1.00	305,455.87	313,330.90
PVTPL STANDARD CHARTERED PLC 6.296% 07-06-2034	1.00	721,423.89	748,511.43
ALABAMA POWER CO 3.125% DUE 07-15-2051 BEO	1.00	347,989.86	336,304.15
ALEXANDRIA REAL ESTATE E 4.75% 04-15-2035	1.00	402,975.11	379,344.31
AMERICAN ELECTRIC POWER CO INC 5.625% DUE 03-01-2033	1.00	913,545.00	926,703.88
AMGEN INC 5.6% DUE 03-01-2043	1.00	1,012,921.11	994,250.18
AMGEN INC 5.65% 03-02-2053	1.00	1,017,236.39	983,304.85
AMGEN INC 5.75% DUE 03-02-2063	1.00	908,754.25	883,153.17
ARES CAP CORP 7.0% 01-15-2027	1.00	102,484.78	106,858.10
AT&T INC 3.85% DUE 06-01-2060	1.00	542,886.67	557,111.64
BERKSHIRE HATHAWAY ENERGY CO 4.25% DUE 10-15-2050	1.00	503,806.46	487,782.60
BOEING CO 5.93% DUE 05-01-2060	1.00	1,350,233.67	1,311,288.42
COMMONWEALTH EDISON CO 5.3% 02-01-2053	1.00	509,826.67	482,823.09
CONOCOPHILLIPS 5.3% 05-15-2053	1.00	900,488.00	839,633.02
CONSTELLATION ENERGY GENERATION LLC 5.8%DUE 03-01-2033	1.00	713,365.33	729,236.09
CVS HEALTH CORP 5.625% 02-21-2053	1.00	1,018,872.50	908,555.26
ENERGY ARK LLC 5.15% DUE 01-15-2033	1.00	510,238.61	510,123.58
EQUITABLE HLDGS INC 5.594% 01-11-2023	1.00	718,491.28	725,150.85
FISERV INC 5.6% DUE 03-02-2033	1.00	813,112.89	825,563.41
JACOBS ENGR GROUP INC 5.9% 03-01-2033	1.00	713,059.67	723,053.70
JPMORGAN CHASE & FLTG RT 6.254% DUE 10-23-2034	1.00	708,269.18	748,212.40
KILROY RLTY L P 4.75% DUE 12-15-2028	1.00	993,763.22	1,075,808.87
KINDER MORGAN INC 5.2% 06-01-2033	1.00	600,698.00	589,050.61
LOUISVILLE GAS & ELEC CO 5.45% DUE 04-15-2033	1.00	403,690.22	409,048.67
LOWES COS INC 5.85% 04-01-2063	1.00	607,851.00	596,696.44
META PLATFORMS INC 5.75% 05-15-2063	1.00	803,493.78	815,067.67
MIDAMERICAN ENERGY 5.858% 09-15-2054	1.00	812,852.00	828,605.28
NORFOLK SOUTHERN CORP 5.35% 08-01-2054	1.00	813,161.33	780,577.25

Northwestern Memorial Hospital Employees' Pension Plan
Schedule H i

Row Labels	Shares	Cost Value	Market Value
	Count of Share/Par Value	Sum of Cost Value+Accrual	Sum of Market Value+Accrual
OCCIDENTAL PETE 8.875% DUE 07-15-2030	1.00	838,406.53	828,083.08
ORACLE CORP 5.55% 02-06-2053	1.00	1,283,584.42	1,260,001.47
PACIFIC GAS & ELEC CO 6.75% 01-15-2053	1.00	615,675.00	673,517.70
PACIFICORP 4.15% 02-15-2050	1.00	229,532.33	236,492.13
PFIZER INVESTMENT ENTER 5.3% 05-19-2053	1.00	301,408.00	283,194.71
SAN DIEGO GAS & ELEC CO 5.35% 04-01-2053/03-10-2023	1.00	601,713.00	574,889.75
T-MOBILE USA INC FIXED 5.65% DUE 01-15-2053	1.00	1,177,091.06	1,095,702.57
TARGA RES CORP 6.5% DUE 02-15-2053	1.00	802,388.44	855,514.06
UNION PACIFIC CORP FIXED 4.95% DUE 05-15-2053	1.00	602,925.00	552,780.43
WELLS FARGO & CO MEDIUM TERM SR NTS 6.491% 10-23-2034	1.00	1,113,486.86	1,182,244.79
BANQUE FEDERATIVE FLTG RT 5.407425% DUE 02-16-2028	1.00	1,208,250.68	1,214,538.68
PVTPL BPCE SA 5.936% 05-30-2035	1.00	1,105,804.09	1,096,206.73
AERCAP IRELAND CAP/GLOBA 2.45% DUE 10-29-2026 BEO	1.00	1,129,199.33	1,153,776.85
SUMITOMO MITSUI FINL GROUP INC 5.424% 07-09-2031	1.00	1,128,506.13	1,140,650.27
BARCLAYS PLC 5.69% 03-12-2030	1.00	1,322,396.47	1,335,043.12
HSBC HLDGS PLC 7.39% 11-03-2028	1.00	746,575.28	750,525.10
LLOYDS BANKING GROUP FLTG RT 11-26-2028	1.00	905,067.68	907,001.26
LLOYDS BANKING GROUP PLC 5.087% 11-26-2028	1.00	904,451.13	905,342.51
SANTANDER UK GROUP HOLDINGS PLC 6.534% 01-10-2029	1.00	515,518.25	530,890.98
AMERICAN EXPRESS COMPANY FLTG 07-26-2028	1.00	1,212,051.84	1,218,483.84
BANK OF AMERICA CORPORATION 5.202% 04-25-2029	1.00	1,530,070.50	1,521,262.68
BOEING CO FIXED 5.15% DUE 05-01-2030	1.00	595,412.00	596,509.91
BRANDYWINE OPER PARTNERSHIP L P 8.875% 04-12-2029	1.00	304,357.71	325,091.01
BROADCOM INC 5.05% 07-12-2029	1.00	1,226,876.33	1,232,672.47
CHENIERE ENERGY FIXED 4.5% DUE 10-01-2029	1.00	1,172,412.00	1,175,314.82
EQUIFAX INC 4.8% 09-15-2029	1.00	1,221,376.00	1,206,578.30
ESSENT GROUP LTD NT 6.25% 07-01-2029	1.00	1,233,084.00	1,263,570.47
FORD MOTOR CREDIT CO LLC 6.798% DUE 11-07-2028	1.00	210,249.40	209,372.06
FORD MTR CR CO LLC 4.542% DUE 08-01-2026	1.00	988,815.00	1,007,287.87
GOLDMAN SACHS GROUP INC 3.691% 06-05-2028	1.00	1,657,781.73	1,655,940.39
MARSH & MCLENNAN COS INC FLTG RT 11-08-2027	1.00	705,537.81	710,900.42
MORGAN STANLEY 4.654% 10-18-2030	1.00	1,211,324.73	1,185,560.41
MORGAN STANLEY 5.123% DUE 02-01-2029	1.00	617,991.50	614,473.51
MORGAN STANLEY 5.173% 01-16-2030	1.00	1,950,598.21	1,948,174.83
ONEOK INC 4.25% 09-24-2027	1.00	1,921,073.64	1,894,096.28
PIEDMONT OPER PARTNERSHIP LP 6.875% 07-15-2029	1.00	820,360.67	850,556.43
PVTPL WAND NEWCO 3 INC 7.625% 01-30-2032	1.00	1,031,982.64	1,059,106.82
WELLS FARGO & COMPANY 5.198% 01-23-2030	1.00	1,329,657.48	1,332,545.43
WELLS FARGO & COMPANY 6.303% 10-23-2029	1.00	530,357.83	526,245.39
ALIMENTATION COUCHE-TARD INC DISC COML PAPER 4/A2 YRS 1&2 01-14-2025	1.00	946,637.00	948,309.01
ALIMENTATION COUCHE-TARD INC DISC COML PAPER 4/A2 YRS 1&2 01-03-2025	1.00	1,493,877.50	1,499,431.97
ALIMENTATION COUCHE-TARD INC DISC COML PAPER 4/A2 YRS 1&2 01-21-2025	1.00	2,686,095.83	2,692,747.13
AMERICAN ELEC PWR INC DISC COML PAPER 4/2 YRS 1&2 01-21-2025	1.00	1,494,357.08	1,496,026.62
AVANGRID INC DISC COML PAPER 4/A2 YRS 1&2 01-07-2025	1.00	1,493,116.67	1,496,443.05

Northwestern Memorial Hospital Employees' Pension Plan
Schedule H i

Row Labels	Shares	Cost Value	Market Value
	Count of Share/Par Value	Sum of Cost Value+Accrual	Sum of Market Value+Accrual
AVANGRID INC DISC COML PAPER 4/A2 YRS 1&2 01-21-2025	1.00	1,496,018.75	1,496,018.75
CANADIAN NAT RES LTD DISC COML PAPER NTS4/A2 YRS 1&2 01-16-2025	1.00	3,985,143.11	3,991,549.04
CONSOLIDATED EDISON CO N Y INC DISC COMLPAPER 4/2 YRS 1&2 01-13-2025	1.00	2,690,130.00	2,695,606.40
CONSTELLATION BRANDS INC 0% CP 01-07-2025	1.00	1,493,193.75	1,498,608.75
CONSTELLATION BRANDS INC DISC COML PAPER 4/A2 YRS 1&2 0% CP 01-14-2025	1.00	946,494.50	948,236.78
CONSTELLATION BRANDS INC DISC COML PAPER4/A2 YRS 1&2 01-08-2025	1.00	1,494,465.00	1,498,409.88
CONSTELLATION BRANDS INC DISC COML PAPER4/A2 YRS 1&2 01-10-2025	1.00	1,045,982.00	1,048,608.42
CRH AMER FIN INC DISC COML PAPER 4/2 YRS1&2 01-16-2025	1.00	1,295,227.56	1,297,388.83
CROWN CASTLE INTL CORP 4/A2 DISC COML PAPER YRS 1&2 01-07-2025	1.00	1,493,125.00	1,498,600.01
CROWN CASTLE INTL CORP 4/A2 DISC COML PAPER YRS 1&2 01-16-2025	1.00	1,193,845.67	1,197,431.03
CVS CAREMARK CORP DISC COML PAPER 4/2 YRS 1&2 01-31-2025	1.00	1,192,650.00	1,195,090.63
DELL INTL LLC / EMC CORP DISC COML PAPER 4/A2 YRS 1&2 0% CP 01-07-2025	1.00	2,393,693.34	2,397,909.34
DELL INTL LLC / EMC CORP DISC COML PAPER4/A2 YRS 1&2 01-09-2025	1.00	1,695,309.42	1,698,092.70
DELL INTL LLC / EMC CORP DISC COML PAPER4/A2 YRS 1&2 01-10-2025	1.00	1,496,475.00	1,498,128.50
DTE ELEC CO DISC COML PAPER 3/A3 YRS 1&201-10-2025	1.00	299,031.25	299,630.18
EDISON INTL DISC COML PAPER 4/2 YRS 1&2 0% CP 01-15-2025	1.00	1,195,492.00	1,197,699.50
ENBRIDGE U S INC DISC COML PAPER 4/2 YRS1&2 01-14-2025	1.00	1,494,505.00	1,497,315.57
ENBRIDGE U S INC DISC COML PAPER 4/2 YRS1&2 01-21-2025	1.00	1,492,362.50	1,495,939.13
ENBRIDGE U S INC DISC COML PAPER 4/2 YRS1&2 01-24-2025	1.00	3,040,196.67	3,040,536.86
EXPERIAN FIN PLC 4/A2 DISC COML PAPER YRS 1&2 0% CP 02-12-2025	1.00	1,388,850.56	1,392,477.23
INTERCONTINENTAL EXCHANGE INC 4/A2 DISC COML PAPER YRS 1&2 0% CP 01-06-2025	1.00	1,197,010.67	1,199,040.00
JONES LANG LASALLE FIN BV 4/A2 DISC COM PAPER YRS 1&2 0% CP 01-16-2025	1.00	1,494,712.50	1,496,990.00
KEURIG DR PEPPER INC DISC COML PAPER 4/2YRS 1&2 01-10-2025	1.00	1,196,396.67	1,198,502.80
KEURIG DR PEPPER INC DISC COML PAPER 4/2YRS 1&2 01-24-2025	1.00	1,195,660.00	1,196,362.67
MARRIOTT INTL INC DISC COML PAPER 4/2 YRS 1&2 0% CP 02-03-2025	1.00	397,462.89	398,268.27
PENSKE TRUCK LEASING CO LP/PTL FIN COR 0% CP 03-20-2025	1.00	1,483,550.00	1,484,595.00
PUBLIC SVC ENTERPRISE GROUP INC DISC COML PAPER 4/2 YRS 1&2 01-09-2025	1.00	1,196,381.33	1,198,653.37
SOUTHERN CALIF EDISON CO DISC COML PAPER4/2 YRS 1&2 01-06-2025	1.00	1,187,790.00	1,199,074.28
SOUTHERN CALIF EDISON CO DISC COML PAPER4/2 YRS 1&2 01-07-2025	1.00	1,188,666.67	1,198,919.66
TARGA RES CORP DISC COML PAPER 4/A2 YRS 1&2 01-15-2025	1.00	1,195,360.00	1,197,568.50
VIRGINIA ELEC & PWR CO DISC COML PAPER 3/A3 YRS 1&2 0% CP 01-07-2025	1.00	498,563.89	499,569.31
VW CR INC DISC COML PAPER 4/2 YRS 1&2 01-06-2025	1.00	1,493,270.83	1,498,880.36
Non-Interest Bearing Cash - USD	3.00	1,624,648.32	1,624,648.32
Euro	1.00	22,095.75	22,095.75
United States dollar	2.00	1,602,552.57	1,602,552.57
Other	79.00	5,277,815.77	12,610,195.46
&&AMENDMENT #6 TO GAC #166 ISSUED BY JOHN HANCOCK MUTUAL LIFE INSURANCE CO.	1.00	-	1.00
ADAGE CAPITAL PARTNERS, LP	1.00	1.00	1.00
CANYON VALUE REALIZATION FUND (CAYMAN) LTD. CLASS A	1.00	1.00	1.00
CEVIAN CAPITAL II LTD SUBS REDS	1.00	1.00	1.00
COATUE OFFSHORE FUND LTD	1.00	1.00	965,124.00
DAVIDSON KEMPNER INTERNATIONAL FUND LTD	1.00	1.00	1.00
ETON PARK OVERSEAS FUND LTD	1.00	1.00	1.00
FARALLON CAPITAL INSTITUTIONAL PTNRS LP	1.00	1.00	180,319.00

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Row Labels	Shares	Cost Value	Market Value
	Count of Share/Par Value	Sum of Cost Value+Accrual	Sum of Market Value+Accrual
KING STREET CAPITAL LTD	1.00	1.00	514,049.00
PARK WEST INVESTORS LTD	1.00	1.00	2,471,079.00
RAPTOR PRIVATE HOLDINGS LTD	1.00	0.02	1.00
REDWOOD OFFSHORE LTD FUND	1.00	1.00	309,962.00
RENAISSANCE INSTITUTIONAL DIVERSIFIED ALPHA FUND LLC	1.00	371,798.59	1.00
SEMPER VIC PARTNERS QP	1.00	1.00	1.00
SENATOR GLOBAL OPPORTUNITY OFFSHORE FUNDII, LTD	1.00	1.00	1.00
SILVER POINT CAPITAL, L.P.	1.00	1.00	1.00
SOWOOD ALPHA LTD	1.00	372,475.66	1.00
STEADFAST INTERNATIONAL LTD	1.00	1.00	1.00
VARDE INVESTMENT PARTNERS (OFFSHORE) LTD	1.00	618,602.82	2,364,747.00
VIKING GLOBAL EQUITIES III LTD	1.00	1.00	1.00
CF NITORUM OFFSHORE FD LTD CL A SER 1	1.00	1,999,993.64	2,470,297.00
ICE_CDS BOFAGB2U 06/20/2028 SELL AT&T INC 3.8% 02/15/20 SWPCOLX54	1.00	-	11,542.58
ICE_CDS BOFAGB2U 06/20/2028 SELL GENERAL MOTORS CO 4.2% SWPCOLUG3	1.00	195,217.14	183,135.42
ICE_CD X BOFAGB2U 06/20/2028 SELL CDX.NA.IG.40 SWPCOLPD6	1.00	5,617.38	13,114.80
ICE_CD X BOFAGB2U 12/20/2028 SELL CDX.NA.IG.41 SWPCOM330	1.00	2,556.17	4,553.14
LCH_OIS BOFAGB2U 03/10/2033 USD P 3.156% / R 1DSOFR SWU01Q3Q9	1.00	-	85,564.15
LCH_OIS BOFAGB2U 06/21/2028 USD P 3.25% / R 1DSOFR SWU01O3D3	1.00	138,461.65	279,007.56
LCH_OIS BOFAGB2U 06/21/2033 USD P 3% / R 1DSOFR SWU01O3G6	1.00	213,990.56	595,982.39
FUT MAR 25 10 YR T-NOTES	2.00	-	-
FUT MAR 25 CBT 5Y T-NOTE	2.00	-	-
FUT MAR 25 CBT UL T-BONDS	2.00	-	-
FUT MAR 25 CBT UL TNOTE	2.00	-	-
CALL SWO USD BNPAFRPP P 1DSOFR / R 3.49% 317U7QBA4 01/06/2025	1.00	(1,050.00)	-
CALL SWO USD BOFAUS6S P 1DSOFR / R 3.7% 317U7SFA6 01/16/2025	1.00	(560.00)	(54.60)
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.496% 317U7PTA7 01/06/2025	1.00	(1,160.00)	-
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.5% 317U7Q4A2 01/06/2025	1.00	(1,073.00)	-
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.69% 317U7SPA5 01/17/2025	1.00	(1,090.00)	(115.80)
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.721% 317U7S8A4 01/13/2025	1.00	(1,100.00)	(77.52)
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.822% 317U7UWA2 01/21/2025	1.00	(1,210.00)	(594.48)
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.875% 317U7UEA2 01/21/2025	1.00	(2,767.50)	(1,998.27)
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.886% 317U7W0A3 01/27/2025	1.00	(1,295.00)	(1,287.52)
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.9% 317U7UYA0 01/23/2025	1.00	(1,300.00)	(1,179.24)
CALL SWO USD GSCMUS33 P 1DSOFR / R 3.908% 317U7VJA5 01/24/2025	1.00	(1,330.00)	(1,301.44)
CALL SWO USD NGFPUS33 P 1DSOFR / R 3.53% 317U7QJA6 01/09/2025	1.00	(1,911.00)	(1.05)
CALL SWO USD NGFPUS33 P 1DSOFR / R 3.663% 317U7SOA2 01/13/2025	1.00	(1,657.50)	(54.78)
PUT SWO USD BNPAFRPP P 3.84% / R 1DSOFR 317U7QAA5 01/06/2025	1.00	(1,050.00)	(7,621.76)
PUT SWO USD BOFAUS6S P 4.1% / R 1DSOFR 317U7SEA7 01/16/2025	1.00	(560.00)	(1,112.72)
PUT SWO USD GSCMUS33 P 3.896% / R 1DSOFR 317U7PSA8 01/06/2025	1.00	(1,160.00)	(5,888.44)
PUT SWO USD GSCMUS33 P 3.9% / R 1DSOFR 317U7Q3A3 01/06/2025	1.00	(1,073.00)	(5,768.44)
PUT SWO USD GSCMUS33 P 4.071% / R 1DSOFR 317U7S7A5 01/13/2025	1.00	(1,100.00)	(2,409.72)
PUT SWO USD GSCMUS33 P 4.09% / R 1DSOFR 317U7SOA6 01/17/2025	1.00	(1,090.00)	(2,451.96)
PUT SWO USD GSCMUS33 P 4.222% / R 1DSOFR 317U7UVA3 01/21/2025	1.00	(1,210.00)	(1,245.92)

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PUT SWO USD GSCMUS33 P 4.244% / R 1DSOFR 317U5A6A7 02/27/2025	1.00	(48,300.00)	(15,437.10)
PUT SWO USD GSCMUS33 P 4.275% / R 1DSOFR 317U7UDA3 01/21/2025	1.00	(2,767.50)	(1,953.90)
PUT SWO USD GSCMUS33 P 4.286% / R 1DSOFR 317U7VZA7 01/27/2025	1.00	(1,295.00)	(1,103.00)
PUT SWO USD GSCMUS33 P 4.3% / R 1DSOFR 317U7UXA1 01/23/2025	1.00	(1,300.00)	(823.12)
PUT SWO USD GSCMUS33 P 4.308% / R 1DSOFR 317U7VKA3 01/24/2025	1.00	(1,330.00)	(826.00)
PUT SWO USD NGFPUS33 P 3.88% / R 1DSOFR 317U7QIA7 01/09/2025	1.00	(1,911.00)	(11,392.22)
PUT SWO USD NGFPUS33 P 4.013% / R 1DSOFR 317U7RZA6 01/13/2025	1.00	(1,657.50)	(5,205.66)
CME_OIS BOFAGB2U 11/15/2052 USD P 3.622% / R 1DSOFR SWU02D668	1.00	26,414.62	211,204.14
CME_OIS BOFAGB2U 11/15/2052 USD P 3.69% / R 1DSOFR SWU02D2C9	1.00	-	27,530.10
ICE_CD_X BOFAGB2U 12/20/2029 SELL CDX.NA.IG.43 SWPCOMWQ7	1.00	1,365,756.70	1,361,505.40
LCH_OIS BOFAGB2U 06/20/2054 USD P 3.5% / R 1DSOFR SWU0206W9	1.00	50,223.82	405,082.56
LCH_OIS BOFAGB2U 07/02/2034 USD P 3.994% / R 1DSOFR SWU027IZ4	1.00	-	7,904.96
LCH_OIS BOFAGB2U 07/02/2034 USD P 4.06% / R 1DSOFR SWU027J00	1.00	-	2,892.95
LCH_OIS BOFAGB2U 08/05/2034 USD P 3.85% / R 1DSOFR SWU028KU0	1.00	-	10,992.05
LCH_OIS BOFAGB2U 08/06/2034 USD P 3.795% / R 1DSOFR SWU028MD6	1.00	-	13,255.20
LCH_OIS BOFAGB2U 08/07/2034 USD P 3.645% / R 1DSOFR SWU028NW3	1.00	-	19,463.25
LCH_OIS BOFAGB2U 08/13/2034 USD P 3.679% / R 1DSOFR SWU028UV7	1.00	-	17,934.65
LCH_OIS BOFAGB2U 08/19/2034 USD P 3.586% / R 1DSOFR SWU028ZY6	1.00	-	30,351.79
LCH_OIS BOFAGB2U 08/22/2034 USD P 3.613% / R 1DSOFR SWU02A2K7	1.00	-	20,486.20
LCH_OIS BOFAGB2U 08/28/2034 USD P 3.555% / R 1DSOFR SWU02A7Z9	1.00	-	31,874.36
LCH_OIS BOFAGB2U 08/28/2034 USD P 3.611% / R 1DSOFR SWU02A847	1.00	-	13,085.50
LCH_OIS BOFAGB2U 08/28/2034 USD P 3.643% / R 1DSOFR SWU02A854	1.00	-	19,119.65
LCH_OIS BOFAGB2U 09/04/2034 USD P 3.514% / R 1DSOFR SWU02ABQ4	1.00	-	38,926.32
Other Liabilities	35.00	(78,381,029.36)	(78,241,031.87)
United States dollar	5.00	(84,346,878.82)	(84,346,878.82)
CCP RECEIVABLE FROM BANK OF AMERICA	1.00	3,840,000.00	3,840,000.00
CCPC RECEIVABLE FROM MERRILL LYNCH, P, F SMITH INC NEW YORK	1.00	594,000.00	594,000.00
INTERNATIONAL MASTER FORWARD COLLATERAL RECEIVABLE FROM:BNP PARIBAS	1.00	270,000.00	270,000.00
OTC CASH COLL RECEIVABLE USD MLPFUS31 31 DEC 2050 CCBOSHUS6	1.00	1,353,000.00	1,353,000.00
CME_OIS BOFAGB2U 06/21/2028 USD P 3.25% / R 1DSOFR SWU01NXP5	2.00	202,828.72	318,846.95
ICE_CDS BOFAGB2U 06/20/2028 SELL AT&T INC 3.8% 02/15/20 SWPCOLX54	1.00	(599.56)	-
ICE_CDS BOFAGB2U 06/20/2028 SELL GENERAL MOTORS CO 4.2% SWPCOLUG3	1.00	-	-
ICE_CD_X BOFAGB2U 06/20/2028 SELL CDX.NA.IG.40 SWPCOLPD6	1.00	-	-
ICE_CD_X BOFAGB2U 12/20/2028 SELL CDX.NA.IG.41 SWPCOM330	1.00	-	-
LCH_OIS BOFAGB2U 03/10/2033 USD P 3.156% / R 1DSOFR SWU01Q3Q9	1.00	-	-
LCH_OIS BOFAGB2U 06/21/2028 USD P 3.25% / R 1DSOFR SWU01O3D3	1.00	-	-
LCH_OIS BOFAGB2U 06/21/2033 USD P 3% / R 1DSOFR SWU01O3G6	1.00	-	-
FORWARD COLLATERAL PAYABLE TO BNP PARIBAS JERSEY CITY, NJ	1.00	(270,000.00)	(270,000.00)
CME_OIS BOFAGB2U 11/15/2052 USD P 3.622% / R 1DSOFR SWU02D668	1.00	(9,757.56)	-
CME_OIS BOFAGB2U 11/15/2052 USD P 3.69% / R 1DSOFR SWU02D2C9	1.00	(7,911.76)	-
ICE_CD_X BOFAGB2U 12/20/2029 SELL CDX.NA.IG.43 SWPCOMWQ7	1.00	-	-
LCH_OIS BOFAGB2U 06/20/2054 USD P 3.5% / R 1DSOFR SWU0206W9	1.00	(5,710.38)	-
LCH_OIS BOFAGB2U 07/02/2034 USD P 3.994% / R 1DSOFR SWU027IZ4	1.00	-	-
LCH_OIS BOFAGB2U 07/02/2034 USD P 4.06% / R 1DSOFR SWU027J00	1.00	-	-

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Row Labels	Shares	Cost Value	Market Value
	Count of Share/Par Value	Sum of Cost Value+Accrual	Sum of Market Value+Accrual
LCH_OIS BOFAGB2U 08/05/2034 USD P 3.85% / R 1DSOFR SWU028KU0	1.00	-	-
LCH_OIS BOFAGB2U 08/06/2034 USD P 3.795% / R 1DSOFR SWU028MD6	1.00	-	-
LCH_OIS BOFAGB2U 08/07/2034 USD P 3.645% / R 1DSOFR SWU028NW3	1.00	-	-
LCH_OIS BOFAGB2U 08/13/2034 USD P 3.679% / R 1DSOFR SWU028UV7	1.00	-	-
LCH_OIS BOFAGB2U 08/19/2034 USD P 3.586% / R 1DSOFR SWU028ZY6	1.00	-	-
LCH_OIS BOFAGB2U 08/22/2034 USD P 3.613% / R 1DSOFR SWU02A2K7	1.00	-	-
LCH_OIS BOFAGB2U 08/28/2034 USD P 3.555% / R 1DSOFR SWU02A7Z9	1.00	-	-
LCH_OIS BOFAGB2U 08/28/2034 USD P 3.611% / R 1DSOFR SWU02A847	1.00	-	-
LCH_OIS BOFAGB2U 08/28/2034 USD P 3.643% / R 1DSOFR SWU02A854	1.00	-	-
LCH_OIS BOFAGB2U 09/04/2034 USD P 3.514% / R 1DSOFR SWU02ABQ4	1.00	-	-
Partnership/Joint Venture Interests	64.00	36,867,580.43	27,809,352.64
ASLAN REALTY PARTNERS II, LP	1.00	737,156.94	1.00
ASLAN REALTY PARTNERS IV	1.00	404,230.60	73,700.00
BAIN CAPITAL EUROPE FUND III LP	1.00	271,212.29	38,495.75
BAIN CAPITAL FUND X LP	1.00	1,141,970.35	473,359.00
BC EUROPEAN CAP VII - 10 UNITS (NMC10)	1.00	314,484.19	8,501.45
BC EUROPEAN CAPITAL VII SUNDRY ASSET (NMP10)	1.00	447,591.20	12,430.14
BEACON CAPITAL STRATEGIC PTRS VI	1.00	92,619.48	6,518.00
CHAMBERS ENERGY CAPITAL II LP	1.00	2,466,260.70	1,058,086.00
CHARLESBANK EQUITY FUND VI LP	1.00	164,731.42	39,879.00
CHARLESBANK EQUITY FUND VII	1.00	193,471.95	8,132.00
CID GREATER CHINA VENTURE CAPITAL FUND II (TE), LP	1.00	1.00	1.00
CID GREATER CHINA VENTURE CAPITAL FUND III (TE)	1.00	798,560.56	212,681.00
CLAYTON, DUBILIER & RICE FUND VIII, LP	1.00	1.00	6,378.00
DENHAM COMMODITY PARTNERS FUND V, LP	1.00	2,446,516.00	584,052.00
DENHAM COMMODITY PARTNERS FUND VI LP	1.00	5,053,664.00	3,620,283.00
DOVER STREET VII CAYMAN FUND, LP	1.00	245,593.83	1,221.00
ENCAP FLATROCK MIDSTREAM FUND II LP	1.00	1,319,757.88	504,668.00
ENERGY SPECTRUM PARTNERS VI, LP	1.00	507,680.39	35,033.00
FLEXPOINT FORD FUND II, L.P.	1.00	433,096.02	733,617.00
FORTRESS CREDIT OPPORTUNITIES FUND (B) LP	1.00	1.00	37,764.00
GEM REALTY FUND III, LP	1.00	262,707.65	629.00
GEM REALTY FUND IV, LP	1.00	1.00	1,039.00
GENERATION CAPITAL PARTNERS II, LP	1.00	557,699.47	32,517.00
GQG PARTNERS EMERGING MARKETS EQUITY FUND	1.00	1.00	1.00
GRAHAM PARTNERS III, LP	1.00	395,254.87	4,393.00
GREEN COURTE REAL ESTATE PARTNERS III LLC	1.00	4,356.00	1,602,743.00
GREEN EQUITY INVESTORS OFFSHORE FUND VI	1.00	2,671,157.56	6,690,629.00
GREEN EQUITY INVESTORS V, LP	1.00	142,268.45	8,368.00
LIME ROCK PARTNERS IV, L.P.	1.00	962,379.00	5,818.00
LIME ROCK PARTNERS V, LP	1.00	1,552,344.00	120,330.00
MORGENTHALER PARTNERS VII, LP	1.00	1,629,306.72	17,327.00
NATURAL GAS PARTNERS IX, LP	1.00	1.00	1.00
NEWPORT ASIA INSTITUTIONAL FUND, LP	1.00	1.00	1.00

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NGP NATURAL RESOURCES X, LP	1.00	1,387,540.36	432,920.00
PAINE & PARTNERS CAPITAL FUND III AIV LPFMRLY FOX PAINE CAPITAL FUND III AIV, LP	1.00	206,280.56	6,603.00
PAINE & PARTNERS CAPITAL FUND III CZ I	1.00	1.00	244,702.00
PAINE & PARTNERS CAPITAL FUND III, LP FRMRLY FOX PAINE CAPITAL FUND III, LP	1.00	907,881.91	98,695.00
PROVIDENCE EQUITY OFFSHORE PTRS IV, LP	1.00	1.00	1.00
PROVIDENCE EQUITY PARTNERS OFFSHORE V LP	1.00	1.00	81.00
PROVIDENCE EQUITY PARTNERS V, LP #5086	1.00	703,895.00	1.00
PROVIDENCE EQUITY PARTNERS VI LP	1.00	523,547.00	8,620.00
PROVIDENCE EQUITY PTRS V UMBRELLA US LP	1.00	179,866.00	1.00
PROVIDENCE EQUITY PTRS VI INTL LP	1.00	177,846.00	582.00
ROUNDTABLE HEALTHCARE PTRS III	1.00	336,189.34	1,219,045.00
SEQUOIA CAPITAL US VENTURE 2010 FUND	1.00	359,325.67	3,509,527.00
SUMMIT PARTNERS PRIVATE EQUITY FUND VII-B, LP	1.00	526,961.94	107,826.00
TDR CAPITAL II II 'A' LP	1.00	298,799.24	136,792.99
UPDATA PARTNERS III, LP	1.00	373,316.42	80,577.00
VERSANT VENTURE CAPITAL III, L.P.	1.00	136,133.73	44,988.00
VERSANT VENTURE CAPITAL IV, L.P.	1.00	1,194,782.56	226,980.00
VIP I A (SIDE FUND) LP	1.00	1.36	513.61
VITRUVIAN INVESTMENT PARTNERS I A	1.00	1.36	5,241.70
WALTON STREET REAL ESTATE FUND V, LP	1.00	1,099,054.91	54,303.00
WALTON STREET REAL ESTATE FUND VI, LP	1.00	156,748.87	666,920.00
WESTBRIDGE VENTURES II LLC (SEQUOIA CAPITAL INDIA II LLC)	1.00	140,118.52	59,906.00
WESTON PRESIDIO V, LP	1.00	173,029.74	1.00
SCULPTOR REAL ESTATE PARALLEL FUND II A	1.00	64,485.42	1.00
HONGSHAN CAPITAL GROWTH 2010 FUND	1.00	339,860.00	234,390.00
HONGSHAN CAPITAL VENTURE 2010 FUND	1.00	164,437.00	334,685.00
HONGSHAN CAPITAL GROWTH FUND I, LP	1.00	204,504.00	1,696,871.00
HONGSHAN CAPITAL II, L.P.	1.00	66,583.00	288,602.00
PEAK XV PARTNERS GROWTH FUND I LTD	1.00	257,118.00	60,855.00
PEAK XV PARTNERS GROWTH FUND II LTD	1.00	1,336,135.00	1,683,244.00
PEAK XV PARTNERS III LTD	1.00	337,056.00	667,281.00
Receivables - Other - USD	2.00	33,440,042.79	33,440,042.79
United States dollar	2.00	33,440,042.79	33,440,042.79
U.S. Government Securities	30.00	95,747,230.74	93,993,612.37
PVTPL SAUDI ARABIA KINGDOM GLOBAL MEDIUM TERM 5.0% DUE 01-18-2053	1.00	664,705.22	607,858.22
UNITED STATES OF AMER TREAS BONDS 4.375% 08-15-2043	1.00	3,015,219.80	2,971,161.51
WI TREASURY SEC 3.875% 05-15-2043	1.00	537,656.74	531,651.46
TSY INFL IX N/B 0.125% 02-15-2052	1.00	555,991.80	553,905.48
UNITED STATES TREAS BDS 0.125% 02-15-2051	1.00	7,053,794.03	6,878,655.00
PVTPL SAUDI ARABIA (KINGDOM OF) 5.0% 01-16-2034	1.00	202,569.33	198,884.93
UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054	1.00	5,690,578.78	5,579,286.66
UNITED STATES OF AMER TREAS BONDS DTD 4.0% 11-15-2052	1.00	5,698,751.82	5,529,714.31
UNITED STATES TREAS BDS 2.25% 08-15-2049	1.00	210,945.60	188,596.47
UNITED STATES TREAS BDS 2.875% 05-15-2049 REG	1.00	236,552.38	214,108.10

Northwestern Memorial Hospital Employees' Pension Plan
Schedule H i

Row Labels	Shares	Cost Value	Market Value
	Count of Share/Par Value	Sum of Cost Value+Accrual	Sum of Market Value+Accrual
UNITED STATES TREAS BDS DTD 3.125% 05-15-2048	1.00	331,981.93	301,669.81
UNITED STATES TREAS BDS TBOND FIXED 3% 02-15-2049	1.00	1,070,066.98	961,953.63
UNITED STATES TREAS BDS TREASURY BOND 2.375% DUE 11-15-2049 REG	1.00	69,762.35	63,956.80
US TREASURY N/B 4.25% 08-15-2054	1.00	12,648,576.10	11,915,478.26
WI TREASURY SEC 3.375% DUE 11-15-2048 REG	1.00	85,337.09	78,653.03
KOREA DEV BK SR NT 3% DUE 01-13-2026 REG	1.00	1,195,920.00	1,196,132.39
PVTPL KRATON CORPORATION 5.0% 07-15-2027	1.00	1,219,206.67	1,231,961.12
FANNIE MAE POOL FN BY8487 5% 01/08/2053 5% 08-01-2053	1.00	384,601.98	385,177.92
FNMA 30 YEAR PASS-THROUGHS 5.5% 30 YEARS SETTLES FEBRUARY	1.00	20,241,023.44	20,110,050.11
FNMA 30 YEAR PASS-THROUGHS 6% 30 YEARS SETTLES FEBRUARY	1.00	1,509,960.94	1,506,281.07
FNMA POOL #MA5071 5% 07-01-2053 BEO	1.00	93,743.46	94,139.08
FNMA SINGLE FAMILY MORTGAGE 4.5% 30 YEARS SETTLES MARCH	1.00	3,944,718.75	3,945,702.56
FNMA SINGLE FAMILY MORTGAGE 5% 30 YEARS SETTLES JANUARY	1.00	17,340,715.23	17,269,485.39
FNMA SINGLE FAMILY MTG 5 30 YEARS SETTLES FEB	1.00	3,667,742.19	3,664,366.49
FHLMC MULTICLASS FHMS Q029 A FLTG 25/8/2027 08-25-2027	1.00	1,201,217.01	1,201,213.29
UNITED STATES OF AMER TREAS BONDS 1.5% 02-15-2053	1.00	187,924.00	171,357.46
UNITED STATES OF AMER TREAS NOTES 0.125%TIPS 10-15-2025	1.00	822,053.95	841,931.49
UNITED STATES OF AMER TREAS NOTES 1.875% 07-15-2034	1.00	102,114.98	98,373.74
UNITED STATES TREAS BDS 2.125% 02-15-2054	1.00	2,913,047.05	2,786,231.75
UNITED STATES TREAS INFL NTS 0.375% DTD 07/15/2015 07-15-2025	1.00	2,850,751.14	2,915,674.84
Value of Interest In Common/Collective Trusts	19.00	578,476,252.82	566,713,336.47
BRINSON PSHP FD TR -2003 PRIMARY FD (01)	1.00	170,403.00	11,920.00
BRINSON PSHP FD TR-2001 PRIMARY FD (00)	1.00	105,510.00	5,517.00
BRINSON PSHP FD TR-2001 PRIMARY FD (01)	1.00	115,833.00	6,060.00
BRINSON PSHP FD TR-2002 PRIMARY FD (00)	1.00	33,058.00	5,186.00
BRINSON PSHP FD TR-2002 PRIMARY FD (01)	1.00	29,536.00	4,632.00
BRINSON PSHP FD TR-2002 SECONDARY FD(00)	1.00	35,209.00	3,796.00
BRINSON PSHP FD TR-2003 PRIMARY FD (00)	1.00	145,997.00	10,217.00
BRINSON PSHP FD TRUST-2000 PRIM FD (00)	1.00	244,881.00	4,242.00
BRINSON PSHP FUND TRUST -2004 PRIMARY FD	1.00	107,872.00	16,017.00
BRINSON PSHP TR FD-2002 SECONDARY FD(01)	1.00	35,209.00	3,796.00
NT COLLECTIVE GOVT SHORT TERM INVT FD	6.00	152,790,744.12	152,790,744.12
MFO PIMCO SHORT TERM FLOATING NAV II	1.00	84,576,714.27	84,583,641.26
MFO PIMCO FDS PIMCO SECTOR FD SER I	1.00	101,267,118.88	100,789,345.80
MFO PIMCO LONG DURATION CREDIT BOND PORT	1.00	238,818,167.55	228,478,222.29
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Grand Total	350.00	793,374,672.02	778,183,918.02