

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic 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 CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 01/01/1961
2a Plan sponsor's name (employer, if for a single-employer plan) CHILDREN'S HOSPITAL MEDICAL CENTER
2b Employer Identification Number (EIN) 31-0833936
2c Plan Sponsor's telephone number 513-636-8778
2d Business code (see instructions) 622000

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

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	23472
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	16047
	6a(2)	16162
	6b	1600
	6c	5679
	6d	23441
	6e	193
	6f	23634
	6g(1)	
6g(2)		
6h		830
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>1298077678</u>
	b Actuarial value	2b	<u>1427885446</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1682</u>	<u>230366962</u>
	b For terminated vested participants	<u>5743</u>	<u>180567152</u>
	c For active participants	<u>16047</u>	<u>633681127</u>
	d Total	<u>23472</u>	<u>1044615241</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.28 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>44859195</u>
	b Expected plan-related expenses	6b	<u>3439000</u>
	c Target normal cost	6c	<u>48298195</u>

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

SIGN HERE			
	Signature of actuary	<u>10/07/2025</u>	Date
	<u>DAVID HAUER</u>	<u>23-06576</u>	Most recent enrollment number
	Type or print name of actuary	<u>216-937-4000</u>	Telephone number (including area code)
	<u>WILLIS TOWERS WATSON US LLC</u>		
	Firm name		
	<u>1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND, OH 44114-1172</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	30849100	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	30849100	0
10	Interest on line 9 using prior year's actual return of <u>9.63</u> %	2970768	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	33819868	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	126.47 %
15	Adjusted funding target attainment percentage	15	129.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	131.06 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)		18(c)		

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a
	b Contributions made to avoid restrictions adjusted to valuation date	19b
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 48298195
b Excess assets, if applicable, but not greater than line 31a				31b 48298195
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment				
b Waiver amortization installment				
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement				
36 Additional cash requirement (line 34 minus line 35)				36
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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 CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936	

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

BLACKSTONE REAL ESTATE ASSOC VII LP **345 PARK AVENUE**
NEW YORK, NY 10154

45-3450248

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

HARBOURVEST PARTNERS LP **HARBOURVEST PARTNERS LLC**
ONE LINCOLN STREET
BOSTON, MA 02111

74-3130888

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

SHERIDAN PROD PARTNERS MANAGER III

85-2568628

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

TOWNSEND ALPHA MANAGER I, LLC

27-3728976

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

BLACKSTONE RE ASSOCIATES EUR V LP 345 PARK AVENUE
NEW YORK, NY 10154

98-1288413

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

STONE POINT CAPITAL LLC

20-2508799

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

WARBURG PINCUS XI LP 450 LEXINGTON AVENUE
NEW YORK, NY 10154

13-6358475

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

WARBURG PINCUS LLC 450 LEXINGTON AVENUE
NEW YORK, NY 10154

13-3536050

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

CANYON CAPITAL ADVISORS LLC 2000 AVE OF THE STARS, 11TH FLOOR
LOS ANGELES, CA 90067

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

BLACKSTONE RE ASSOCIATES EUR IV LP 345 PARK AVENUE
NEW YORK, NY 10154

98-1126155

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

HARBOURVEST IX-CREDIT OPP ASSOC HARBOURVEST PARTNERS LLC
ONE LINCOLN STREET
BOSTON, MA 02111

32-0292084

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

TRIDENT CAPITAL VII

98-1321144

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

BLUE OWL GPSC ADVISORS LLC

399 PARK AVENUE
NEW YORK, NY 10022

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

SIXTH STREET PARTNERS, LLC

46-3735749

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

HARBOURVEST IX-VENTURE ASSOCIATES

HARBOURVEST PARTNERS LLC
ONE LINCOLN STREET
BOSTON, MA 02111

32-0292082

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

HARBOURVEST IX-BUYOUT ASSOCIATES LP

HARBOURVEST PARTNERS LLC
ONE LINCOLN STREET
BOSTON, MA 02111

32-0292083

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

ALIGHT FINANCIAL SOLUTIONS LLC

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069

82-1061233

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

WARBURG PINCUS XII LP

450 LEXINGTON AVENUE
NEW YORK, NY 10154

47-4298925

(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)

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

(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 24 28 50 51	NONE	13112	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TRUE NORTH MANAGEMENT GROUP, LLC

27-0087074

(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?
27	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	45476	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

USRA

47-1438665

(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?
52	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	118207	Yes <input type="checkbox"/> No <input checked="" 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)

STATE STREET BANK & TRUST COMPANY

04-1867445

(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?
19 25 99	NONE	115318	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AON INVESTMENTS USA INC

36-3109431

(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	NONE	812261	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WESTERN ASSET

(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	NONE	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 99	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	373	Yes <input type="checkbox"/> No <input checked="" 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
ALIGHT SOLUTIONS LLC	99	373

(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.
EQUIFAX WORKFORCE SOLUTIONS LLC 64-0958101	COMPENSATION RELATED TO PENSION INCOME VERIFICATION SERVICE

(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>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</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>AON HEWITT COLLECTIVE INVNT TR LONG</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-040</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>810474970</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT COLLECTIVE INVNT TR INTER</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-038</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>7349310</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TREASURY STRIPS</u>		
b Name of sponsor of entity listed in (a):	<u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-036</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>204422503</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ADAMS STREET GLOBAL SECONDARY FUND</u>		
b Name of sponsor of entity listed in (a):	<u>ADAMS STREET PARTNERS, LLC</u>		
c EIN-PN <u>45-3710222-006</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>1937297</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>ASP GSF 5 (SUNSHINE HOLDINGS) LP</u>		
b Name of sponsor of entity listed in (a):	<u>ADAMS STREET PARTNERS, LLC</u>		
c EIN-PN <u>61-1803802-001</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>170146</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON OPPORTUNISTIC CREDIT FUND</u>		
b Name of sponsor of entity listed in (a):	<u>AON INVESTMENTS USA, INC.</u>		
c EIN-PN <u>98-1554296-001</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>24130839</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON PRVT CR OPPTS FD II</u>		
b Name of sponsor of entity listed in (a):	<u>AON INVESTMENTS USA INC.</u>		
c EIN-PN <u>87-3885623-001</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>7590122</u>

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 CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	96539
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	27685012
(2) U.S. Government securities	1c(2)	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	0
(B) All other	1c(3)(B)	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	75671738
(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)	1103619554
(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)	2107443
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1298496800	1209180286
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	778864	678466
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	778864	678466
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1297717936	1208501820

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1449587	
(B) U.S. Government securities.....	2b(1)(B)	164850	
(C) Corporate debt instruments.....	2b(1)(C)	9140655	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	752294	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		11507386
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	139	
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	624000989	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	649595214	
(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)	23191798	
(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)		-38847978
(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)		2107443
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-1101
d Total income. Add all income amounts in column (b) and enter total	2d		-27636538

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	56853078	
(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)		56853078
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)	2483290	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2243210	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4726500
j Total expenses. Add all expense amounts in column (b) and enter total	2j		61579578

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-89216116
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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?	X		9000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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 550078.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 <u>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHILDREN'S HOSPITAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-0833936</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-0281170</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	446

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 0.0 % Private Equity: 1.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 91.0 %
 High-Yield Debt: 0.0 % Real Assets: 2.0 % Cash or Cash Equivalents: 0.0 % Other: 6.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/___ (MM/DD/YYYY) and the Opinion Letter serial number _____.

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	31-0833936	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	31-0833936	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	31-0833936	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Children's Hospital Medical Center Retirement Plan

Financial Statements As of and For the Years Ended
December 31, 2024 and 2023 and Supplemental Schedules As of and
For the Year Ended December 31, 2024 and Independent Auditor's
Report

**Children's Hospital Medical Center
Retirement Plan**

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Independent Auditor's Report

Plan Administrator
Children's Hospital Medical Center Retirement Plan
Cincinnati, OH 45229

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

We have performed audits of the financial statements of Children's Hospital Medical Center Retirement Plan, an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for plan benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for plan benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Children's Hospital Medical Center Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Children's Hospital Medical Center Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion:

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

Forvis Mazars, LLP

**Cincinnati, Ohio
October 10, 2025**

Federal Employer Identification Number: 44-0160260

**Children's Hospital Medical Center
 Retirement Plan**

Statements of Net Assets Available for Plan Benefits
 As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash and investments, at fair value (Note 3):		
Cash and cash equivalents	\$ 27,685,012	\$ 17,939,474
Corporate bonds	-	191,923,763
Government bonds	-	12,448,327
Investment partnerships:		
Equity	49,732,058	61,572,452
Real estate	28,047,123	31,607,860
Commingled funds:		
Equity	-	139,550,541
Bonds	849,545,241	585,002,785
Government	254,074,313	246,866,386
Real Estate	-	9,042,443
	<u>1,209,083,747</u>	<u>1,295,954,031</u>
Investment income receivable	96,539	2,542,769
Total assets	<u>1,209,180,286</u>	<u>1,298,496,800</u>
Liabilities		
Investment purchases payable	-	419,123
Trustee fees payable	678,466	359,741
Total liabilities	<u>678,466</u>	<u>778,864</u>
Net Assets Available for Plan Benefits	<u><u>\$ 1,208,501,820</u></u>	<u><u>\$ 1,297,717,936</u></u>

See accompanying notes to financial statements.

**Children's Hospital Medical Center
 Retirement Plan**

Statements of Changes in Net Assets Available for Plan Benefits
 For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Investment (loss) income:		
Interest income	\$ 11,506,285	\$ 10,673,017
Dividend income	139	-
Investment expenses	(1,206,425)	(1,234,143)
Net (depreciation) appreciation in fair value of investments	<u>(39,142,962)</u>	<u>109,246,110</u>
	<u>(28,842,963)</u>	<u>118,684,984</u>
Benefits paid to participants	(56,853,078)	(103,103,991)
PBGC premium	(2,243,210)	(1,986,144)
Administrative expenses and taxes	<u>(1,276,865)</u>	<u>(981,128)</u>
(Decrease) Increase in Net Assets Available for Plan Benefits	(89,216,116)	12,613,721
Net Assets Available for Plan Benefits:		
Beginning of year	<u>1,297,717,936</u>	<u>1,285,104,215</u>
End of year	<u><u>\$ 1,208,501,820</u></u>	<u><u>\$ 1,297,717,936</u></u>

See accompanying notes to financial statements.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements
December 31, 2024 and 2023

(1) Plan Description –

The following description of the Children's Hospital Medical Center Retirement Plan (the Plan) is provided for general informational purposes only. Participants should refer to the plan document for a complete description of the Plan.

- (a) General – The Children's Hospital Medical Center (Cincinnati Children's) established the Plan on January 1, 1961. This noncontributory defined benefit plan for qualifying employees is governed by ERISA. The Plan was comprehensively amended on January 1, 2017. In 2020, amendments clarified late retirement provisions, made direct rollover the default for small benefit cash-outs, eliminated the suspension of benefits for Option 1, added a forum selection provision, and included miscellaneous clarifications effective January 1, 2020. Additionally, the amendment removed spousal consent for joint and surviving spouse annuity forms effective January 1, 2021.

In September 2024, Cincinnati Children's announced an amendment to the Plan to freeze the Plan for new entrants effective January 1, 2025. The Plan is frozen to current participants effective December 31, 2025, at which time benefits will cease to accrue in the Plan. New eligible employees were offered a 401(a) defined contribution plan beginning January 1, 2025 while current Plan participants will be eligible to participate in the defined contribution plan beginning January 1, 2026.

- (b) Eligibility and Vesting – Qualified participants are employees of Cincinnati Children's (as defined in the plan document) who have attained the age of twenty-one and either have been credited with one year of continuous service or budgeted to work at least 40 hours per pay period. Participants are fully vested in their benefits after three years of credited service. Notwithstanding any other provision of the Plan, participation in the Plan is frozen to new hires as of close of business December 31, 2024.
- (c) Benefits – Benefits are calculated based on the two formula options summarized below. The Plan allows for all benefit payments to be made in lump sums.

Option 1 was provided to employees who were active participants in the Plan prior to September 1, 2007 and who did not elect Option 2 by December 1, 2007. Participants continued to accrue benefits under Option 1 through December 31, 2014. A full year of service is credited for each calendar year the employee completed 2,000 hours of service. Credited service is prorated for service between 1,000 and 2,000 hours. The benefit formula is a monthly benefit of the greater of:

- 1.4% of Final Average Monthly Compensation times the years of Credited Service or
- \$291.67 plus 1.4% of Final Average Monthly Compensation times the years of Credited Service reduced by three years.

Option 2 is provided to employees hired on or after September 1, 2007 and existing employees who elected the Option by December 1, 2007. All benefit accruals after December 31, 2014 are determined under the Option 2 formula. A full year of service is credited for each calendar year the employee completes 1,000 hours of service. The benefit formula is a single lump sum payable at normal retirement date as the greater of:

- 15% of career pay or
- \$30,000 for the first three years of service, plus 15% of pay for each additional year of service.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements
December 31, 2024 and 2023

All employees who are participants on December 31, 2025 shall cease to be active participants accruing benefits under the Plan as of close of business on that date. Accordingly, the determination of the accrued benefit of a participant shall be based on the benefit formula applicable to such participant under the Plan, with the various components of the benefit calculation under such formula determined with respect to such participant as of December 31, 2025, all under the provisions of the Plan as in effect immediately prior to that date (or, if earlier, as in effect on the date the participant's employment with the employer terminated.)

Participants are eligible for benefit payments upon retirement, death, or disability. The normal retirement age is 65. The Plan also provides for early retirement benefits to eligible participants, as defined in the plan document.

- (d) Funding – Cincinnati Children's evaluates the funded status of the Plan to determine the annual funding requirements. Cincinnati Children's did not make contributions to the plan in 2024 or 2023. The Plan has met the minimum funding requirements established by ERISA.
- (e) Administration – The Plan is administered by Cincinnati Children's management. State Street Bank and Trust Company is the custodian and benefit payment administrator of the Plan. Alight Solutions LLC also provides administration services to the Plan effective January 1, 2021. Certain administrative functions are performed by employees of Cincinnati Children's at no cost to the Plan. In addition, certain administrative expenses of the Plan are paid by Cincinnati Children's.
- (f) Termination Priorities – Cincinnati Children's has the right, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to participants in an order of priority determined in accordance with the applicable regulations under ERISA and the plan document.

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

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

(2) Summary of Significant Accounting Policies –

- (a) Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements
December 31, 2024 and 2023

- (b) Investment Valuation and Income Recognition – The Plan's investments in corporate and government bonds are stated at fair value based upon quoted market prices. Investments in partnerships and commingled funds in U.S. equities, real estate, bonds, and government securities are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions. Unrealized valuation gains and losses are reflected currently in the Statements of Changes in Net Assets Available for Plan Benefits. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis.
- (c) Payment of Benefits – Benefit payments to participants are recorded upon distribution.
- (d) Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Net Assets Available for Plan Benefits as of the date of the financial statements, the reported amounts of Changes in Net Assets Available for Plan Benefits and actuarial present value of accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

(3) Fair Value Measurements –

The Plan accounts for its assets under ASC 820, "Fair Value Measurements and Disclosures". As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In order to increase consistency and comparability in the fair value measurements and related disclosures, ASC 820 establishes a fair value hierarchy that categorizes into three levels the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs) as described below:

Level 1 – Quoted Prices (unadjusted) in active markets for identical assets or liabilities that are accessible at the measurement date.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the assets or liabilities, either directly or indirectly. These include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the asset or liability (i.e., interest rates, yield curves, etc.), and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Unobservable inputs that reflect management's determination of assumptions that market participants would use in pricing the asset or liability. These inputs are developed based on the best information available, including management's own data.

The fair values of Level 1 investments are based on quoted prices in active markets. The fair value for investments in fixed income securities, including US government securities and corporate bonds, is based on a calculation using interest rate curves and credit spreads applied to the terms of the debt instrument (maturity and coupon interest rate) and considers the counterparty credit rating. Such items are classified as Level 2 in the fair value hierarchy. Investments in partnerships and commingled funds – U.S. equities, real estate,

**Children's Hospital Medical Center
 Retirement Plan**

Notes to Financial Statements
 December 31, 2024 and 2023

government, and bonds – are valued using the net asset value reported by the managers of the funds and as supported by the unit prices of actual purchase and sale transactions.

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

Cincinnati Children's investment strategy with respect to the Plan's assets is designed to achieve a moderate level of overall portfolio risk in keeping with desired risk objective, which is established through careful consideration of plan liabilities, plan funded status and corporate financial condition. Cincinnati Children's adopted an Investment Policy that adjusts allocations between return-seeking assets and liability-hedging assets based on the funded status of the Plan and prevailing yields. As the funded ratio improves, allocations to liability-hedging assets increase accordingly. Cincinnati Children's seeks to maintain diversified portfolios and has adopted allocation targets within the return-seeking and liability hedging portfolios as follows:

Return-Seeking Allocation:	Min – Target – Max
Global Equity	60%-70%-80%
Private Equity	5%-10%-15%
Real Estate	5%-10%-15%
Multi-Asset Credit	5%-10%-15%
Opportunity Allocation	0%-0%-10%
Liability-Hedging Allocation:	
Long Credit	50%-75%-100%
STRIPS (Long Duration Treasury Instruments)	0%-25%-50%

In February 2024, Cincinnati Children's adopted a temporary Investment Policy designed to reduce return-seeking assets over time. The intent is to balance the portfolio heavily towards liability-hedging assets to reduce funded status volatility due to interest rate movements. No additional capital will be committed to illiquid asset classes.

The asset allocations below replace the previous glide path allocation targets:

Return-Seeking Allocation	Min – Max
	0% - 26%
Liability-Hedging Allocation:	74% - 100%
Intermediate Duration	0% - 100%
Long Duration	0% - 100%
STRIPS (Long Duration Treasury instruments)	0% - 50%

In order to maintain the portfolio's actual asset allocation in line with the target allocations specified above, rebalancing will occur periodically.

**Children's Hospital Medical Center
Retirement Plan**

Notes to Financial Statements
December 31, 2024 and 2023

As of December 31, 2024 and 2023, the Plan held investments in partnerships and commingled funds measured at net asset value. The investments in partnerships generally are associated with various redemption notice periods, liquidation restrictions that range from monthly to the life of the fund (up to fifteen years) and may require redemption penalties. Commingled investment funds are private funds for institutional investors valued daily at net asset value. The funds primarily consist of actively traded equity mutual funds, bond mutual funds, and US Treasury STRIPS with daily liquidity and no lockup period.

On December 31, 2024, the Plan held approximately \$1.1 billion of investments in commingled funds with no lockup period and daily liquidity and \$31.7 million of investments in commingled funds with multi-year lockup periods greater than five years. On December 31, 2023, the Plan held approximately \$922.2 million of investments in commingled funds with no lockup period and daily liquidity, \$18 million of investments in commingled funds with no lockup period and monthly or semi-monthly liquidity, \$9 million of investments in commingled funds with lockup periods less than one year, and \$31.2 million of investments in commingled funds with multi-year lockup periods greater than five years.

On December 31, 2024, the Plan also held \$49.7 million in nine private equity partnerships of which \$17.2 million of commitments were unfunded and \$28 million in nine real estate investment partnerships of which \$3.6 million of commitments were unfunded. On December 31, 2023, the Plan held \$61.6 million in nine private equity partnerships of which \$17.2 million of commitments were unfunded and \$31.6 million in nine real estate investment partnerships of which \$4.1 million of commitments were unfunded. It is anticipated that these commitments will be funded from liquid investments in the Plan and any required funding contributions.

The table below includes the major categorization for financial instruments on the basis of the nature and risk of the investments on December 31, 2024.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 27,685,012	-	\$ -	\$ 27,685,012
Total assets in the fair value hierarchy	27,685,012	-	-	27,685,012
Investments measured at net asset value ¹ :				
Investment partnerships:				
Equity	-	-	-	49,732,058
Real estate	-	-	-	28,047,123
Commingled investment funds:				
Bond	-	-	-	849,545,241
Government	-	-	-	254,074,313
Total assets at fair value	<u>\$ 27,685,012</u>	<u>-</u>	<u>\$ -</u>	<u>\$ 1,209,083,747</u>

¹ Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Plan Benefits.

**Children's Hospital Medical Center
 Retirement Plan**

Notes to Financial Statements
 December 31, 2024 and 2023

The table below includes the major categorization for financial instruments on the basis of the nature and risk of the investments on December 31, 2023.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 17,939,474	\$ -	-	\$ 17,939,474
Corporate bonds	-	191,923,763	-	191,923,763
Government bonds	-	12,448,327	-	12,448,327
Total assets in the fair value hierarchy	17,939,474	204,372,090	-	222,311,564
Investments measured at net asset value ² :				
Investment partnerships:				
Equity	-	-	-	61,572,452
Real estate	-	-	-	31,607,860
Commingled investment funds:				
Equity	-	-	-	139,550,541
Bond	-	-	-	585,002,785
Government	-	-	-	246,866,386
Real estate	-	-	-	9,042,443
Total assets at fair value	<u>\$ 17,939,474</u>	<u>\$ 204,372,090</u>	<u>-</u>	<u>\$ 1,295,954,031</u>

(4) Actuarial Information –

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on years of credited service with Cincinnati Children's. Benefits payable under all circumstances – retirement, death and termination of employment – are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits was determined by WTW, the Plan's actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The Plan's latest actuarial valuation was prepared as of January 1, 2024. A summary of significant actuarial assumptions and the actuarial methods used in preparing the actuarial valuation for 2024 is as follows:

² Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statements of Net Assets Available for Plan Benefits.

**Children's Hospital Medical Center
 Retirement Plan**

Notes to Financial Statements
 December 31, 2024 and 2023

<u>Actuarial Assumption</u>	<u>2024</u>
Annual investment return	6.00%
Discount rate	6.00%
Annual salary increase	3.50%

For the mortality assumption, the Pri-2012 Mortality Tables for males and females projected generationally from the base year of 2012 using Scale MP-2021 was utilized. The assumed retirement age is 65.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2024 is as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits:	
Vested-	
Participants currently receiving benefits	\$ 214,304,334
Other participants	749,669,176
Nonvested	51,839,343
	<u>\$1,015,812,853</u>

Changes in actuarial present value of accumulated plan benefits are as follows:

	<u>2024</u>
Actuarial present value of accumulated plan benefits as of January 1, 2023	\$1,029,607,908
Increase (decrease) during the year attributable to:	
Benefits accumulated	41,059,114
Net experience losses	10,100,088
Interest	61,146,902
Benefits paid	(103,103,991)
Assumption changes	(22,997,168)
Actuarial present value of accumulated plan benefits as of January 1, 2024	<u>\$1,015,812,853</u>

(5) Tax Status –

The Plan has received a determination letter from the Internal Revenue Service dated July 20, 2017, stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax. The Plan has been amended since receiving the determination letter. The Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain

Children's Hospital Medical Center Retirement Plan

Notes to Financial Statements December 31, 2024 and 2023

position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(6) Exempt Party-In-Interest Transactions –

Certain Plan investments are money market funds managed by State Street Bank and Trust Company, the custodian of the Plan. Therefore, these transactions qualify as party-in-interest transactions. Fees paid for by the Plan for investment management services are included as a reduction of the return earned on each fund.

(7) Information Certified by the Custodian –

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank and Trust Company, a qualified institution, has certified the following investment information included in the accompanying financial statements and ERISA-required supplemental schedules is complete and accurate:

- Investments as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2024 and 2023.
- Investment (loss) income as shown in the Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2024 and 2023.
- Investment information included in the accompanying Schedule of Assets Held at End of Year as of December 31 2024 and Schedule of Reportable Transactions for the year ended December 31, 2024.

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

(8) Risk and Uncertainties –

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

Certain assumptions pertaining to interest rates, inflation rates and employee demographics are used to calculate plan contributions and the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions could be material to the financial statements.

(9) Subsequent Events –

Subsequent events have been evaluated through October 10, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

**Children's Hospital Medical Center
 Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year
 As of December 31, 2024

<u>Shares/Par Value</u>	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
Cash and Cash Equivalents			
	CASH	\$ (4,879)	\$ (4,879)
27,685,012	*STATE STREET SHORT TERM INVESTMENT FUND 25 BPS	27,689,891	27,689,891
		27,685,012	27,685,012
Investment Partnerships - Equity			
54,322	ADAMS STREET GLOBAL SECONDARIE FUND 5	2,107,443	54,322
56,096	CANYON CLO FUND LP LIMITED PARTNERSHIP	3,506,762	56,096
93,438	DYAL III PENSION INVESTOR LP	8,715,241	93,438
167,674	HARBOURVEST PARTNERS IX LIMITED PARTNERSHIP	8,636,885	167,674
47,447	SHERIDAN PRODUCTION PTRS III B LIMITED PARTNERSHIP	2,076,000	47,447
454	TPG OPPORTUNITIES PARTNERS II L.P.	30,850	454
723,298	TRIDENT VII, L.P. LIMITED PARTNERSHIP	14,190,236	723,298
144,875	WARBURG PINCUS PE XII, LP LIMITED PARTNERSHIP	7,937,369	144,875
2,385	WARBURG PINCUS XI LP LIMITED PARTNERSHIP	2,531,272	2,385
		49,732,058	1,289,989
Investment Partnership – Real Estate			
125,661	BLACKSTONE RE PARTNERS VII REIT	476,095	131,460
157,210	BLACKSTONE REAL EST PRTNR IV EUROPE IV LP	706,349	157,210
1,880,905	BLACKSTONE REAL ESTATE PARTNER EUROPE V L.P.	5,632,478	1,880,905
59,761	CROSSHARBOR INSTITUTIONAL PARTNERS 2014 LP	268,445	59,761
5,145,975	H/2 SPECIAL OPPTS IV	9,988,631	5,145,975
88,670	OAKTREE REAL ESTATE OPP VI LP L.P.	1,410,190	88,670
61,585	TOWNSQUARE REAF I, LP MUTUAL FUND	314,368	61,585
2,185,431	TRUE NORTH REAL ESTATE III L.P.	1,934,128	2,185,432
16,666	USRA NET LEASE LLC USRA NET LEASE LLC	7,316,439	16,666
		28,047,123	9,727,664

**Children's Hospital Medical Center
 Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year
 As of December 31, 2024

<u>Shares/Par Value</u>	<u>Identity of Issuer/Description of Investment</u>	<u>Current Value</u>	<u>Cost</u>
Commingled Funds - Bonds			
714,913	AON HEWITT COLLECTIVE INVT TR INTERMEDIATE CR BD	7,349,310	6,999,999
95,574,879	AON HEWITT COLLECTIVE INVT TR LONG CR BD	810,474,970	905,415,972
18,470	AON OPPORTUNISTIC CREDIT FUND AON OPPORTUNISTIC CREDIT FUND	24,130,839	18,592,117
6,742,196	AON PRVT CR OPPTS FD II	7,590,122	6,742,196
		<u>849,545,241</u>	<u>937,750,284</u>
Commingled Funds - Government			
42,411,307	AON HEWITT COLLECTIVE AGT 20 YEAR U.S. TREASURY	204,422,503	334,272,962
4,561,858	NISA COLLECTIVE INVT TR MUTUAL FUND	49,651,810	58,613,398
		<u>254,074,313</u>	<u>392,886,360</u>
		<u>1,209,083,747</u>	<u>1,369,339,309</u>

* Party-in-interest

**Children's Hospital Medical Center
 Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
 For the Year Ended December 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Number of Transactions</u>	<u>Purchase Price (A)**</u>	<u>Selling Price (A)**</u>	<u>Cost of Asset</u>	<u>Net Gain (Loss)</u>
-Single Transactions-						
State Street	AON HEWITT COLLECTIVE INVT TR	-	\$ 201,268,658	\$ -	\$ 201,268,658	\$ -
-Series in Same Security-						
State Street	STATE STREET SHORT TERM INVESTMENT FUND 25 BPS	491	\$ 242,776,184	\$ 231,935,440	\$ 231,935,440	\$ -
State Street	MSCI ACWI EQUITY INDEX NL	6	-	74,350,817	44,382,214	29,968,603
State Street	AON HEWITT COLECTIVE INVT TR	5	-	76,876,909	41,974,180	34,902,730
State Street	AON COLLECTIVE INVT TR	3	38,100,000	38,298,798	38,100,000	198,798
State Street	AON HEWITT COLLECTIVE INVT TR	5	278,768,658	-	-	-
State Street	AON HEWITT COLLECTIVE	7	52,400,000	63,300,000	99,101,307	(35,801,307)
State Street	NISA COLLECTIVE INVT TR	6	86,000,000	26,500,000	27,386,602	(886,602)

(A) The current value of all assets acquired or disposed of at the time of acquisition or disposition is equal to the purchase price or selling price, respectively.

** Amounts do not include transactional fees

**Children's Hospital Medical Center
 Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year
 As of December 31, 2024

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		<u>28,047,123</u>	<u>9,727,664</u>

**Children's Hospital Medical Center
 Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets Held at End of Year
 As of December 31, 2024

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		<u>254,074,313</u>	<u>392,886,360</u>
		<u>1,209,083,747</u>	<u>1,369,339,309</u>

* Party-in-interest

**Children's Hospital Medical Center
 Retirement Plan**

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions
 For the Year Ended December 31, 2024

<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Number of Transactions</u>	<u>Purchase Price (A)**</u>	<u>Selling Price (A)**</u>	<u>Cost of Asset</u>	<u>Net Gain (Loss)</u>
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State Street	AON COLLECTIVE INVT TR	3	38,100,000	38,298,798	38,100,000	198,798
State Street	AON HEWITT COLLECTIVE INVT TR	5	278,768,658	-	-	-
State Street	AON HEWITT COLLECTIVE	7	52,400,000	63,300,000	99,101,307	(35,801,307)
State Street	NISA COLLECTIVE INVT TR	6	86,000,000	26,500,000	27,386,602	(886,602)

(A) The current value of all assets acquired or disposed of at the time of acquisition or disposition is equal to the purchase price or selling price, respectively.

** Amounts do not include transactional fees

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936/001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	613	1,114	2	0	0	0	0	0	0	0	0	1,729
	36,198	47,955	-	-	-	-	-	-	-	-	-	43,779
25-29	390	1,667	497	2	0	0	0	0	0	0	0	2,556
	46,046	57,021	65,909	-	-	-	-	-	-	-	-	57,078
30-34	284	1,010	895	274	2	0	0	0	0	0	0	2,465
	43,422	59,224	66,782	73,467	-	-	-	-	-	-	-	61,715
35-39	163	638	601	593	197	0	0	0	0	0	0	2,192
	36,212	58,750	68,262	76,737	81,406	-	-	-	-	-	-	66,584
40-44	152	453	383	406	479	67	0	0	0	0	0	1,940
	37,774	58,156	66,420	78,145	90,323	80,598	-	-	-	-	-	71,091
45-49	92	305	276	320	343	177	19	0	0	0	0	1,532
	35,403	58,496	70,674	75,323	85,832	98,544	-	-	-	-	-	73,909
50-54	69	267	208	236	291	193	90	15	0	0	0	1,369
	38,072	57,290	70,114	78,645	87,219	87,246	93,468	-	-	-	-	75,373
55-59	53	193	159	210	241	133	99	69	14	0	0	1,171
	42,280	59,062	72,010	73,675	83,901	94,462	94,294	107,723	-	-	-	78,140
60-64	27	119	117	150	162	114	58	47	21	7	0	822
	27,930	53,470	66,198	77,564	80,729	80,873	82,563	86,746	86,391	-	-	73,308
65-69	7	27	33	42	55	31	9	11	5	5	0	225
	-	51,678	63,193	67,429	76,523	79,056	-	-	-	-	-	69,355
70 & over	1	12	8	9	8	2	2	2	1	1	0	46
	-	-	-	-	-	-	-	-	-	-	-	53,604
Total	1,851	5,805	3,179	2,242	1,778	717	277	144	41	13	0	16,047
	39,526	55,959	67,605	76,070	85,581	89,276	89,934	99,447	87,295	-	-	65,048

¹ Age and service for purposes of determining category are based on exact (not rounded) values.
Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936/001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan sponsor

Cincinnati Children's Hospital Medical Center

Plan

Cincinnati Children's Hospital Medical Center Retirement Plan

Effective date and most recent amendment

The plan was originally effective January 1, 1961 and was restated January 1, 2017; and most recently amended with the third amendment effective January 1, 2021.

Plan year

The twelve-month period ending December 31.

Coverage and participation

An employee budgeted to work at least 20 hours per week participates on the January 1 or July 1 following the later of date of hire or age 21.

An employee budgeted to work less than 20 hours per week participates on the January 1 or July 1 following completion of one year of continuous service. Excluded employee groups include residents, clinical fellows, student co-ops and those eligible for the defined contribution plan sponsored by Cincinnati Children's Hospital Medical Center.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936/001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Credited service

Traditional Formula:

A full year is credited for each calendar year the employee completes 2,000 hours of service. No service is credited for each calendar year the employee completes less than 1,000 hours of service. Credited Service is prorated for service between 1,000 and 2,000 hours of service.

Stable Value Formula:

A full year is credited for each calendar year the employee completes 1,000 hours of service.

Vesting service

One year of vesting service is granted for each calendar year the employee completes at least 1,000 hours of service.

Final average compensation/salary

Traditional Formula:

The monthly average of the highest five consecutive years of compensation. For this purpose, compensation is annualized for years the employee completes between 1,000 and 2,000 hours of service.

Stable Value Formula:

Actual earnings are considered for each year in which the employee completes 1,000 hours of service.

Normal retirement benefit

Normal Retirement Date: Later of age 65 or January 1 of calendar year following the participant's fourth year of plan participation.

Traditional Formula:

Benefit Formula: The monthly benefit is the greater of:

- 1.4% of Final Average Monthly Compensation times years of Credited Service, or
- \$291.67 plus 1.4% of Final Average Monthly Compensation times years of Credited Service reduced by three years.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936/001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Stable Value Formula:

Benefit Formula: The benefit is expressed in terms of a single lump sum payable at age 65 as follows:

- The greater of 15% of career pay or \$30,000, for the first three years of service, plus
- 15% of pay for each additional year of service.

The payable lump sum benefit must be no less than the prescribed IRS minimum present value of the underlying annuity.

Normal form of benefit: Life annuity for single participants and 50% Joint and Survivor Annuity for married participants, which is actuarially equivalent to the life annuity.

Late retirement

Participants retiring after their Normal Retirement Date receive the greater of:

- Accrued benefit calculated using pay and service as of their Late Retirement Date.
- Normal Retirement Benefit actuarially increased to Late Retirement Date.

Early retirement benefit

Traditional Formula:

Eligibility: Earlier of attainment of age 55 with 15 years of vesting service, age 62 with three years of vesting service or age 55 with age plus service equal to or exceeding 90 points.

Benefit: Accrued benefit as of the date of early retirement reduced by 1/3 of 1% for each month payments commence before Normal Retirement Date. Early retirement benefits are unreduced if attained age is at least 55 and age plus years of vesting service equal to or exceed 90 points.

Stable Value Formula:

Accrued benefit payable at normal retirement date. Participants can elect to receive an immediate lump sum, calculated as the stable value account balance times 0.95^{\wedge} (years to normal retirement age). The lump sum is held to a minimum of the value of the normal retirement annuity benefit calculated as an IRC §417(e) lump sum. Alternatively, participants can elect to receive an immediate annuity which can be calculated using the conversion factors found in the appendix to the plan document.

Plan Name:	Children's Hospital Medical Center Retirement Plan
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Plan Sponsor:	Children's Hospital Medical Center
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability benefit

None, except as provided by vested termination.

Vested benefits upon termination of service

Vesting: Completion of three years of vesting service.

Traditional Formula:

Accrued benefit payable at normal retirement date. A reduced benefit (described above) may be paid upon meeting early retirement eligibility. In addition, participants can elect to receive an immediate annuity prior to early retirement eligibility which is reduced actuarially from normal retirement date.

Stable Value Formula:

Accrued benefit payable at normal retirement date. Participants can elect to receive an immediate lump sum, calculated as the stable value account balance times $0.95^{\text{years to normal retirement age}}$. The lump sum is compared to a minimum of the value of the normal retirement annuity benefit calculated as an IRC §417(e) lump sum. Alternatively, participants can elect to receive an immediate annuity which can be calculated using the conversion factors found in the appendix to the plan document.

Death benefits for participants in active service

Eligibility: Death while actively employed. A participant is 100% vested in his accrued benefit upon death regardless of years of vesting service.

Benefit: A lump sum equal to the present value of the accrued benefit payable at normal retirement.

Optional forms of retirement income in lieu of normal form

Lump sum, 50%, 66 2/3%, 75%, 100% joint and survivor annuity, life annuity with 10, 15, or 20 years certain.

Future plan changes

No future plan changes were recognized in determining pension cost.

Changes in plan provisions since last actuarial valuation

None.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936/001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2024

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Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: Three-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.28%	4.47%

Annual rates of increase:

• Compensation	Age Range	2024+
	Under 30	9.0%
	30-39	4.0%
	40-49	2.5%
	50-59	1.5%
	60 and over	1.0%
	Weighted average	3.5%
• Future Social Security wage bases	N/A	
• Statutory limits on compensation	2.50%	

Administrative expenses

The amount included this year for plan-related expenses is \$3,439,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine (i) PBGC Variable Rate Premiums if the alternative method is used, and (ii) the PBGC FTAP and the PBGC 4010 FS.

Plan Name: Children's Hospital Medical Center Retirement Plan
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Demographic and Other Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality:

- **Healthy** Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021).

- **Disabled** N/A

Termination (not due to disability or retirement) rates The rates at which participants are assumed to leave the Hospital by age are shown below:

A termination rate of 0.20 for the first year of employment, a termination rate of 0.19 for the second year, a termination rate of 0.17 for the third year and a termination rate of 0.15 for the fourth year, along with a table based on an experience study performed in 2023 thereafter. Illustrative rates in the following years are as follows:

Age	Annual Rate
20	0.13
25	0.13
30	0.11
35	0.08
40	0.07
45	0.06
50	0.04
55	0.05
57 and Over	0.07

Plan Name: Children's Hospital Medical Center Retirement Plan
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Plan Sponsor: Children's Hospital Medical Center
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SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age eligibility for Rule of 90 are shown below.

Age	For Participants Not Yet Eligible Under Rule Of 90	For Participants Eligible Under Rule Of 90
55	0.05	0.20
56	0.05	0.20
57	0.05	0.15
58	0.05	0.18
59	0.05	0.20
60	0.10	0.20
61	0.10	0.20
62	0.15	0.25
63	0.15	0.25
64	0.20	0.30
65	0.35	0.40
66	0.35	0.40
67	0.30	0.40
68	0.20	0.40
69	0.20	0.40
70	1.00	1.00

Disability rates

None.

Benefit

commencement date:

Preretirement death benefit

Immediately for an active participant and normal retirement for former employees.

Retirement benefit

Lump sum elections for employees leaving employment are assumed to be made immediately upon termination of employment. Annuities are assumed to be elected at age 65 unless early retirement eligible.

Form of payment

For valuation purposes, employees leaving employment are expected to elect forms of payment based on the following rates by age:

Form of Payment	Below Age 55	Age 55 and Beyond
Immediate Lump Sum	30%	70%
Immediate Annuity	0%	15%
Deferred Annuity	70%	15%

Former employees who have yet to commence payment are assumed to elect a life annuity.

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Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.
Spouse age	Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.
Covered pay	Compensation assumed to be paid in the current year beginning on the valuation date is actual compensation from the prior year multiplied by the assumed salary scale. Compensation is annualized for participants newly hired in the prior year.
Lump sum conversion factors	<p>For lump sums from the Traditional Formula:</p> <ul style="list-style-type: none">• Segment rates• IRC §417(e) applicable mortality table prescribed by the IRS for plan year beginning in 2024, projected to future years by Scale MP-2021, adjusted for consistency with the IRS static projection <p>Lump sums from the Stable Value Formula are the greater benefit resulting from the above assumption or the benefit using the plan assumption:</p> <ul style="list-style-type: none">• 5.0755385%• RP-2000 projected 10 years (blended 80% female / 20% male)
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death decrements, the rate applied is based on the

Plan Name: Children's Hospital Medical Center Retirement Plan
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participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create these rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values reflecting the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets below the market value of assets.

Actuarial increases for active and inactive participants past normal retirement age

Actuarial increases in final average earnings benefits for active participants over age 65 are valued assuming an increase of 3% per year after age 65, in addition to normal benefit accruals under the stable value formula.

Actuarial increases in final average earnings benefits for inactive participants over age 65 are valued assuming an increase of 7% per year after age 65.

Benefits not valued

We believe we have reflected all significant plan provisions in this valuation.

Sources of Data and Other Information

Active and inactive participant data as of the census date were supplied by the Hospital via Alight. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. Deferred vested participants or employees who transferred out of a DB-plan eligible position who did not have a benefit in the valuation data were valued using the average benefit of other deferred vested plan participants. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

Plan Name: Children's Hospital Medical Center Retirement Plan
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Assumptions Rationale - Significant Economic Assumptions

Discount rate	For the ASC 960 valuation, the interest rate assumption aligns with the expected rate of return on plan assets used to determine ASC 715 cost. We understand the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Lump sum conversion rate	<p>Lump sum benefits in the Stable Value Formula are valued assuming the current lump sum conversion rate dictated by the plan remains unchanged in the future.</p> <p>Lump sums on an IRC §417(e) basis are valued using the applicable interest rates as required by IRC §430.</p> <p>For ASC 960 purposes, lump sums on an IRC §417(e) basis are valued assuming there is a minimal difference between applicable interest rates and the interest rates referenced to determine the plan's U.S. GAAP discount rate.</p>
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	<p>Assumptions used for funding purposes are as prescribed by IRC §430(h).</p> <p>For the ASC 960 valuation, assumptions were selected to represent a best estimate of future experience.</p>
Termination	Termination rates were based on an experience study conducted in 2023.
Retirement	Retirement rates were based on an experience study conducted in 2023.
Form of payment	The percentage of retiring participants assumed to take annuities and lump sums were based on an experience study conducted in 2023, as well as anticipated future experience (and is being monitored annually).

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the Actuarial Standards of Practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Plan Name:	Children's Hospital Medical Center Retirement Plan
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2021 projection scale, as specified in the regulations under IRC §430(h)(3)-1.

The valuation reflects the updated projection scale used in the “applicable mortality table” under IRC §417(e) provided by IRS for 2024 plan years.

The mortality was changed from using a static projection of mortality improvement to a generational projection as prescribed by guidance issued by IRS under IRC § 430.

Model Descriptions and Disclosures in accordance with ASOP No. 56

Quantify

Quantify is the WTW centrally developed, tested and maintained global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits, value benefit liabilities, develop results using applicable standards and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure system parameters have been set appropriately and plan provisions coded correctly.

Plan Name: Children's Hospital Medical Center Retirement Plan
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Plan Sponsor: Children's Hospital Medical Center
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Published demographic tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise.

WTW's Geospatial Mortality Model (GMM)

GMM is a tool used to analyze underlying longevity in a pension or postretirement medical plan, taking into consideration traditional plan specific census data in addition to location-implied, or geospatial, socioeconomic and sociodemographic data. The model is used to inform an underlying base mortality table assumption.

GMM uses plan census data and implied location-driven (or geospatial) statistics based on where each plan participant lives in the U.S. today. A linear equation based on the key factor trends identified in the modelling process is applied on a per-participant basis to develop a period life expectancy. Period life expectancies are then compared to the base mortality table used for financial reporting purposes to develop an implied adjustment factor for each participant. The implied adjustment factor is aggregated up on a weighted basis for each subgroup within the population.

The experts consulted in the model development include practitioners in our global actuarial business, U.S. actuarial business and mortality experts with participation in the construction of the underlying base mortality tables used in the U.S., as published by the Society of Actuaries.

The model assumes plan-specific mortality experience behaves in a similar manner as the underlying experience for the large study census used to construct the model; however, individual plans may have specific factors which may imply significantly higher or lower longevity than in the underlying experience of the study census.

There is no allowance for participants to move into geographic areas with differing longevity characteristics as they age, which means younger participants' life expectancy is subject to more uncertainty than for older participants.

The actuaries signing this report have relied on the actuaries who develop, test and maintain the GMM, and have also performed a limited review of results to ensure system parameters have been set appropriately and plan census data is appropriately utilized.

Plan Name: Children's Hospital Medical Center Retirement Plan
EIN / PN: 31-0833936/001
Plan Sponsor: Children's Hospital Medical Center
Valuation Date: January 1, 2024

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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

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

A Name of plan CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CHILDREN'S HOSPITAL MEDICAL CENTER	D Employer Identification Number (EIN) 31-0833936
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <input type="checkbox"/> F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	1298077678	
b Actuarial value	2b	1427885446	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1682	230366962	230366962
b For terminated vested participants	5743	180567152	180567152
c For active participants	16047	633681127	691303736
d Total	23472	1044615241	1102237850
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.28 %	
6 Target normal cost			
a Present value of current plan year accruals	6a	44859195	
b Expected plan-related expenses	6b	3439000	
c Target normal cost	6c	48298195	

Statement by Enrolled Actuary

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

SIGN HERE	<div style="font-size: 24px; font-family: cursive;">DAVID M. HAUER</div>	<div style="font-size: 24px; font-family: cursive;">DMH</div>	<div style="font-size: 24px; font-family: cursive;">OCTOBER 7, 2025</div>
	Signature of actuary		Date
	DAVID HAUER		2306576
	Type or print name of actuary		Most recent enrollment number
	WILLIS TOWERS WATSON US LLC		216-937-4000
	Firm name		Telephone number (including area code)
	1001 LAKESIDE AVENUE, SUITE 1500 CLEVELAND OH 44114-1172		
	Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2024 v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	30849100	NONE
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	30849100	NONE
10	Interest on line 9 using prior year's actual return of <u>9.63%</u>	2970768	NONE
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.41%</u>		NONE
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		NONE
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	33819868	NONE

Part III Funding Percentages			
14	Funding target attainment percentage	14	126.47%
15	Adjusted funding target attainment percentage	15	129.54%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	131.06%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year?

	Yes	<input checked="" type="checkbox"/>	No
--	-----	-------------------------------------	----

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?

	Yes	<input type="checkbox"/>	No
--	-----	--------------------------	----

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				<input type="checkbox"/> N/A, full yield curve used
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	
b Applicable month (enter code):				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	NONE
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	NONE

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	48298195	
b Excess assets, if applicable, but not greater than line 31a	31b	48298195	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment			
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34		
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)	36		
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	NONE	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	NONE	
40 Unpaid minimum required contributions for all years	40	NONE	

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Children's Hospital Medical Center
EIN/PN	31-0833936/001
Plan Name	Children's Hospital Medical Center Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	David M. Hauer
Enrollment Number	23-06576

The actuarial assumptions that are not mandated by IRC § 430 and regulations represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions: The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years.

In addition, after the 2024 valuation was completed and results were certified, we were made aware the pensionable earnings provided to us for calendar year 2023 were missing two bi-weekly pay periods or 2/26th of the year. Due to the funded status of the plan as of January 1, 2024 (the valuation date for plan year 2024) reflecting updated 2023 pensionable earnings has no impact on the minimum required contribution for plan year 2024 (remains \$0) and therefore no rework was completed. Updated 2023 pensionable earnings will be first reflected as of January 1, 2025 (the valuation date for plan year 2025).

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: Three-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.28%	4.47%

Annual rates of increase:

• Compensation	Age Range	2024+
	Under 30	9.0%
	30-39	4.0%
	40-49	2.5%
	50-59	1.5%
	60 and over	1.0%
	Weighted average	3.5%
• Future Social Security wage bases	N/A	
• Statutory limits on compensation	2.50%	

Administrative expenses

The amount included this year for plan-related expenses is \$3,439,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine (i) PBGC Variable Rate Premiums if the alternative method is used, and (ii) the PBGC FTAP and the PBGC 4010 FS.

Plan Name: Children's Hospital Medical Center Retirement Plan
 EIN / PN: 31-0833936/001
 Plan Sponsor: Children's Hospital Medical Center
 Valuation Date: January 1, 2024

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Demographic and Other Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality:

- **Healthy** Separate rates for non-annuitants (based on Pri-2012 “Employees” table without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021) and annuitants (based on Pri-2012 “Healthy Annuitants” table without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2021.

- **Disabled** N/A

Termination (not due to disability or retirement) rates The rates at which participants are assumed to leave the Hospital by age are shown below:

A termination rate of 0.20 for the first year of employment, a termination rate of 0.19 for the second year, a termination rate of 0.17 for the third year and a termination rate of 0.15 for the fourth year, along with a table based on an experience study performed in 2023 thereafter. Illustrative rates in the following years are as follows:

Age	Annual Rate
20	0.13
25	0.13
30	0.11
35	0.08
40	0.07
45	0.06
50	0.04
55	0.05
57 and Over	0.07

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Retirement

Rates varying by age.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age eligibility for Rule of 90 are shown below.

Age	For Participants Not Yet Eligible Under Rule Of 90	For Participants Eligible Under Rule Of 90
55	0.05	0.20
56	0.05	0.20
57	0.05	0.15
58	0.05	0.18
59	0.05	0.20
60	0.10	0.20
61	0.10	0.20
62	0.15	0.25
63	0.15	0.25
64	0.20	0.30
65	0.35	0.40
66	0.35	0.40
67	0.30	0.40
68	0.20	0.40
69	0.20	0.40
70	1.00	1.00

Disability rates

None.

Benefit

commencement date:

Preretirement death benefit

Immediately for an active participant and normal retirement for former employees.

Retirement benefit

Lump sum elections for employees leaving employment are assumed to be made immediately upon termination of employment. Annuities are assumed to be elected at age 65 unless early retirement eligible.

Form of payment

For valuation purposes, employees leaving employment are expected to elect forms of payment based on the following rates by age:

Form of Payment	Below Age 55	Age 55 and Beyond
Immediate Lump Sum	30%	70%
Immediate Annuity	0%	15%
Deferred Annuity	70%	15%

Former employees who have yet to commence payment are assumed to elect a life annuity.

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Percent married	For purposes of valuing the pre-retirement surviving spouse's benefit, 100% of eligible participants are assumed to be married.
Spouse age	Male participants are assumed to be three years older than their spouses and female participants are assumed to be three years younger than their spouses.
Covered pay	Compensation assumed to be paid in the current year beginning on the valuation date is actual compensation from the prior year multiplied by the assumed salary scale. Compensation is annualized for participants newly hired in the prior year.
Lump sum conversion factors	<p>For lump sums from the Traditional Formula:</p> <ul style="list-style-type: none">• Segment rates• IRC §417(e) applicable mortality table prescribed by the IRS for plan year beginning in 2024, projected to future years by Scale MP-2021, adjusted for consistency with the IRS static projection <p>Lump sums from the Stable Value Formula are the greater benefit resulting from the above assumption or the benefit using the plan assumption:</p> <ul style="list-style-type: none">• 5.0755385%• RP-2000 projected 10 years (blended 80% female / 20% male)
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death decrements, the rate applied is based on the

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participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create these rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year). The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values reflecting the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets below the market value of assets.

Actuarial increases for active and inactive participants past normal retirement age

Actuarial increases in final average earnings benefits for active participants over age 65 are valued assuming an increase of 3% per year after age 65, in addition to normal benefit accruals under the stable value formula.

Actuarial increases in final average earnings benefits for inactive participants over age 65 are valued assuming an increase of 7% per year after age 65.

Benefits not valued

We believe we have reflected all significant plan provisions in this valuation.

Sources of Data and Other Information

Active and inactive participant data as of the census date were supplied by the Hospital via Alight. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available. Deferred vested participants or employees who transferred out of a DB-plan eligible position who did not have a benefit in the valuation data were valued using the average benefit of other deferred vested plan participants. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations. Information on assets, contributions and plan provisions was supplied by the plan sponsor.

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Assumptions Rationale - Significant Economic Assumptions

Discount rate	For the ASC 960 valuation, the interest rate assumption aligns with the expected rate of return on plan assets used to determine ASC 715 cost. We understand the expected return on assets assumption reflects the plan sponsor's estimate of future experience for trust asset returns, reflecting the plan's current asset allocation and any expected changes during the current plan year, current market conditions and the plan sponsor's expectations for future market conditions.
Lump sum conversion rate	<p>Lump sum benefits in the Stable Value Formula are valued assuming the current lump sum conversion rate dictated by the plan remains unchanged in the future.</p> <p>Lump sums on an IRC §417(e) basis are valued using the applicable interest rates as required by IRC §430.</p> <p>For ASC 960 purposes, lump sums on an IRC §417(e) basis are valued assuming there is a minimal difference between applicable interest rates and the interest rates referenced to determine the plan's U.S. GAAP discount rate.</p>
Plan-related expenses	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

Assumptions Rationale - Significant Demographic Assumptions

Healthy mortality	<p>Assumptions used for funding purposes are as prescribed by IRC §430(h).</p> <p>For the ASC 960 valuation, assumptions were selected to represent a best estimate of future experience.</p>
Termination	Termination rates were based on an experience study conducted in 2023.
Retirement	Retirement rates were based on an experience study conducted in 2023.
Form of payment	The percentage of retiring participants assumed to take annuities and lump sums were based on an experience study conducted in 2023, as well as anticipated future experience (and is being monitored annually).

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law," as defined in the Actuarial Standards of Practice (ASOPs). These methods are required by IRC §430 or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates and mortality tables used to calculate the funding target and target normal cost were updated to use the MP-2021 projection scale, as specified in the regulations under IRC §430(h)(3)-1.

The valuation reflects the updated projection scale used in the “applicable mortality table” under IRC §417(e) provided by IRS for 2024 plan years.

The mortality was changed from using a static projection of mortality improvement to a generational projection as prescribed by guidance issued by IRS under IRC § 430.

Model Descriptions and Disclosures in accordance with ASOP No. 56

Quantify

Quantify is the WTW centrally developed, tested and maintained global actuarial valuation system. It is used to perform valuations of clients' benefit plans.

Quantify provides the ability to process data, calculate benefits, value benefit liabilities, develop results using applicable standards and generate client reports.

Quantify parameters provide significant flexibility to model populations and plan designs. Various demographic, economic and benefit related assumptions exist for users to model multiple demographic and economic situations.

Plan liabilities are calculated based on standard actuarial techniques, developing actuarially reasonable results using the population and parameters entered. The calculation and presentation of liabilities in Quantify relies on the assumptions used and the reasonability of the assumptions selected.

Quantify incorporates standard liability methodologies that are intended to reasonably reflect a variety of economic or demographic conditions. The model itself does not evaluate any assumptions entered for reasonableness, consistency or probability of occurrence.

Quantify is designed specifically for these purposes, and we know of no material limitations that would prevent the system from being suitable for these intended purposes. The actuaries signing this report have relied on the actuaries who develop, test and maintain this system, and have also performed a limited review of results to ensure system parameters have been set appropriately and plan provisions coded correctly.

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Published demographic tables

Certain demographic tables described above are standard published tables or are based on standard published tables from models developed by organizations with the requisite expertise.

WTW's Geospatial Mortality Model (GMM)

GMM is a tool used to analyze underlying longevity in a pension or postretirement medical plan, taking into consideration traditional plan specific census data in addition to location-implied, or geospatial, socioeconomic and sociodemographic data. The model is used to inform an underlying base mortality table assumption.

GMM uses plan census data and implied location-driven (or geospatial) statistics based on where each plan participant lives in the U.S. today. A linear equation based on the key factor trends identified in the modelling process is applied on a per-participant basis to develop a period life expectancy. Period life expectancies are then compared to the base mortality table used for financial reporting purposes to develop an implied adjustment factor for each participant. The implied adjustment factor is aggregated up on a weighted basis for each subgroup within the population.

The experts consulted in the model development include practitioners in our global actuarial business, U.S. actuarial business and mortality experts with participation in the construction of the underlying base mortality tables used in the U.S., as published by the Society of Actuaries.

The model assumes plan-specific mortality experience behaves in a similar manner as the underlying experience for the large study census used to construct the model; however, individual plans may have specific factors which may imply significantly higher or lower longevity than in the underlying experience of the study census.

There is no allowance for participants to move into geographic areas with differing longevity characteristics as they age, which means younger participants' life expectancy is subject to more uncertainty than for older participants.

The actuaries signing this report have relied on the actuaries who develop, test and maintain the GMM, and have also performed a limited review of results to ensure system parameters have been set appropriately and plan census data is appropriately utilized.

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<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

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

B This return/report is: a single-employer plan a DFE (specify) _____

the first return/report the final return/report

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

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

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

special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 001</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>CHILDREN'S HOSPITAL MEDICAL CENTER</p> <p>3333 BURNET AVENUE, MLC 4900 CINCINNATI, OH 45229-3039</p>	<p>1c Effective date of plan 01/01/1961</p> <p>2b Employer Identification Number (EIN) 31-0833936</p> <p>2c Plan Sponsor's telephone number 513-636-8778</p> <p>2d Business code (see instructions) 622000</p>

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

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

SIGN HERE	<i>Amanda Lord</i>	10/14/2025	Amanda Lord
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Paul Jenny</i>	10/14/2025	Paul Jenny
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 31-0833936
	3c Administrator's telephone number 513-636-8778

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 23472
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 16047
a(2) Total number of active participants at the end of the plan year	6a(2) 16162
b Retired or separated participants receiving benefits	6b 1600
c Other retired or separated participants entitled to future benefits.	6c 5679
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 23441
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 193
f Total. Add lines 6d and 6e.	6f 23634
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 830
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A

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)	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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules (1) <input checked="" 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 checked="" 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 _____ (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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