

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 03/01/1973
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) THE CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115
2b	Employer Identification Number (EIN) 04-2774441
2c	Plan Sponsor's telephone number 617-355-6000
2d	Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/12/2026	DEE DEE CHEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 1960
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) 533 6a(2) 547 6b 0 6c 1442 6d 1989 6e 6f 1989 6g(1) 1874 6g(2) 1893 6h 0
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 Characteristic Codes in the instructions:

2F 2L 2M

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002	
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S HOSPITAL CORPORATION	D Employer Identification Number (EIN) 04-2774441	

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

(a) Name of insurance carrier LINCOLN NATIONAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0472300	65676	891464+006	5	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 695991**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP VARIABLE ANNUITY W/GUAR FUND**b** Balance at the end of the previous year **7b** 682305**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 30157
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 30157**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 712462**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 16471
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)** 0
(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 16471**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 695991

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S HOSPITAL CORPORATION	D Employer Identification Number (EIN) 04-2774441	

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

(a) Name of insurance carrier
TIAA-CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	103405	738	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	41881166
5 Current value of plan's interest under this contract in separate accounts at year end	5	62576718

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

Specify nature of costs ▶

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

43573510

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

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

1825540

(4) Transferred from separate account

7c(4)

2949411

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)

4774951

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

48348461

e Deductions:

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

7e(1)

3242095

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

3225200

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)

6467295

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

41881166

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S HOSPITAL CORPORATION	D Employer Identification Number (EIN) 04-2774441	

Part I	Service Provider Information (see instructions)
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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
LINCOLN NATIONAL CORPORATION
35-1140070

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
TIAA
13-1624203

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

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

(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)

FIDELITY INVSTS INST OPER CO, INC

04-2647786

(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?
64 65 71	RECORDKEEPER	57044	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

CAPFINANCIAL PARTNERS LLC

26-0058143

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	CONSULTANT	14024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVSTS INST OPER CO,INC.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES;SEE ATTACHMENT TO LINE 3 FOR FORMULAS	
(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:	ERNST & YOUNG LLP	b EIN:	34-6565596
c Position:	ACCOUNTANT		
d Address:	200 CLARENDON STREET BOSTON, MA 02116	e Telephone:	617-266-2000

Explanation: DURING THE PLAN YEAR, THE PLAN SPONSOR ENDED THE ENGAGEMENT WITH ERNST & YOUNG LLP AND RETAINED BAKER NEWMAN NOYES TO PERFORM PLAN ACCOUNTING SERVICES. THE CHANGE WAS FOR BUSINESS REASONS; NO UNRESOLVED DISPUTES EXIST.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S HOSPITAL CORPORATION	D Employer Identification Number (EIN) 04-2774441	

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

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

b Name of sponsor of entity listed in (a):	TIAA-CREF
--	-----------

c EIN-PN 13-1624203-004	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1082155
-------------------------	-----------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
	A Name of plan THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES RETIREMENT PLAN	B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S HOSPITAL CORPORATION	D Employer Identification Number (EIN) 04-2774441	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1429300	1544389
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	0	703432
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7678798	7101203
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)		
(10) Value of interest in pooled separate accounts	1c(10)	1105933	1082155
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	121474240	145656336
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	44255815	42577157
(15) Other.....	1c(15)	63189333	72473158

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	239133419	271137830

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	239133419	271137830
--	-----------	-----------	-----------

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)	7855427	
(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)		7855427
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8494876	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8494876
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		16075190
c Other income	2c		12204988
d Total income. Add all income amounts in column (b) and enter total	2d		44630481

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12551326	
(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)		12551326
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)		
(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)	74744	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		74744
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12626070

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		32004411
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: **BAKER NEWMAN NOYES**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE CHILDREN'S HOSPITAL CORPORATION		D Employer Identification Number (EIN) 04-2774441
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-2647786 13-1624203 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 74
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

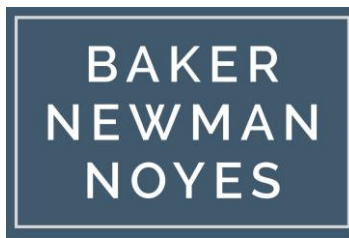
☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



The Children's Hospital Corporation Joint Appointees' Retirement Plan

Financial Statements and
Supplemental Schedule

*As of December 31, 2025 and 2024,
and Year Ended December 31, 2025
With Independent Auditors' Report*

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnn CPA.com



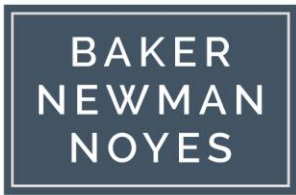
**THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN**

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

As of December 31, 2025 and 2024,
and Year Ended December 31, 2025

TABLE OF CONTENTS

Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024	4
Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025	5
Notes to Financial Statements	6
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	15



INDEPENDENT AUDITORS' REPORT

Audit and Compliance Committee, Retirement Committee and Participants
The Children's Hospital Corporation Joint Appointees' Retirement Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We were engaged to perform an audit of the financial statements of The Children's Hospital Corporation Joint Appointees' Retirement Plan (the Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 financial statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 2025 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion on the 2025 Financial Statements

We do not express an opinion on the accompanying 2025 financial statements of the Plan. Because of the significance of the matter described in the Basis of Disclaimer of Opinion on the 2025 Financial Statements section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2025 financial statements.

Basis for Disclaimer of Opinion on the 2025 Financial Statements

The Plan has not maintained sufficient accounting records and supporting documents related to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the 2025 financial statements may have been affected by these conditions.

Responsibilities of Management for the 2025 Financial Statements

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

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

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

Auditors' Responsibilities for the Audit of the 2025 Financial Statements

Our responsibility is to conduct an audit of the Plan's 2025 financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditors' report. However, because of the matter described in the Basis for Disclaimer of Opinion on the 2025 Financial Statements section of our report, we were not able to obtain sufficient appropriate evidence to provide a basis for an audit opinion on these 2025 financial statements.

We are required to be independent of the Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit.

Other Matters

2025 Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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. Because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2025 Financial Statements section of our report, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Audit and Compliance Committee, Retirement Committee and Participants
The Children's Hospital Corporation Joint Appointees' Retirement Plan

Auditors' Report on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated June 16, 2025 disclaimed an opinion on the financial statements, stating that the Plan had not maintained sufficient accounting records and supporting documents related to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, they were unable to apply auditing procedures sufficient to determine the extent to which the 2024 financial statements may have been affected by those conditions.

Their report also indicated that, because of the significance of the matters described in the Basis for Disclaimer of Opinion on the 2024 Financial Statements section of their report, it was inappropriate to and they did not express an opinion on the 2024 supplemental schedule.

Baker Newman + Noyes LLC

Portland, Maine
July 20, 2026

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets:		
Investments, at fair value	\$268,194,018	\$237,021,814
Guaranteed investment contracts, at contract value	695,991	682,305
Employer contributions receivable	1,544,389	1,429,300
Plan transfer receivable	<u>703,432</u>	<u>—</u>
Net assets available for benefits	<u>\$271,137,830</u>	<u>\$239,133,419</u>

See accompanying notes.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2025

Additions to net assets attributable to:

Investment income:

Interest and dividends	\$ 8,494,876
Net appreciation in fair value of investments	<u>28,280,178</u>

Total investment income	36,775,054
-------------------------	------------

Employer contributions	<u>7,855,427</u>
------------------------	------------------

Total additions	44,630,481
-----------------	------------

Deductions from net assets attributable to:

Benefit payments	12,551,326
Administrative expenses	<u>74,744</u>

Total deductions	<u>12,626,070</u>
------------------	-------------------

Net increase in net assets available for benefits	32,004,411
---	------------

Net assets available for benefits, beginning of year	<u>239,133,419</u>
--	--------------------

Net assets available for benefits, end of year	\$ <u>271,137,830</u>
--	-----------------------

See accompanying notes.

**THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN**

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

1. Description of Plan

The following brief description of The Children's Hospital Corporation Joint Appointees' Retirement Plan (the Plan) provides general information about the Plan's provisions. Children's Hospital Corporation (the Hospital) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

General

The Plan is a defined contribution plan covering members holding a medical or scientific staff appointment from the Hospital who are also members of the teaching faculty of Harvard Medical School (Joint Appointees). Eligible participants are automatically enrolled in the Plan on January 1 or July 1, coincident with or following the date on which they have completed one year of eligibility service. If a member first completes a year of eligibility service before they are a Joint Appointee, they will participate on the day they became a Joint Appointee.

The Children's Hospital Corporation Retirement Committee is responsible for the general administration of the Plan. Fidelity Management Trust Company (Fidelity) is the current custodian and record-keeper for the Plan. Lincoln National Life Insurance Company (Lincoln) provides custodial and record-keeping services for participants selecting Lincoln prior to January 1, 2006. The Teachers Insurance and Annuity Association of America-College Retirement Equities Fund (TIAA-CREF) provides custodial and record-keeping services for participants selecting TIAA- CREF prior to January 1, 2011.

The Plan is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

Contributions

The Hospital's contributions for a plan year (as defined in the Plan) are made beginning June 30 each year and on a monthly basis, thereafter, commencing with the month in which the participant has met the requirements for a year of participation (as defined in the Plan). For participants who have not attained the age of 40 as of the end of the plan year, the Hospital contributes an aggregate of 5% of eligible compensation prior to the participant reaching the social security taxable wage base and 10% of eligible compensation beyond the social security taxable wage base. For participants who have attained the age of 40 as of the end of the plan year, the Hospital contributes an aggregate of 11% of eligible compensation. All contributions are subject to certain limitations of the Internal Revenue Code (the Code).

Participants direct the Hospital's contributions into various investment options offered by the Plan and can change their investment options on a daily basis. If a participant does not elect an investment option, their contributions are invested in a Fidelity lifecycle fund, based on the participant's age until the participant changes their election.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

1. Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the Hospital's contributions and allocations of investment earnings. Plan earnings are allocated based on the participant's share of net earnings or losses of their respective elected investment options. Fees are determined and applied to the participant's account based upon the fee structure within the investment option elected. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are fully vested in the Hospital's contributions plus actual earnings thereon upon the earliest of (a) the completion of three years of service, (b) attainment of age 65 while employed by the Hospital or an affiliated employer, or (c) the extent required upon termination or partial termination of the Plan. There is no partial vesting.

Forfeitures

Upon termination of employment, participants forfeit their nonvested balances. If a participant is rehired within a six-year period, the forfeited contributions are reinstated. Forfeited balances of terminated participants' nonvested accounts are used to reduce future Hospital contributions. Unallocated forfeitures balances as of December 31, 2025 and 2024, were \$13,751 and \$452, respectively. There were \$7,000 in forfeitures used to offset contributions during 2025.

Payments of Benefits

Upon separation from service with the Hospital due to disability, retirement, or termination, a participant who is 100% vested will receive distributions in the form of an annuity over the remainder of their life or, at the participant's election, in such other form or forms provided under the Plan. A participant who is married may elect to receive their benefits in the form of a qualified joint and survivor annuity that is at least 50%, but not more than 100%, of the total benefit that would be payable during the participant's lifetime. With spousal consent, a participant may elect to receive their benefits in such other form or forms provided under the Plan.

If a participant dies prior to receiving their respective Hospital benefits, the amount held within their account balance will be paid to a beneficiary named by the participant.

Participant Loans and In-Service Withdrawals

Participant loans and in-service withdrawals are not allowable under the Plan.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

1. Description of Plan (Continued)

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Hospital, as provided by the Plan's provisions. Certain fees incurred by the Plan for investment management and certain administrative services are paid through revenue sharing rather than direct payment (Note 7). Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses of the Plan are paid by the Hospital. Expenses paid by the Hospital are excluded from these financial statements.

Plan Termination

Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates.

Contributions

Employer contributions are recorded in the year in which related services are provided.

Benefit Payments

Benefits are recorded when paid.

Investment Valuation and Income Recognition

Other than investments in fully benefit-responsive guaranteed investment contracts (GICs), investments held by the Plan are stated at fair value. Fair value is defined as 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 (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

2. Summary of Significant Accounting Policies (Continued)

Self-directed brokerage accounts are primarily composed of cash and mutual funds. Securities traded on a national securities exchange are valued at quoted market prices on an active market. Units of variable annuity accounts, the pooled separate account and short-term investments are valued at published market prices or fair values reported by the issuer.

The Plan holds traditional GICs issued by TIAA-CREF and Lincoln. Certain of these contracts are non-benefit responsive and are reported at fair value, while others meet the fully benefit-responsive investment contract criteria and, therefore, are reported at contract value (see Notes 4 and 5). Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions made under each contract, plus earnings, less participant withdrawals and administrative expenses.

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

Subsequent Events

Events occurring after the statement of net assets available for benefits date are evaluated by the Plan Administrator to determine whether such events should be recognized or disclosed in the financial statements. The Plan Administrator has evaluated subsequent events through July 20, 2026, the date the financial statements were available to be issued.

3. Investments

Certain information related to investments disclosed in the accompanying financial statements and supplemental schedule, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments, interest, and dividends for the year ended December 31, 2025, was obtained or derived from information provided to the Plan Administrator and certified as complete and accurate by Fidelity, Lincoln, and TIAA-CREF, the custodians of the Plan. Accordingly, as permitted under 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information certified by the custodians, except for comparing such information certified by the custodians to information included in the Plan's financial statements and supplemental schedule. The Plan Administrator has determined that the custodians meet the requirements of qualified institutions as defined by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

4. Fair Value Measurements

The fair value framework established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets and liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the assets or liabilities (i.e., supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that the market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is based upon the lowest level of input that is significant to the fair value measurement in its entirety.

The following tables set forth, by hierarchy level, the Plan's investments carried at fair value at December 31:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2025				
Variable annuities	\$ 57,492,178	\$ —	\$ —	\$ 57,492,178
Guaranteed investment contracts	—	—	41,881,166	41,881,166
Pooled separate account	1,082,155	—	—	1,082,155
Short-term investment funds	7,101,203	—	—	7,101,203
Mutual funds	145,656,336	—	—	145,656,336
Self-directed brokerage accounts ^(a)	<u>14,980,980</u>	<u>—</u>	<u>—</u>	<u>14,980,980</u>
Total investments at fair value	<u>\$226,312,852</u>	<u>\$ —</u>	<u>\$41,881,166</u>	<u>\$268,194,018</u>

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

4. Fair Value Measurements (Continued)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
2024				
Variable annuities	\$ 52,056,349	\$ —	\$ —	\$ 52,056,349
Guaranteed investment contracts	—	—	43,573,510	43,573,510
Pooled separate account	1,105,933	—	—	1,105,933
Short-term investment funds	7,678,798	—	—	7,678,798
Mutual funds	121,474,240	—	—	121,474,240
Self-directed brokerage accounts ^(a)	<u>11,132,984</u>	<u>—</u>	<u>—</u>	<u>11,132,984</u>
 Total investments at fair value	 <u>\$193,448,304</u>	 <u>\$ —</u>	 <u>\$43,573,510</u>	 <u>\$237,021,814</u>

^(a) Self-directed brokerage accounts consist primarily of mutual funds and cash equivalents. The fair values of the investments in this category are based on quoted market prices.

The Plan holds investments in the TIAA Traditional Annuity Fund (guaranteed annuity contracts), which is a traditional investment contract offered to participants of the Plan through Retirement Annuity (RA) and Group Retirement Annuity (GRA) contracts. These contracts are not fully benefit responsive and are valued at fair value, which approximates contract value. The investment is held in an illiquid contract and subject to restrictions for certain participant interest transactions and, therefore, is not fully benefit responsive. These contracts contain liquidity restrictions on the redemption of TIAA Traditional Annuity accumulations, which could impact the value realized upon exiting the contract. The RA contract does not allow lump-sum cash withdrawals, and transfers must be spread over a period of ten annual installments. With the GRA contracts, lump-sum withdrawals are available only within 120 days after termination of employment and are subject to a 2.5% surrender charge. All other withdrawals and transfers from a RA or GRA contract must be spread over a period of ten annual installments (or five annual installments for withdrawals after termination of employment through election of a five-year fixed-period annuity). The contract value of the fund equals the accumulated cash contributions, interest credited to the Plan's contracts, and transfers, if any, less any withdrawals.

Since the investment is not available for sale or transfer on any securities exchange, transactions in similar investment instruments are not observable. As a guaranteed annuity backed by TIAA's claims-paying ability, the TIAA Traditional Fund guarantees principal and a guaranteed minimum rate of interest, plus the opportunity for additional amounts in excess of the guaranteed rate. The guaranteed annual interest rate is generally 3%. These guarantees of principal and minimum interest rates ensure that each participant's accumulation is protected from loss and will always increase in value. Additional amounts above the guaranteed minimum interest rate may be declared at the discretion of the TIAA Board of Trustees on a year-by-year basis. These additional amounts, when declared, remain in effect for the 12-month "declaration year" that begins each March 1 and are not guaranteed for future years. Together, the guaranteed minimum and additional amounts make up the "crediting rate" in the accumulation phase of the account. The Plan Administrator is responsible for determining the Plan's valuation policies and analyzing information provided by the investment custodians and issuers that is used to determine the fair value of the Plan's investments. Management has determined that the contract value of the non-benefit-responsive contracts is a reasonable approximation of their fair value.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

4. Fair Value Measurements (Continued)

Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate, which correlates closely with TIAA Traditional Annuity's historical crediting rates. The significant unobservable inputs are the risk-adjusted discount rates applied. The weighted average risk-adjusted discount rate range was 3.55% to 6.50% for RA and GRA contracts as of December 31, 2025. The weighted average risk-adjusted discount rate range was 3.65% to 6.50% for RA and GRA contracts as of December 31, 2024.

Level 3 Gains and Losses

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2025:

	<u>Guaranteed Investment Contracts</u>
Balance, beginning of year	\$43,573,510
Investment income	499,897
Realized gains	1,214,392
Unrealized gains related to investments still held	111,251
Purchases	2,949,411
Sales	<u>(6,467,295)</u>
Balance, end of year	<u>\$41,881,166</u>

5. Fully Benefit-Responsive Investment Contracts

The Plan invests in traditional GICs issued by Lincoln. Traditional investment contracts are designed to accrue interest based on crediting rates established by the contract issuers. The contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula established by the contract issuer, but may not be less than 3.5%. Such interest rates are reviewed and may be reset on a quarterly basis. The contract cannot be terminated before the scheduled maturity date, except in the event of default.

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuers' ability to meet their financial obligations. The issuers' ability to meet their contractual obligations may be affected by future economic and regulatory developments. There are no reserves against contract value for credit risk of the contract issuers.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

5. Fully Benefit-Responsive Investment Contracts (Continued)

Certain events limit the ability of the Plan to transact at contract value with the contract issuers. These events may be different under each contract. Examples of such events include the following:

- The Plan's failure to qualify under Section 401(a) of the Code or the failure of the trust to be tax-exempt under Section 501(a) of the Code
- Premature termination of the contracts
- Plan termination or merger
- Changes to the Plan's prohibition on competing investment options
- Bankruptcy of the plan sponsor or other plan sponsor events (e.g., divestitures or spin-offs of a subsidiary) that significantly affect the Plan's normal operations

The Plan Administrator has determined that no events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuers to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

- An uncured violation of the Plan's investment guidelines
- A breach of material obligation under the contract
- A material misrepresentation
- A material amendment to the agreements without the consent of the issuer

Redemption Restrictions

Account values in the Lincoln Fixed Account may be withdrawn without a surrender charge. A participant may not transfer more than 20% of the fixed account holdings to the Variable Annuity Account each year, unless the participant intends to liquidate the fixed account values.

6. Risks and Uncertainties

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

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2025 and 2024

7. Party-in-Interest Transactions

Certain of the Plan's assets are invested in funds managed by the custodians and record-keeper of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

In addition, Fidelity provides certain administrative services to the Plan pursuant to a Plan Services Agreement (SA) with the Hospital. Fidelity receives revenue from mutual fund service providers for services Fidelity provides to the funds. This revenue is used to offset certain amounts owed to Fidelity for its administrative services provided to the Plan.

If the revenue received by Fidelity from such mutual fund service providers exceeds the amount owed under the SA, Fidelity remits the excess to the Plan's trust on a quarterly basis. Such amounts may be applied to pay plan administrative expenses or allocated to the accounts of participants. The Plan did not receive any excess revenue amounts during 2025. The Plan or the Hospital may make a payment to Fidelity for administrative expenses not covered by sharing of the excess revenue.

8. Tax Status

The Plan has not received a determination letter from the Internal Revenue Service (IRS) stating that the Plan is qualified under Section 403(b) of the Code. However, the Plan Administrator believes that the Plan has been designed to comply with, and is operating in accordance with, the applicable requirements of the Code and, therefore, believes the Plan is qualified and the related custodial accounts and tax-deferred annuities are tax-exempt.

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

Supplemental Schedule

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

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

EIN: 04-2774441 Plan #002

December 31, 2025

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Variable annuities:		
College Retirement Equities Fund (CREF):		
* CREF Core Bond R2	19,988 units	\$ 2,874,474
* CREF Global Equities R2	10,873 units	4,578,424
* CREF Growth R2	13,514 units	8,276,964
* CREF Inflation-Linked Bond R2	21,995 units	1,986,579
* CREF Responsible Balanced R2	5,138 units	2,168,775
* CREF S&P 500 Index R2	11,984 units	7,210,455
* CREF Total Global Stock R2	27,396 units	30,313,297
Lincoln National Life Insurance Company Multi-Funds:		
* LVIP Freedom Target 2035	2,479 units	45,517
* LVIP SSG&A S&P 500 Index	679 units	37,693
Total variable annuities		57,492,178
Pooled separate account:		
* TIAA Real Estate account	2,257 units	1,082,155
Short-term investment funds:		
* CREF Money Market R2	132,354 units	4,085,594
Vanguard Federal Money Market Fund	3,015,609 units	3,015,609
Total short-term investment funds		7,101,203
Mutual funds:		
Carillon Eagle Mid Cap Growth Class I Fund	14,017 units	994,945
Driehaus Emerging Markets Growth Fund Investor Class	8,070 units	382,029
* Fidelity 500 Index Fund	60,242 units	14,320,623
* Fidelity Contra Fund K6	612,062 units	21,416,042
* Fidelity Extended Market Index Fund	34,980 units	3,521,461
* Fidelity Diversified International K6 Fund	128,368 units	2,274,680
* Fidelity Freedom K6 2010 Fund	32,787 units	480,654
* Fidelity Freedom K6 2015 Fund	511,049 units	6,142,807
* Fidelity Freedom K6 2020 Fund	214,166 units	3,261,756
* Fidelity Freedom K6 2025 Fund	582,473 units	8,614,773
* Fidelity Freedom K6 2030 Fund	591,882 units	11,494,343
* Fidelity Freedom K6 2035 Fund	869,723 units	15,341,910
* Fidelity Freedom K6 2040 Fund	1,318,732 units	17,552,318
* Fidelity Freedom K6 2045 Fund	998,385 units	15,814,422

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

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

EIN: 04-2774441 Plan #002

December 31, 2025

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Mutual funds (continued):		
* Fidelity Freedom K6 2050 Fund	498,658 units	\$ 8,043,351
* Fidelity Freedom K6 2055 Fund	202,873 units	3,801,839
* Fidelity Freedom K6 2060 Fund	10,666 units	183,888
* Fidelity Freedom K6 2065 Fund	12,247 units	193,254
* Fidelity Freedom Retirement K6 Fund	42,497 units	477,665
* Fidelity Global ex U.S. Index Fund	93,198 units	1,739,068
* Fidelity Growth Portfolio	28 units	8,981
* Fidelity Total Bond Fund	482,900 units	4,669,640
* Fidelity U.S. Bond Index Fund	157,353 units	1,661,645
* JP Morgan Equity Income Fund Class R6	52,341 units	1,295,438
* LVIP SSGA Bond Index	7,974 units	101,660
MFS Mid Cap Value Fund Class R4	39,555 units	1,197,728
Principal Smallcap Growth I R-6 Fund	10,876 units	167,484
Vanguard FTSE Social Index Fund Admiral	5,246 units	343,684
Vanguard Small-Cap Value Index Fund Admiral Shares	1,739 units	158,248
Total mutual funds		145,656,336
Other investments:		
* Self-Directed Brokerage Accounts (Fidelity)		14,980,980
Guaranteed investment contracts:		
Non-benefit responsive:		
* TIAA Traditional Non-Benefit Responsive		41,881,166
Fully benefit responsive:		
* Fixed Account - Lincoln National Life Insurance Company		695,991
Total guaranteed investment contracts		42,577,157
		<u>\$268,890,009</u>

* Indicates a party-in-interest to the Plan.

Note: Cost information has been omitted as all investments are participant-directed.

Note: The above information has been certified by Fidelity, Lincoln, and TIAA-CREF, the custodians, as complete and accurate.

SCHEDULE C SUPPLEMENTAL REPORT

This report includes fee-related information recordkept by Fidelity Investments for the plan, as well as information made available to Fidelity through Morningstar, Inc., an independent investments research company, and certain other sources, which has not been independently verified by Fidelity. The notes section of this report may or may not be applicable to your plan. In some cases, you may also need to reference the Auditor's Guide for more detail. Please log into PSW to access the Auditor's Guide and related documents that can assist you and/or your auditors in facilitating your employee benefit plan audit.

PART I, LINE 1 - INFORMATION ON PERSONS EXCLUDED FROM THE REST OF PART I BECAUSE THEY RECEIVED ONLY ELIGIBLE INDIRECT FEES.

- If there are non-Fidelity funds in the plan and all information is available in the eligible indirect compensation disclosure at the end of this report, check "yes" and in part I, line 1(b) enter Fidelity Investments Institutional Operations Company LLC - 04-2647786.
- If all information is not available, you may need to contact the applicable fund family for additional information and disclose the name and EIN of the entity providing the disclosure in part I, line 1(b).

PART I, LINE 2 - INFORMATION ON SERVICE PROVIDERS RECEIVING DIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 2(a)</i>	EIN/ADDRESS *1 <i>Part I, Line 2(a)</i>	SERVICE CODE <i>Part I, Line 2(b)</i>	RELATIONSHIP TO ER, EE,ORG OR PERSON OF INTEREST <i>Part I, Line 2(c)</i>	DIRECT COMP PAID BY PLAN <i>Part I, Line 2(d)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	04-2647786	64 65 71	RECORDKEEPER	\$57,044
CAPFINANCIAL PARTNERS LLC	26-0058143	49	CONSULTANT	\$14,024
TAYLOR COMMUNICATIONS	41-0852411	49	OTHER SERVICES	\$2,037
STRATEGIC ADVISORS, INC.	04-2654524	27	ADVISOR	\$1,958

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	AB GLOBAL BOND ADVISOR CLASS	8000 IH 10 W STE 1400 14TH FL SAN ANTONIO TX US 78230	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST BELLINGHAM WA US 98225	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	BAIRD AGGREGATE BOND FUND INSTL	777 E. WISCONSIN AVE 18TH FL MILWAUKEE WI US 53202	0.03%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND ST NEW YORK NY US 10022	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	BROWN ADVISORY SUSTAIN GROWTH INST	777 E. WISCONSIN AVE 4TH FL MILWAUKEE WI US 53202	0.15%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	CALVERT FLEXIBLE BOND FD CL A	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	CALVERT US MID CAP CORE RSPNSBL IND	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	CALVERT INTERNTL RESPONSIBLE INDEX	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	CALVERT US LRG CAP VAL RESPNS INDE	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	CALVERT EMERGING MARKETS EQUITY CL	4550 MONTGOMERY AVE STE 1000 N BETHESDA MD US 20814	0.10%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	COLUMBIA SELIGMAN TECH AND INFO CL	225 FRANKLIN ST BX25 10320 BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA INTERNATIONAL CORE EQUITY	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA SHORT TERM GOVERNMENT PORT	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA EMERGING MRKTS CORE EQU PORTF	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA ONE YEAR FIXED INCOME PRTF INST	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA INV'T TWO YEAR GLOBAL FIXED INC	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA FIVE YEAR GLBL FIXED INC PRTF I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA INTERNATIONAL VECTOR EQUITY POR	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DAVIS INTERNATIONAL CL A	2949 E ELVIRA ROAD STE 101 TUCSON AZ US 85756	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DAVIS OPPORTUNITY CLASS A	2949 E ELVIRA ROAD STE 101 TUCSON AZ US 85756	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DAVIS BALANCED FUND CLASS A	2949 E ELVIRA ROAD STE 101 TUCSON AZ US 85756	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DFA GLB SUSTAINABLTY FIXED INCOME I	6300 BEE CAVES ROAD BUILDING ONE AUSTIN TX US 78746	0.02%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	DOUBLELINE TOTAL RETURN BOND FD CL	777 EAST WISCONSIN AVE MILWAUKEE WI US 53202	0.06%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	EATON VANCE GL MACROABSOLUTE RTRN A	TWO INTERNATIONAL PLACE BOSTON MA US 02110	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	FMI INTERNATIONAL	777 EAST WISCONSIN AVE MILWAUKEE WI US 53202	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	GABELLI GOLD FUND CLAAA	401 THEODORE FREMD. AVE. RYE NY US 10580	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	GOLDMAN SACHS ASSET ALLOC GRWTH STR	71 S. WACKER DR 4TH FL CHICAGO IL US 60606	0.40%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

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FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	HARTFORD EMERGING MRKTS RESEARCH I	100 MATSONFORD RD STE 300 RADNOR PA US 19087	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	EUROPAC GOLD FUND CL I	LOTS 81 82 ST C STE 204 DORADO PR US 00646	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	JPMORGAN GL BOND OPPORTUNITIES FUND	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	TRILLIUM ESG GLOBAL EQUITY FUND INS	777 E. WISCONSIN AVE. / MAIL STOP SMITHFIELD RI US 02917	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	JPMORGAN LARGE CAP GROWTH CLASS I	1111 POLARIS PARKWAY COLUMBUS OH US 43240	0.15%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	CLEARBRIDGE INTERN'TGROWTH FD CL I	100 FOUNTAIN PARKWAY ST. PETERSBURG FL US 33716	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	MFS INTERNATIONAL EQUITY FUND CL A	111 HUNTINGTON AVE BOSTON MA US 021997632	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	MATTHEWS CHINA DIV FUND INVESTOR CL	4 EMBARCADERO CENTER STE 550 SAN FRANCISCO CA US 94111	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	EVENTIDE GILEAD FUND CLASS I	80 ARKAY STE 110 HAUPPAUGE NY US 11788	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	EVENTIDE CORE BOND FUND CL I	80 ARKAY STE 110 HAUPPAUGE NY US 11788	0.10%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	PARNASSUS MID CAP FD INSTITUTIONAL	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	PARNASSUS CORE EQUITY INSTL	1 MARKET ST STEUART TOWER STE 1600 SAN FRANCISCO CA US 94105	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	IMPAX GLOBAL ENVIRON MARKETS INSTL	1290 BROADWAY STE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	IMPAX HIGH YIELD BOND INSTITL CL	1290 BROADWAY STE 1100 DENVER CO US 80203	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	IMPAX ELLEVATE GLBL WOMENS LDERSP I	1290 BROADWAY STE 1100 DENVER CO US 80203	0.12%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	PIMCO INCOME FUND CL A	1633 BROADWAY NEW YORK NY US 10019	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	RYDEX ELECTRONICS INV CLASS	9601 BLACKWELL RD STE 500 ROCKVILLE MD US 20850	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	TCW EMERGING MKTS INCOME CL I	865 S FIGUERA ST 22ND FL LOS ANGELES CA US 90071	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	NUVEEN CORE IMPACT BOND R6	333 WEST WACKER DR CHICAGO IL US 60606	0.06%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	VICTORY SHORT TERM BOND CLASS A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	VICTORY PRECIOUS METALS AND MINERAL	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	VICTORY NASDAQ 100 INDEX FUND	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.10%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	NIA IMPACT SOLUTIONS FUND	100 SALEM ST SMITHFIELD RI US 02917	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	VICTORY RS PARTNERS FD CL Y	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	VICTORY RS GLOBAL FUND CLASS A	4900 TIEDEMAN RD 4TH FL BROOKLYN OH US 44114	0.40%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, INC.	60	\$0	WEITZ CORE PLUS INCOME FD INVESTOR	1125 SOUTH 103RD ST OMAHA NE US 68124	0.40%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	CRLN E MID CAP GR I - U. S. BANCORP GLOBAL FUND SERVICES, LLC	615 EAST MICHIGAN STREET MILWAUKEE WI US 53202	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	DRIEHAUS EM GRTH IS - THE NORTHERN TRUST COMPANY	225 GEORGE STREET SUITE 40.3, LEVEL 40, GROSVENORSYDNEY AU NSW 2	0.12%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	MFS MID CAP VALUE R4 - MFS SERVICE CENTER INC.	04-2865649	0.15%
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	60	\$0	TRP OVERSEAS STOCK - T. ROWE PRICE SERVICES INC	52-2269240	0.15%

Plan: 53111

THE CHILDREN'S HOSPITAL CORPORATION JOINT APPOINTEES' RETIREMENT PLAN FMTC
CUSTODIAN 403(B)(7) ACCOU

Run Date: 05/15/2026

SCHEDULE C SUPPLEMENTAL REPORT

PART I, LINE 3 - INFORMATION ON SERVICE PROVIDERS RECEIVING INDIRECT FEES

SERVICE PROVIDER NAME <i>Part I, Line 3(a)</i>	SERVICE CODE <i>Part I, Line 3(b)</i> <i>Part I, Line 2(b)</i>	AMOUNT OF INDIRECT COMPENSATION <i>Part I, Line 3(c)</i>	NAME OF SOURCE OF INDIRECT COMPENSATION <i>Part I, Line 3(d)</i>	EIN/ADDRESS OF SOURCE OF INDIRECT COMPENSATION *1 <i>Part I, Line 3(d)</i>	DESCRIPTION OF INDIRECT COMPENSATION (ANNUALIZED FORMULA) <i>Part I, Line 3(e)</i>
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SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
0820	FID TOTAL BOND - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FTBFX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.28%
2326	FID US BOND IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXNAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.02%
2328	FID 500 INDEX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FXAIX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.01%
2348	FID GLB EX US IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSGGX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.05%
2365	FID EXTD MKT IDX - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FSMAX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.03%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2946	FID CONTRAFUND K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FLCNX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
2947	FID DIVERSFD INTL K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FKIDX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.60%
2990	FID FREEDOM 2010 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FOTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.24%
2991	FID FREEDOM 2015 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FPTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.26%
2992	FID FREEDOM 2020 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FATKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.28%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2993	FID FREEDOM 2025 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FDTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.32%
2994	FID FREEDOM 2030 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FGTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.36%
2995	FID FREEDOM 2035 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FWTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.39%
2996	FID FREEDOM 2040 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FHTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.43%
2997	FID FREEDOM 2045 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FJTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
2998	FID FREEDOM 2050 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FZTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
2999	FID FREEDOM 2055 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FCTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
3000	FID FREEDOM 2060 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FVTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%
3001	FID FREEDOM RETIR K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FYTKX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.24%
3417	FID FREEDOM 2065 K6 - FIDELITY MANAGEMENT & RESEARCH COMPANY LLC	FFSZX	FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS COMPANY, LLC.	FUND MANAGEMENT	0.45%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OE9Q	VAN FTSE SOC IDX ADM - THE VANGUARD GROUP INC	VFTAX	VANGUARD	FUND MANAGEMENT	0.12%
OIDT	PIF SMCP GRTH I R6 - PRINCIPAL GLOBAL INVESTORS LLC	PCSMX	PRINCIPAL FUNDS	FUND MANAGEMENT	0.85%
OING	VICTORY S SMCO OP R6 - VICTORY CAPITAL MANAGEMENT INC.	VSORX	VICTORY CAPITAL MANAGEMENT INC.	FUND MANAGEMENT	0.76%
OITW	TRP OVERSEAS STOCK I - T. ROWE PRICE ASSOCIATES, INC.	TROIX	T. ROWE PRICE	FUND MANAGEMENT	0.63%
OQQL	VANG VMMR-FED MMKT - VANGUARD GROUP INC	VMFXX	VANGUARD	FUND MANAGEMENT	0.10%

SCHEDULE C SUPPLEMENTAL REPORT

ELIGIBLE INDIRECT COMPENSATION DISCLOSURE FOR COMPLETION OF PART I, LINE 1(a) AND PART I, LINE 2(f)

FUND CODE	NAME OF SOURCE OF INDIRECT COMPENSATION	TICKER	PARTY OR PARTIES RECEIVING INDIRECT COMPENSATION	SERVICES PROVIDED OR PURPOSE OF PAYMENT FOR INDIRECT COMPENSATION	AMOUNT, ESTIMATE OF FORMULA USED TO CALCULATE INDIRECT COMPENSATION (ANNUALIZED FORMULA)
OU0A	DRIEHAUS EM GRTH IS - DRIEHAUS CAPITAL MANAGEMENT LLC	DIEMX	DRIEHAUS	FUND MANAGEMENT	0.86%
OUJ2	MFS MID CAP VALUE R4 - MASSACHUSETTS FINANCIAL SERVICES COMPANY	MVCJX	MFS	FUND MANAGEMENT	0.61%
OUZ2	JPM EQUITY INCOME R6 - J.P. MORGAN INVESTMENT MANAGEMENT, INC.	OIEJX	JPMORGAN	FUND MANAGEMENT	0.40%
OYAR	CRLN E MID CAP GR I - CARILLON TOWER ADVISERS, INC.	HAGIX	CARILLON FAMILY OF FUNDS	FUND MANAGEMENT	0.51%
OYUY	VANG SMCPVL IDX ADM - VANGUARD GROUP INC	VSIAX	VANGUARD	FUND MANAGEMENT	0.06%

SCHEDULE C SUPPLEMENTAL REPORT

*1 If EIN is provided, Address will not be provided. If EIN is not available and Address is available, the Address will be displayed. If neither EIN nor Address is available "See Note *2" will be displayed.

*2 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for non-Fidelity funds and/or other third party service providers related to compensation is not available, more information for the annual operating expenses of the fund may be found in the Fee Table of the Fund Summary section of each prospectus and/or statement of additional information. In addition, information about the services provided and the identity of the entities performing services with respect to each fund may be found in the Fund Services section of each prospectus. If the compensation being reported relates to a Fidelity fund, more information for the annual operating expenses of the fund may be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, statement of additional information, the fund's investment manager or annuity provider.

*3 For Self-Directed Brokerage Investments, each fund family may offer an indirect support fee paid to Fidelity Investments. Each indirect support fee paid by a fund may differ depending on the form of investment. Please contact your Fidelity representative to receive information on indirect support fees for your Self-Directed Brokerage Investments.

*4 Net Expense Ratio is displayed.

*5 Gross Expense Ratio is displayed.

*6 Disclosures in this report are intended to satisfy the alternative reporting option. If complete information for this Fund is not available, the fee information for the annual operating expenses and/or information about the services provided and identity of the entities performing the services can be found in the Fee section of one or more of the following sources: investment management agreement, trust agreement, collective trust participation agreement, commingled pool participation agreement, mutual fund prospectus, the fund's investment manager or annuity provider.

Additional Information:

Fidelity may have provided non-monetary compensation, such as meals or business entertainment, to associates or service providers during the plan year for which this data is being reported. If you believe there are associates or plan service providers who have received total non-monetary compensation, from all sources of \$5,000 or more, that are not reflected on this report, you may contact your Fidelity representative and ask for a detailed summary of non-monetary compensation provided during the plan year. For additional information, please refer to the Auditor's Guide.

Fidelity utilizes omnibus accounts at unaffiliated banks to facilitate transactions for the defined contribution plans it services as set forth in your trust or service agreement or letter of authorization. If markets permit, omnibus account balances are invested in short-term investments that generally earn a rate approximating the Target Federal Funds Rate and/or money market rates. These earnings are called "float" and are considered eligible indirect compensation for purposes of Schedule C. Fidelity uses these earnings to pay bank fees and make other required adjustments and generally retains any float earnings that exceed such fees and adjustments.

SCHEDULE C SUPPLEMENTAL REPORT

Fidelity is responsible for paying bank fees to the extent they exceed float earnings.

Since the amount of float generated depends on the length of time that assets are held in the omnibus accounts, Fidelity adheres to the following specific time frames within which cash pending investment or distribution is held:

- If contributions are received by Fidelity in good order before the close of trading, Fidelity executes transactions in the investment options as of that day's closing price (the "transaction date" or "T"). Settlement of trades for most investment options occurs on the following business day ("T+1") or, in the case of certain securities including company stock, on T+2 (prior to September 5, 2017 the settlement period for certain securities including company stock was T+3).
- Exchange requests received by Fidelity in good order before the close of trading are processed in that day's nightly cycle. If investment options have identical settlement rules, exchanges between them generate no overnight balances, as money is received from one investment option and conveyed to another investment option on the same business day. If investment options have different settlement rules, balances attributable to exchanges may remain in the omnibus account for a few days if FMTC serves as trustee of the plan.
- Disbursement requests received in good order before the close of trading are processed in that day's nightly cycle, and reflected as debits from participant accounts as of that date ("T"). Proceeds attributable to disbursements are received from investment options or from the unaffiliated Plan trustee based on the settlement period for the investment options. Disbursements are made to participants on T+2 either through electronic funds transfers or by mailing a check. Disbursement proceeds distributed by check remain in the omnibus account until the check is presented for payment.

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

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

EIN: 04-2774441 Plan #002

December 31, 2025

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value
Variable annuities:		
College Retirement Equities Fund (CREF):		
* CREF Core Bond R2	19,988 units	\$ 2,874,474
* CREF Global Equities R2	10,873 units	4,578,424
* CREF Growth R2	13,514 units	8,276,964
* CREF Inflation-Linked Bond R2	21,995 units	1,986,579
* CREF Responsible Balanced R2	5,138 units	2,168,775
* CREF S&P 500 Index R2	11,984 units	7,210,455
* CREF Total Global Stock R2	27,396 units	30,313,297
Lincoln National Life Insurance Company Multi-Funds:		
* LVIP Freedom Target 2035	2,479 units	45,517
* LVIP SSG&A S&P 500 Index	679 units	<u>37,693</u>
Total variable annuities		57,492,178
Pooled separate account:		
* TIAA Real Estate account	2,257 units	1,082,155
Short-term investment funds:		
* CREF Money Market R2	132,354 units	4,085,594
Vanguard Federal Money Market Fund	3,015,609 units	<u>3,015,609</u>
Total short-term investment funds		7,101,203
Mutual funds:		
Carillon Eagle Mid Cap Growth Class I Fund	14,017 units	994,945
Driehaus Emerging Markets Growth Fund Investor Class	8,070 units	382,029
* Fidelity 500 Index Fund	60,242 units	14,320,623
* Fidelity Contra Fund K6	612,062 units	21,416,042
* Fidelity Extended Market Index Fund	34,980 units	3,521,461
* Fidelity Diversified International K6 Fund	128,368 units	2,274,680
* Fidelity Freedom K6 2010 Fund	32,787 units	480,654
* Fidelity Freedom K6 2015 Fund	511,049 units	6,142,807
* Fidelity Freedom K6 2020 Fund	214,166 units	3,261,756
* Fidelity Freedom K6 2025 Fund	582,473 units	8,614,773
* Fidelity Freedom K6 2030 Fund	591,882 units	11,494,343
* Fidelity Freedom K6 2035 Fund	869,723 units	15,341,910
* Fidelity Freedom K6 2040 Fund	1,318,732 units	17,552,318
* Fidelity Freedom K6 2045 Fund	998,385 units	15,814,422

THE CHILDREN'S HOSPITAL CORPORATION
JOINT APPOINTEES' RETIREMENT PLAN

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

EIN: 04-2774441 Plan #002

December 31, 2025

Identity of Issue, Borrower, <u>Lessor or Similar Party</u>	Description of Investment Including Maturity Date, Rate of Interest, <u>Collateral, Par or Maturity Value</u>	Current <u>Value</u>
Mutual funds (continued):		
* Fidelity Freedom K6 2050 Fund	498,658 units	\$ 8,043,351
* Fidelity Freedom K6 2055 Fund	202,873 units	3,801,839
* Fidelity Freedom K6 2060 Fund	10,666 units	183,888
* Fidelity Freedom K6 2065 Fund	12,247 units	193,254
* Fidelity Freedom Retirement K6 Fund	42,497 units	477,665
* Fidelity Global ex U.S. Index Fund	93,198 units	1,739,068
* Fidelity Growth Portfolio	28 units	8,981
* Fidelity Total Bond Fund	482,900 units	4,669,640
* Fidelity U.S. Bond Index Fund	157,353 units	1,661,645
* JP Morgan Equity Income Fund Class R6	52,341 units	1,295,438
* LVIP SSGA Bond Index	7,974 units	101,660
MFS Mid Cap Value Fund Class R4	39,555 units	1,197,728
Principal Smallcap Growth I R-6 Fund	10,876 units	167,484
Vanguard FTSE Social Index Fund Admiral	5,246 units	343,684
Vanguard Small-Cap Value Index Fund Admiral Shares	1,739 units	<u>158,248</u>
Total mutual funds		145,656,336
Other investments:		
* Self-Directed Brokerage Accounts (Fidelity)		14,980,980
Guaranteed investment contracts:		
Non-benefit responsive:		
* TIAA Traditional Non-Benefit Responsive		41,881,166
Fully benefit responsive:		
* Fixed Account - Lincoln National Life Insurance Company		<u>695,991</u>
Total guaranteed investment contracts		<u>42,577,157</u>
		<u>\$268,890,009</u>

* Indicates a party-in-interest to the Plan.

Note: Cost information has been omitted as all investments are participant-directed.

Note: The above information has been certified by Fidelity, Lincoln, and TIAA-CREF, the custodians, as complete and accurate.