

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>EMORY HEALTHCARE, INC. RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMORY HEALTHCARE, INC.</u></p> <p><u>SUITE 518, W.W. ORR BLDG</u> <u>550 PEACHTREE ST.,NE</u> <u>ATLANTA, GA 30308-2209</u></p>	<p>1c Effective date of plan <u>01/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>58-2137993</u></p> <p>2c Plan Sponsor's telephone number <u>404-686-6039</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2024	HILLARY BOLTON
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	527
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)	452
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	0
	6f	0
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

A Name of plan <u>EMORY HEALTHCARE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EMORY HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>58-2137993</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>2094240</u>
	b Actuarial value	2b	<u>2094240</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>0</u>	<u>0</u>
	b For terminated vested participants	<u>75</u>	<u>275138</u>
	c For active participants	<u>452</u>	<u>1566723</u>
	d Total	<u>527</u>	<u>1841861</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>4.93 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>51000</u>
	c Target normal cost	6c	<u>51000</u>

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

SIGN HERE		
	Signature of actuary	<u>10/14/2024</u> Date
	<u>MELISSA C. PANARESE</u> Type or print name of actuary	<u>23-06208</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>404-442-3100</u> Telephone number (including area code)
	<u>3560 LENOX ROAD SUITE 2400 ATLANTA, GA 30326</u> Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>-24.47</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	112.71 %
15	Adjusted funding target attainment percentage	15	112.71 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	113.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
(4) 4th		

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 64

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	51000
b Excess assets, if applicable, but not greater than line 31a	31b	51000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>EMORY HEALTHCARE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EMORY HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>58-2137993</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EHC MASTER TRUST</u>	b Name of sponsor of entity listed in (a): <u>EMORY HEALTHCARE, INC.</u>	c EIN-PN <u>58-2137993-004</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WILLIAM BLAIR EMERGING MKTS GROWTH</u>	b Name of sponsor of entity listed in (a): <u>WILLIAM BLAIR COLLECTIVE INVESTMENT TRUST</u>	c EIN-PN <u>27-6331814-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEGPART C1S1 SEG PARTNERS OFFSHORE</u>	b Name of sponsor of entity listed in (a): <u>SELECT EQUITY GROUP LP</u>	c EIN-PN <u>98-1007715-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ARTISAN GLOBAL OPPORTUNITIES TRUST</u>	b Name of sponsor of entity listed in (a): <u>ARTISAN PARTNERS LIMITED PARTNERSHIP</u>	c EIN-PN <u>45-4916464-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AXIOM INTERNATIONAL SMALL CAP EQUIT</u>	b Name of sponsor of entity listed in (a): <u>AXIOM INTERNATIONAL INVESTORS, LLC</u>	c EIN-PN <u>13-4021938-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAXTON GLOBAL CLASS T-1 SHARES B</u>	b Name of sponsor of entity listed in (a): <u>CAXTON ASSOCIATES LP</u>	c EIN-PN <u>22-3430173-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DAVIDSON KEMPNER INTERNATIONAL</u>	b Name of sponsor of entity listed in (a): <u>DAVIDSON KEMPNER CAPITAL MANAGEMENT LP</u>	c EIN-PN <u>13-3863161-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: GQG PARTNERS GLOBAL EQUITY CIT		
b Name of sponsor of entity listed in (a): GQG PARTNERS LLC		
c EIN-PN 81-2109181-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: L&G US LONG DURATION US EQUITY CIT		
b Name of sponsor of entity listed in (a): LEGAL AND GENERAL INVESTMENT MANAGEMENT AMERICA INC.		
c EIN-PN 35-7085469-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LINDELL TRAIN GLOBAL EQUITY LLC		
b Name of sponsor of entity listed in (a): LINDELL TRAIN LIMITED		
c EIN-PN 98-1104976-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CORP CREDIT SCREENED		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 27-4520291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG US TREASURY INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS LIMITED		
c EIN-PN 04-0025081-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE 100 PERCENT HEDGED TD USD		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS LIMITED		
c EIN-PN 90-0337987-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL CAP COMPLETENESS		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 04-0025081-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS LIMITED		
c EIN-PN 04-0025081-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANCHE A SERIES 172 400 CAPITAL CR		
b Name of sponsor of entity listed in (a): 400 CAPITAL MANAGEMENT LLC		
c EIN-PN 26-3489627-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: WIC-CIF OPPORTUNISTIC FIXED INCOME		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY NA		
c EIN-PN 90-6110062-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF SM CAP 2000

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

c EIN-PN 04-3497364-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF II US INVESTMENT GRADE INTE

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

c EIN-PN 04-6913417-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: EU2 SSGA FTSE RAFI US

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

c EIN-PN 06-6556853-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: TREASURY US 25 KEY

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 45-3856224-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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b Name of plan sponsor

c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan EMORY HEALTHCARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 EMORY HEALTHCARE, INC.	D Employer Identification Number (EIN) 58-2137993

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	104936	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	10106	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	24593195	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	234352598	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	3622219	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	244276	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	262927330	0
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	260833090	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	260833090	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2094240	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)		149816
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		149816

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1326893	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	358848	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1685741
f Corrective distributions (see instructions).....	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	270626	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1545	
(6) Bank or trust company trustee/custodial fees	2i(6)	169	
(7) Actuarial fees	2i(7)	133270	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	33728	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		439338
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2125079

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1975263
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		118977

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: FRAZIER & DEETER

(2) EIN: 58-1433845

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 0.

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)
EMORY HEALTHCARE, INC. RETIREMENT PLAN 2	58-2137993	003

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 519425.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>EMORY HEALTHCARE, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EMORY HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>58-2137993</u>	

Part I	Distributions
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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): <u>13-5160382</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	527

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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 EMORY HEALTHCARE, INC.
RETIREMENT PLAN**

FINANCIAL STATEMENTS - LIQUIDATION BASIS

DECEMBER 31, 2023 AND 2022

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

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December 31, 2023 and 2022

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee and Participants of the
The Emory Healthcare, Inc. Retirement Plan
Atlanta, GA

Opinion on the 2023 Financial Statements

We have audited the financial statements of the The Emory Healthcare, Inc. Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2023 (in liquidation), and the related statement of changes in net assets available for benefits for the year then ended (in liquidation), and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2023 (in liquidation), and the changes in its net assets available for benefits for the year then ended (in liquidation), in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion on the 2023 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the 2023 Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As further discussed in Note 8 to the financial statements, Management of the Plan approved a plan of liquidation on December 7, 2022, and determined liquidation is imminent. As a result, The Emory Healthcare, Inc. Retirement Plan changed its basis of accounting from the going-concern basis of accounting to the liquidation basis of accounting used in presenting the 2022 and 2023 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the 2023 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the 2023 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an audit in accordance with GAAS, we:

- exercise professional judgment and maintain professional skepticism throughout the audit.
- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matter - Auditor's Report on the 2022 Financial Statements

We performed an audit of the 2022 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, our 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. In our report dated October 6, 2023, we indicated that in our opinion (a) the amounts and disclosures in the 2022 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with U.S. GAAP, and (b) the information in the 2022 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

October 15, 2024
Atlanta, Georgia

Frazier Deeter, LLC

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Statements of Net Assets Available for Benefits - Liquidation Basis

	<i>December 31,</i>	
	<u>2023</u>	<u>2022</u>
Assets:		
Cash (non-interest bearing)	<u>\$ -</u>	<u>\$ 2,912,211</u>
Investment in Master Trust (Note 3)	<u>-</u>	<u>-</u>
Investments, at fair value		
Common/collective trust funds	-	139,304,918
Alternative funds	-	109,420,648
Mutual funds	<u>-</u>	<u>11,279,447</u>
Total investments	<u>-</u>	<u>260,005,013</u>
Receivables:		
Dividends receivable	<u>-</u>	<u>10,106</u>
Total receivables	<u>-</u>	<u>10,106</u>
Total Assets	<u>-</u>	<u>262,927,330</u>
Liabilities:		
Pending trade payable	-	-
Plan transfer out	<u>-</u>	<u>260,833,090</u>
Total Liabilities	<u>-</u>	<u>260,833,090</u>
Net Assets Available for Benefits	<u>\$ -</u>	<u>\$ 2,094,240</u>

See notes to financial statements.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits - Liquidation Basis

	<i>For the Year Ended December 31,</i>	
	<u>2023</u>	<u>2022</u>
Additions to net assets attributed to:		
Investment income/(loss):		
Net depreciation in fair value of investments	\$ -	\$ (87,585,776)
Net income from Master Trust (Note 3)	<u>149,816</u>	<u>-</u>
Total investment income/(loss)	<u>149,816</u>	<u>(87,585,776)</u>
Total additions	<u>149,816</u>	<u>(87,585,776)</u>
Deductions from net assets attributed to:		
Benefits paid to participants	1,685,741	11,289,852
Administrative expenses	<u>439,338</u>	<u>3,773,601</u>
Total deductions	<u>2,125,079</u>	<u>15,063,453</u>
Net decrease	(1,975,263)	(102,649,229)
Transfers out of the Plan (Note 8)	(118,977)	(260,833,090)
Net Assets Available for Benefits:		
Beginning of year	<u>2,094,240</u>	<u>365,576,559</u>
End of year	<u>\$ -</u>	<u>\$ 2,094,240</u>

See notes to financial statements.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements

December 31, 2023 and 2022

Note 1 - Description of plan:

The following description of The Emory Healthcare, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan covering substantially all employees of Emory Healthcare, Inc. (the Plan Sponsor, Emory) and DeKalb Regional Health System Inc. (DeKalb). The Plan covers Emory employees who were employed before May 2, 2011. Effective May 2, 2011, the Emory component of the Plan was frozen to new entrants and effective January 1, 2012, the Emory component of the Plan was frozen to benefit accruals for Emory participants. The Plan also covers DeKalb employees who were employed before December 31, 2008. Effective December 31, 2008, the DeKalb component of the Plan was frozen to new entrants and benefit accruals for DeKalb participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective December 31, 2019.

Plan termination

Effective December 7, 2022, Emory Healthcare decided to split the original Plan into two separate plans. Effective December 31, 2022, 527 active and deferred vested participants, whose benefit valued as a lump sum payment was less than \$5,000, remained in the original Plan, all other participants and beneficiaries, including those whose benefits were in pay status, were transferred to a new plan, Emory Healthcare, Inc. Retirement Plan 2 (EHC Plan 2). Plan provisions for EHC Plan 2 are identical to the original Plan. The original Plan was terminated effective May 1, 2023 and all participants were given the option to receive their lump sum payments either in cash or as a transfer to their own IRAs. Active participants were all offered the option to transfer the lump sum into the Emory Healthcare 403(b) Plan. Final lump sum distributions were paid to participants who filled out paperwork electing the distribution by August 31, 2023. Any remaining balances for plan participants were transferred to the PBGC on August 31, 2023. All plan assets were liquidated by December 31, 2023.

Pension benefits - Emory Component

Prior to January 1, 2012, eligible Emory employees with one year of service (as defined by the Plan) who had attained age 21, accrued a benefit for each year of service, expressed as a single life annuity beginning at age 65, equal to 1.1% of compensation plus 0.50% of compensation in excess of covered compensation, as defined. The normal retirement benefit may not exceed the Internal Revenue Code (IRC) Section 415 maximum. The Emory component of the Plan

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 1 - Description of plan - continued:

Pension benefits - Emory Component - continued

permits early retirement at age 55 following 10 years of vesting service for those participants who met the Plan's eligibility requirements after January 1, 2003. Emory Participants meeting the Plan's eligibility requirements on January 1, 2003 who terminate with at least 5 years of service are permitted under the Plan to elect an early retirement benefit. Emory participants may elect to receive benefits from a single life annuity or a variety of joint and survivor annuities. All Emory participants meeting the Plan's eligibility requirements on January 1, 2003 were 100% vested. Other Emory participants are vested after 5 years of eligible service. Eligible Emory employees receive a minimum benefit of \$780 per year.

Pension benefits - DeKalb Component

Prior to January 1, 2005, eligible DeKalb employees with one year of service (as defined by the Plan) who had attained age 21 accrued a benefit for each year of service, expressed as 1.1% of average monthly earnings up to covered compensation plus 1.7% of average monthly earnings in excess of covered compensation, then multiplied by years of credited service earned prior to January 1, 2005 up to a maximum of 25 years.

After January 1, 2005, eligible DeKalb employees with one year of service (as defined by the Plan) who had attained age 21 accrued a benefit for each year of service, expressed as 0.5% of average monthly earnings multiplied by years of credited service earned after December 31, 2004, less any prior accrued benefits under former plans.

DeKalb participants meeting the Plan's eligibility requirements who terminate with at least 10 years of vesting service and are 55 are permitted under the DeKalb component of the Plan to elect an early retirement benefit. Under the DeKalb component of the Plan, the normal form of benefit is a 5-year guaranteed payment. DeKalb participants may elect to receive benefits from a single life annuity or a variety of joint and survivor annuities. DeKalb participants are vested after five years of eligible service.

Contributions and funding policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary sufficient to meet the Plan's minimum funding requirements. The Plan met the minimum funding requirement for the years ended December 31, 2023 and 2022.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 2 - Summary of significant accounting policies:

Basis of accounting

The financial statements of the Plan as of and for the years ended December 31, 2023 and 2022 are prepared on the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for a discussion of fair value measurements.

Net depreciation includes realized and unrealized gains and losses, interest, dividends, and fees charged for investment management and administrative services on those investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Use of estimates

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

Payment of benefits

Benefits are recorded when paid.

Risks and uncertainties

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

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 2 - Summary of significant accounting policies - continued:

Risks and uncertainties - continued

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. For the years ended December 31, 2023 and 2022, there was no actuarial minimum required contribution requirement prior to the application of any credit balances and the Company did not remit any contributions to the Plan.

Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Administrative expenses

The Plan's expenses are paid either by the Plan or the Plan Sponsor as provided by the Plan document. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. The Plan Sponsor does not expect to be reimbursed from the Plan for any expenses paid on behalf of the Plan.

Certain expenses, including asset management fees, investment advisory fees, Pension Benefit Guaranty Corporation (PBGC) premiums and other expenses, incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as administrative expenses in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net depreciation in fair value of investments and net income from Master Trust presented in the accompanying statements of changes in net assets available for benefits.

Recent legislative developments

In December 2019 and December 2022, Congress passed the SECURE Act and SECURE 2.0 Act, respectively, which included numerous reforms to existing retirement law and allows plan sponsors to make certain immediate plan operational changes without formal amendment of the plan document. If adopted, plan documents are required to be formally amended in accordance with IRS guidelines.

The Plan Sponsor has operationally implemented various changes and will timely amend the Plan in accordance with IRS guidelines.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 2 - Summary of significant accounting policies - continued:

Subsequent events

The Plan Sponsor has evaluated subsequent events through October 15, 2024, which is the date these financial statements were available to be issued. All subsequent events, if any, requiring recognition as of December 31, 2023, have been incorporated into these financial statements.

Note 3 - Investment in Master Trust:

Effective January 1, 2023, the Plan's investments were held by Bank of New York Mellon (Bank of New York), in the Emory Healthcare Master Trust (Master Trust), where they were commingled with the investments of the EHC Plan 2. Each participating plan owns a proportionate share of the assets of the Master Trust and each plan is credited with the plan's contributions and allocations of the Master Trust net change in fair value of investments and an allocation of the Master Trust expenses. The net change in fair value of investments of the Master trust's investment assets are allocated to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans. Any benefits paid are allocated to the participating plan under which the benefits are covered.

At December 31, 2023, the Plan held no interest in the net assets of the Master Trust. Investment gains (losses) and expenses were allocated to the Plan based upon its pro rata share in the assets of the Master Trust. The following represents the related income for the year ended December 31, 2023:

Investment income:	
Interest and dividends	\$ 1,181,064
Net appreciation in fair value of investments	<u>26,711,660</u>
Total investment income	<u>\$ 27,892,724</u>
Total investment income allocated to the Plan	<u>\$ 149,816</u>

At December 31, 2023, there were no Master Trust other assets or other liability balances other than non-interest bearing cash of \$1,580,270.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 4 - Investments certified:

During 2022, the Bank of New York provided certified statements for the Plan. Management has determined that Bank of New York was a qualified institution and the information prepared and certified by Bank of New York met the requirements of ERISA Section 103(a)(3)(C). Information disclosed in the accompanying financial statements, including investments held at December 31, 2022, and net depreciation in fair value of investments for the year ended December 31, 2022, was obtained or derived from information supplied to the Plan Sponsor and certified as complete and accurate by Bank of New York.

Note 5 - Investment valuation:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB Accounting Standards Codification No. 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Master Trust and the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 5 - Investment valuation - continued:

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets and liabilities measured at fair value. There have been no changes in the methodologies used at December 31, 2023 and 2022.

- Investments in common/collective trust funds are valued at NAV provided by the fund's trustee as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.
- Alternative funds include hedge funds valued at the NAV per share multiplied by the number of shares held as of the measurement date. The net asset values are not publicly reported and the funds are valued at the NAV as a practical expedient. The underlying investment strategies of the alternative funds vary but represent a balanced approach and are generally comprised of domestic equity, international equity, emerging markets, global equity and fixed income allocations.

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

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 5 - Investment valuation - continued:

The following table set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2023:

	2023			Plan's Share In Master Trust
	Total Master Trust's Net Assets at Fair Value			
	Level 1	Level 2	Total	
Common/collective trust funds	\$ -	\$ 172,907,592	\$ 172,907,592	\$ -
Total investments, in the fair value hierarchy	<u>\$ -</u>	<u>\$ 172,907,592</u>	\$ 172,907,592	\$ -
Investments measured at NAV*				
Alternative funds			97,030,727	-
Total investments, at fair value			<u>\$ 269,938,319</u>	<u>\$ -</u>

The following tables summarize the alternative funds in the Master Trust measured at fair value based on NAV per share as of December 31, 2023:

December 31, 2023	Fair Value	Unfunded Commitment	Redemption	
			Frequency	Notice Period
NEPC Global Equity Series LLC	\$ 27,469,288	\$ -	Daily	N/A
NEPC Emerging Markets Equity Series LLC	11,261,863	-	Daily	N/A
NEPC Div Credit Series LLC	4,285,116	-	Daily	N/A
NEPC US Small Capital Equity Series LLC	9,225,249	-	Daily	N/A
Axiom Intl SM Cap	3,490,679	-	Monthly	3 Days
CL C1537 SEG Partners Offshore	3,074,449	-	Quarterly	60 Days
400 Capital Credit Opportunities Fund LTD	4,010,785	-	Quarterly	60 Days
Caxton Global Investments Instl Limited	3,606,782	-	Quarterly	45 Days
Davidson Kempner International	3,634,054	-	Quarterly	14 Days
Kennedy Lewis Capital Partners Offshore Fund	3,943,515	454,207	*Illiquid	N/A
Whitehorse Liquidity Partners (Offshore) IV LP	2,145,300	853,276	*Illiquid	N/A
MGG SF Evergreen Fund	5,315,543	639,917	Quarterly	90 Days
Wellington Opportunistic Fixed Income Fund	-	-	Monthly	10 Days
CVI Credit Value Fund B V LP	2,721,068	1,050,000	*Illiquid	N/A
WTC CFT II US Investment Grade	<u>12,847,036</u>	<u>-</u>	Quarterly	45 Days
Total	<u>\$ 97,030,727</u>	<u>\$ 2,997,400</u>		

*Subject to General Partner discretion.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 5 - Investment valuation - continued:

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2022:

	Plan Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 11,279,447	\$ -	\$ -	\$ 11,279,447
Common/Collective trust funds	-	139,304,918	-	139,304,918
Total investments, in the fair value hierarchy	<u>\$ 11,279,447</u>	<u>\$ 139,304,918</u>	<u>\$ -</u>	\$ 150,584,365
Investments measured at NAV*				
Alternative funds				<u>109,420,648</u>
Total investments at fair value				<u>\$ 260,005,013</u>

*In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following tables summarize the alternative funds in the Plan measured at fair value based on NAV per share as of December 31, 2022:

December 31, 2022	Fair Value	Unfunded Commitment	Redemption	
			Frequency	Notice Period
GQG Partners Global Equity CIT Fund - Class D	\$ 14,615,731	\$ -	Weekly	3 Days
MGG SF Evergreen Fund	3,955,851	1,945,510	Quarterly	90 Days
Lindsell Train Global Equity LLC	10,978,010	-	Monthly	14 Days
William Blair Emerging Markets Growth Fund	10,419,225	-	Monthly	5 Days
Axiom Intl SM Cap	6,028,852	-	Monthly	3 Days
CL C1537 SEG Partners Offshore	3,289,593	-	Quarterly	60 Days
400 Capital Credit Opportunities Fund LTD	4,595,113	-	Quarterly	60 Days
Caxton Global Investments Instl Limited	3,651,541	-	Quarterly	45 Days
Davidson Kempner International	4,418,765	-	Quarterly	14 Days
Kennedy Lewis Capital Partners Offshore Fund	3,418,330	646,399	*Illiquid	N/A
Whitehorse Liquidity Partners (Offshore) IV LP	2,098,523	1,169,769	*Illiquid	N/A
WTC CFT SM CAP 2000	8,241,551	-	Quarterly	45 Days
Wellington Opportunistic Fixed Income Fund	7,172,049	-	Monthly	10 Days
CVI Credit Value Fund B V LP	2,319,073	1,225,000	*Illiquid	N/A
WTC CFT II US Investment Grade	<u>24,218,441</u>	<u>-</u>	Quarterly	45 Days
Total	<u>\$ 109,420,648</u>	<u>\$ 4,986,678</u>		

*Subject to General Partner discretion.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 6 - Commitments:

As discussed in Note 5, the Master Trust invests in certain alternative funds valued at NAV for which no quoted market prices exist. In connection with these investments, the Master Trust had future capital commitments totaling approximately \$2,997,000 as of December 31, 2023.

As discussed in Note 5, the Plan invests in certain alternative funds valued at NAV for which no quoted market prices exist. In connection with these investments, the Plan had future capital commitments totaling approximately \$4,987,000 as of December 31, 2022.

Note 7 - Party-in-interest transactions:

Certain investments in the Master Trust and Plan include mutual funds, common/collective trust funds, and alternative investments managed by the Plan's trustee, Bank of New York. These transactions are party-in-interest transactions under ERISA.

Note 8 - Actuarial present value of accumulated plan benefits:

Company contributions to the Plan and the present value of accumulated plan benefits are determined by the Plan's actuary, Mercer. The actuarial cost method used in determining the Company's contribution is the traditional unit credit cost method for funding contribution purposes.

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service the employees have rendered to date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances: retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date. The effect of Plan amendments on accumulated plan benefits is recognized in the year in which such amendments become effective.

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

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 8 - Actuarial present value of accumulated plan benefits - continued:

The actuarial present value of accumulated plan benefits as of December 31, 2022 is:

Vested benefits:

Participants and/or beneficiaries currently receiving benefits	\$ -
Inactive participants	200,665
Active participants	<u>1,119,841</u>

Total vested benefits 1,320,506

Nonvested benefits 22,273

Total actuarial present value of accumulated plan benefits \$ 1,342,779

Changes in the actuarial present value of accumulated plan benefits from January 1, 2022 to December 31, 2022, are as follows:

Actuarial present value of accumulated plan benefits at January 1, 2022 \$ 311,376,558

Increase (decrease) during the year attributable to:

Increase for interest due to decrease in discount period	15,873,584
Benefits accumulated and plan experience	171,911
Benefits paid	(11,289,852)
Other Changes	(278,105,734)
Change in assumptions	<u>(36,683,688)</u>

Net decrease (310,033,779)

Actuarial present value of accumulated plan benefits at December 31, 2022 \$ 1,342,779

The significant actuarial assumptions used in the valuation as of January 1, 2023 are as follows:

- Assumed rates of return on investments of 6.25%.
- Varying rates of retirement from age 55 to 75.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 8 - Actuarial present value of accumulated plan benefits - continued:

- Healthy and disabled Emory participants and healthy DeKalb participants - Assumed mortality (PRI-2012 total sex-distinct, separate employees, and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments applied with further improvement using projection scale MP-2021).
- Disabled DeKalb participants - Assumed mortality (PRI-2012 disabled retiree tables with no collar adjustments applied.)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023. Had the valuations been performed as of December 31 there would be no material differences.

Note 9 - Plan termination:

This Plan was terminated effective December 31, 2022 with all assets being distributed by December 31, 2023.

The net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits from voluntary employee contributions.
- Benefits from mandatory employee contributions.
- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or annuity benefits that employees eligible to retire for that three-year period would have been receiving had they begun to receive benefit payments three years prior to the date of the Plan termination. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- Other vested benefits insured by the PBGC, a U.S. governmental agency, up to the applicable limitations discussed below.

THE EMORY HEALTHCARE, INC. RETIREMENT PLAN

Notes to Financial Statements - Continued

December 31, 2023 and 2022

Note 9 - Plan termination - continued:

- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All nonvested benefits.

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

Note 10 - Tax status:

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated May 12, 2020, that the Plan is designed in accordance with the applicable provisions of the Internal Revenue Code (IRC). The Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified, and the related trust is tax-exempt and no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed tax positions taken by the Plan, and has concluded that as of December 31, 2023 and 2022, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										Total
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	
Under 25											
25–29											
30–34		4									4
35–39	7	65 914	7								79
40–44	8	98 814	17								123
45–49	13	100 685	9	1							123
50–54	7	47 478	6	1							61
55–59	1	28 347	5	4							38
60–64		16	2								18
65–69		6									6
70 & up											
Total	36	364	46	6							452

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is average frozen benefit. The average frozen benefit is not shown for cells with less than 20 participants. Credited service has been frozen as of December 31, 2011 for Emory participants, and as of December 31, 2008 for DeKalb participants.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions for January 1, 2023 funding valuation

Discount rate sponsor elections		
• Segment rates or full yield curve	Full Yield Curve	
Mortality sponsor elections		
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are derived from the RP-2014 Employee and Healthy Annuitant mortality tables, adjusted backed to the 2006 base year by removing presumed improvement with the MP-2014 scale and then applying the MP-2021 improvement scale to project forward pursuant to IRS regulation.	
• Disabled participants	Same as for the healthy participants.	
Other economic assumptions		
• Salary increases	Not applicable	
• Flat-dollar benefit increases	Not applicable	
• Social Security taxable wage base increases	Not applicable	
• Inflation	2.20%	
• Expected investment return	6.25% per year for 2022	
• Expenses	51,000 added to current year normal cost	
Demographic assumptions		
• Withdrawal	See table of sample rates.	
• Disability incidence		
- Emory	None.	
- DeKalb	1985 Pension Disability Table, Class 1 (see sample rates)	
• Retirement age	Attained age	Male/Female
	55	4.50%
	56	4.50%
	57	4.50%
	58	5.00%
	59	5.00%
	60	5.00%
	61	5.00%
	62	12.00%
	63	12.00%
	64	12.00%
	65	28.00%
	66	28.00%
	67	28.00%
	68	28.00%
	69	28.00%
	70	28.00%
	71	28.00%
	72	28.00%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

	73	28.00%	
	74	28.00%	
	75+	100.00%	
• Benefit commencement age for			
- Future vested deferred	64		
- Current vested deferred	64		
• Spouse assumptions			
	Male participants	Female participants	
- Emory			
- Percentage married	100%	100%	
- Spouse age difference	3 years younger	3 years older	
- DeKalb			
- Percentage married	80%	60%	
- Spouse age difference	3 years younger	3 years older	
Form of payment	50% Joint and survivor	100% Joint and survivor	Single Life Annuity¹
• Active retirements	15%	20%	65%
• Future vested deferred	15%	20%	65%
• Future disabilities	15%	20%	65%
• Future deaths - Emory	0%	100%	0%
• Future deaths - DeKalb	100%	0%	0%
• Current vested deferred	15%	20%	65%
Unpredictable contingent event assumptions	Not applicable		

¹ For DeKalb participants, this is a 5-year certain & life annuity.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample withdrawal rates**

Attained Age	Percentage
25	12.60%
30	8.54%
35	6.09%
40	4.83%
45	4.27%
50	3.92%
55	3.08%
60	2.38%

Table of DeKalb sample disability rates

Attained Age	Percentage	
	Male	Female
20	.029%	.030%
25	.038%	.047%
30	.048%	.080%
35	.069%	.136%
40	.117%	.211%
45	.202%	.323%
50	.358%	.533%
55	.722%	.952%
60	1.256%	1.159%

Rationale for economic assumptions

The **expected investment return** is based on the median simulated investment return using capital market assumptions published by Mercer Investment Consulting's Capital Market Outlook for the plan's target asset mix, net of 20 basis points for investment expenses assumed to be paid from plan assets.

For funding purposes, the assumed plan-paid expenses for the upcoming plan year are equal to prior year actual expenses less the PBGC premium, adjusted for inflation, plus the PBGC premium for the upcoming year.

The **inflation rate** used to adjust administrative expenses is based on the long-term inflation assumption published in Mercer Investment Consulting's January 2023 Capital Markets Outlook.

Rationale for demographic assumptions

The **withdrawal rates** are based on an experience study undertaken in 2022 using data from 2018 through 2021.

The **retirement rates** are based on an experience study undertaken in 2022 using data from 2018

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

through 2021.

The **optional form of payment** elections are based on an experience study undertaken in 2022 using data from 2018 through 2021.

The **disability incidence** table - applicable for DeKalb group only - is based on the Conference of Consulting Actuaries 1985 Pension Disability Study Class 1 rates because the plan's disability requirements are tied to Social Security Disability, which was the basis of the 1985 study. Assumed mortality is similarly aligned to a population eligible for Social Security Disability benefits.

Actuarial methods for funding

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Effective December 31, 2022, the Emory Healthcare, Inc. Retirement Plan 2 was spun off from the Emory Healthcare, Inc. Retirement Plan. Active and deferred vested participants, who were not subject to a qualified domestic relations order, with a lump sum value less than \$5,000 in 2023 remained in the Emory Healthcare, Inc. Retirement Plan. The spinoff was a reverse *de minimis* spinoff (where the larger plan was the spunoff plan), and as such, the Emory Healthcare, Inc. Retirement Plan 2 retained the prior bases in determining the actuarial value of assets.

The market value of assets is the amount reported in the year end trustee statements plus discounted receivable contributions.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan administrator, CBIZ, at the direction of the plan sponsor, Emory Healthcare, Inc. provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Minimum funding methods**

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

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

A Name of plan EMORY HEALTHCARE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF EMORY HEALTHCARE, INC.	D Employer Identification Number (EIN) 58-2137993	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value.....	2a	2,094,240
	b Actuarial value.....	2b	2,094,240
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	0	0
	b For terminated vested participants.....	75	275,138
	c For active participants.....	452	1,566,723
	d Total.....	527	1,841,861
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions.....	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	4.93%
6	Target normal cost		
	a Present value of current plan year accruals.....	6a	0
	b Expected plan-related expenses.....	6b	51,000
	c Target normal cost.....	6c	51,000

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

SIGN HERE	<u>Melissa C. Panarese</u> Signature of actuary	<u>10/14/2024</u> Date
	MELISSA C. PANARESE Type or print name of actuary	2306208 Most recent enrollment number
	MERCER Firm name	404-442-3100 Telephone number (including area code)
	3560 LENOX ROAD SUITE 2400 ATLANTA GA 30326 Address of the firm	

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

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

Schedule SB (Form 5500) 2023
v. 230728

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	15,953,515	1,106,575
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9 Amount remaining (line 7 minus line 8).....	15,953,515	1,106,575
10 Interest on line 9 using prior year's actual return of <u>-24.47%</u>	-3,903,825	-270,779
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	12,049,690	835,796

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	112.71%
15 Adjusted funding target attainment percentage.....	15	112.71%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	113.31%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b

22 Weighted average retirement age **22** 64

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	51,000
b Excess assets, if applicable, but not greater than line 31a	31b	51,000

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement.....	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

Schedule SB, line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the respective table of retirement rates for their plan. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 64.

(A) Age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	4.50%	10,000.00	450.00	24,750.00
56	4.50%	9,550.00	429.75	24,066.00
57	4.50%	9,120.25	410.41	23,393.44
58	5.00%	8,709.84	435.49	25,258.53
59	5.00%	8,274.35	413.72	24,409.32
60	5.00%	7,860.63	393.03	23,581.89
61	5.00%	7,467.60	373.38	22,776.17
62	12.00%	7,094.22	851.31	52,780.98
63	12.00%	6,242.91	749.15	47,196.41
64	12.00%	5,493.76	659.25	42,192.10
65	28.00%	4,834.51	1,353.66	87,988.10
66	28.00%	3,480.85	974.64	64,326.07
67	28.00%	2,506.21	701.74	47,016.51
68	28.00%	1,804.47	505.25	34,357.14
69	28.00%	1,299.22	363.78	25,100.92
70	28.00%	935.44	261.92	18,334.59
71	28.00%	673.52	188.59	13,389.49
72	28.00%	484.93	135.78	9,776.21
73	28.00%	349.15	97.76	7,136.63
74	28.00%	251.39	70.39	5,208.77
75	100.00%	181.00	181.00	13,574.97
Total			10,000.00	636,614.24
Average				63.66

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions for Emory participants**

Effective date and plan year	Original plan: January 1, 2003 Restated plan: Effective December 31, 2019 Plan year: January 1 – December 31 Fiscal year: September 1 – August 31
Status of the plan	The plan was closed to new participants effective May 1, 2011. Benefit accruals for all participants were frozen on December 31, 2011. The DeKalb Regional Health Care Systems, Inc. Retirement Plan merged into the Emory Healthcare, Inc. Retirement Plan effective December 31, 2019.
Significant events that occurred during the year	Effective December 31, 2022, the Emory Healthcare, Inc. Retirement Plan 2 was spun off from the Emory Healthcare, Inc. Retirement Plan. Active and deferred vested participants, who were not subject to a qualified domestic relations order, with a lump sum value less than \$5,000 in 2023 remained in the plan. The Emory Healthcare, Inc. Retirement Plan was terminated on May 31, 2023 – the Plan Termination Date – with benefits for all remaining plan participants to be paid out in August 2023. No benefits are due under the current plan effective August 31, 2023.
Definitions	
• Covered employees	All employees except those who are leased employees or hired as 'PRN' as of December 22, 2002.
• Participation	First day of the month coincident with or following attainment of age 21 and completion of 1,000 hours of service in a 12-month period. Employees whose job classification is "PRN" as of December 22, 2002 are not eligible to participate in the Emory Healthcare, Inc. Retirement Plan.
• Employee contributions	None.
• Vesting service	A year of vesting service is granted for 1,000 Hours of Service during a calendar year. Anyone who was an employee on January 1, 2003 is 100% vested. Accrued benefits for all remaining plan participants were fully vested as of the Plan Termination Date.
• Pensionable earnings	Compensation considered under the plan is total pay before salary reduction under Section 125, 132(t), 401(k), or 403(b) of the Internal Revenue Code but excluding bonuses, overtime, special payments, fees, and allowances. Compensation is limited to the 401(a)(17) limit of \$245,000 per year in effect when benefit accruals were frozen.
• Accrued benefit	Annual Accrual: - Greater of (a) or (b), as follows: (a) the sum of Annual Accruals - 1.1% of Pensionable earnings, plus 0.5% of Pensionable earnings in excess of Covered Compensation (b) \$780 per year Benefit accruals for all participants were frozen on December 31, 2011
Normal retirement	
• Eligibility	Later of age 65 and fifth anniversary of participation

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued benefit
Early retirement	
• Eligibility	Age 55 and 10 years of vesting service
• Benefit	Accrued benefit reduced by 5% for each year early retirement precedes normal retirement date
Late retirement	
• Eligibility	Retirement past normal retirement
• Benefit	Greater of (a) or (b), as follows: (a) Accrued benefit (b) Actuarial Equivalent of the accrued benefit at Normal Retirement Date
Deferred vested	
• Eligibility	5 years of Vesting Service
• Benefit	Accrued benefit based on Vesting Service to date of termination.
Pre-retirement death	
• Eligibility	5 years of Vesting Service
• Benefit	A monthly benefit is payable for the life of the spouse in the event of a participant's death and commencing at the later of the date the participant would have been age 55 or date of death. The benefit is 100% of the member's accrued benefit payable at normal retirement reduced for form of payment and reduced/increased for early or late commencement.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity
• Automatic form for married participants	Joint and 100% Survivor annuity.
• Optional forms	Life Annuity 50% joint and survivor annuity 75% joint and survivor annuity 100% joint and survivor annuity Lump Sum up to \$10,000
• Optional form conversion factors	For annuities, the mortality table described in Rev. Rul. 2001-62 and a 5.0% interest rate. For lump sums, the mortality table and interest rates described in IRC Section 417(e), using a 4-month lookback.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415 in effect when plan benefits were frozen.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions for DeKalb participants**

Effective date and plan year	Original plan: October 1, 1969 Restated plan: Effective December 31, 2019 Plan year: January 1 - December 31 Fiscal Year: September 1 - August 31
Status of the plan	Effective December 31, 2008, benefit accruals were frozen for all plan participants and new employees are not eligible to participate. The DeKalb Regional Health Care Systems, Inc. Retirement Plan merged into the Emory Healthcare, Inc. Retirement Plan effective December 31, 2019.
Significant events that occurred during the year	Effective December 31, 2022, the Emory Healthcare, Inc. Retirement Plan 2 was spun off from the Emory Healthcare, Inc. Retirement Plan. Active and deferred vested participants, who were not subject to a qualified domestic relations order, with a lump sum value less than \$5,000 in 2023 remained in the plan. The Emory Healthcare, Inc. Retirement Plan was terminated on May 31, 2023 – the Plan Termination Date – with benefits for all remaining plan participants to be paid out in August 2023. No benefits are due under the current plan effective August 31, 2023.

Definitions

• Covered employees	All employees except those covered by a collective bargaining agreement, independent contractors, or leased employees.
• Participation	First day of the month coincident with or following attainment of age 21 and completion of 1,000 hours of service in a 12-month period.
• Employee contributions	None.
• Vesting service	All years of service where a year of service is calculated as defined in the Plan according to the “1,000 hour” rule. After December 31, 2008, existing plan participants can get service for vesting purposes only. Accrued benefits for all remaining plan participants were fully vested as of the Plan Termination Date.
• Pensionable earnings	All compensation reported on IRS Form W-2, including overtime, shift differential, commissions, and bonuses for which the participant is eligible to accrue or to be credited with a year of credited service.
• Average monthly earnings	Total earnings for the 5 consecutive years during the last 10 years of employment when your earnings were the highest, divided by the number which is 60 less the number of months not actively employed by DeKalb or an affiliated employer. For employees with less than 5 years of employment at termination, Average monthly earnings will equal the total earnings from your period of employment divided by the number of complete months of employment.

Normal retirement

• Eligibility	Later of age 65 and fifth anniversary of plan participation.
• Benefit	The amount of the Normal Retirement Benefit shall be the sum of (a) and (b). a. The participant’s accrued benefit for Plan Years ending before January 1, 2005 is calculated as follows: [(i) + (ii)] x (iii), based on descriptions below: i. 1.1% of Average Monthly Earnings up to Covered Compensation. ii. 1.7% of Average Monthly Earnings in excess of Covered Compensation.

Schedule SB, Part V — Summary of Plan Provisions

iii. Years of Credited Service earned prior to January 1, 2005, up to a maximum of 25 years.

b. The participant's accrued benefit for Plan Years beginning after December 31, 2004, is calculated as follows: [(i) + (ii)], based on descriptions below:

i. 0.5% of Average Monthly Earnings.

ii. Years of Credit Service earned after December 1, 2004.

Employees with at least 25 years of Credited Service as of December 31, 1997, and who so elected, remain under the old plan formula of 1.0% of Average Monthly Earnings times Credited Service plus 0.6% of Average Monthly Earnings in excess of the participant's Covered Compensation for each year of Credited Service to a maximum of 35 years.

Effective December 31, 2008, benefit accruals were frozen for all plan participants.

Early retirement

• Eligibility	Age 55 and 10 years of vesting service
• Benefit	Accrued benefit based on Credited Service to the date of Early Retirement. The benefit is reduced 6 2/3% per year for each of the first five years and 3 1/3% per year for each additional year which precedes the participant's Normal Retirement Date. For participants in the Plan as of December 31, 1997, the non-integrated portion of the benefit is not reduced if the participant completed 35 years of Credited Service.

Late retirement

• Eligibility	Retirement past normal retirement.
• Benefit	Normal retirement adjusted for late retirement.

Deferred vested

• Eligibility	5 years of Vesting Service
• Benefit	Accrued benefit based on Credited Service to date of termination.

Disability

• Eligibility	2 years of continuous employment.
• Benefit	Accrued benefit based on Credited Service at Normal Retirement Date, but assuming pay continues at the same level as that at the time of disability. This benefit is frozen at December 31, 2008 and is payable at age 65.

Pre-retirement death

• Eligibility	5 years of Vesting Service.
• Benefit	A monthly benefit is payable for the life of the spouse in the event of a participant's death and commencing at the later of the date the participant would have been age 55 or date of death. The benefit is 50% of the member's accrued benefit payable at normal retirement reduced for form of payment and reduced/increased for early or late commencement.

Form of benefits

• Automatic form for unmarried participants	Life Annuity with five years of payments guaranteed for participants in the Plan who terminated on or after January 1, 1998.
---	--

Schedule SB, Part V — Summary of Plan Provisions

	Life Annuity for participants in the Plan who terminated prior to January 1, 1998.
• Automatic form for married participants	Joint and 50% Survivor annuity.
• Optional forms	Life Annuity, Joint and Survivor (50%, 75%, or 100%), and Certain and Life Annuity (10 or 15 years). Non-elective lump sum payment if the actuarial equivalent sum of the benefit does not exceed \$5,000.
• Optional form conversion factors	The better of the mortality table described in Rev. Rul. 2001-62 and a 5.0% interest rate, or 1984 Unisex Pension Mortality Table and a 7.5% interest rate.
Miscellaneous	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415 in effect December 31, 2008 when plan benefits were frozen.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through the most recent plan amendment provided below, are included in this valuation:

- **Most recent plan amendments included:**

- Effective December 31, 2022, the plan was amended to spin off the Emory Healthcare, Inc. Retirement Plan 2 from the Emory Healthcare, Inc. Retirement Plan. Active and deferred vested participants, who were not subject to a qualified domestic relations order, with a lump sum value less than \$5,000 in 2023 remained in the plan.
- The Emory Healthcare, Inc. Retirement Plan was terminated on May 31, 2023 – the Plan Termination Date – with benefits for all remaining plan participants to be paid out in August 2023.

- **Plan amendments excluded:** None

- **Late retirement increased:**

- *Active participants:* The plan applies late retirement actuarial increases for all participants who defer retirement beyond their normal retirement date and this valuation includes those increases.
- *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding**Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**

Schedule SB, Part V — Summary of Plan Provisions

- *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
- *Plan amendments:* See above.
- *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Plan provision changes since prior valuation

- Effective December 31, 2022, the plan was amended to spin off the Emory Healthcare, Inc. Retirement Plan 2 from the Emory Healthcare, Inc. Retirement Plan. Active and deferred vested participants, who were not subject to a qualified domestic relations order, with a lump sum value less than \$5,000 in 2023 remained in the plan.
- The Emory Healthcare, Inc. Retirement Plan was terminated on May 31, 2023 – the Plan Termination Date – with benefits for all remaining plan participants to be paid out in August 2023.

Schedule SB, line 24 — Change in Actuarial Assumptions

- Interest discount was switched from PPA segment rates to full yield curve
- The expense assumption changed from \$3,615,000 to \$51,000.