

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan EMORY HEALTHCARE, INC. RETIREMENT PLAN MASTER TRUST
1b Three-digit plan number (PN) 004
1c Effective date of plan
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) EMORY HEALTHCARE, INC. SUITE 518, W.W. ORR BLDG 550 PEACHTREE ST.,NE ATLANTA, GA 30308-2209
2b Employer Identification Number (EIN) 58-2137993
2c Plan Sponsor's telephone number 404-686-6039
2d Business code (see instructions)

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

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

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

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 MASTER TRUST	B Three-digit plan number (PN) ▶	004
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 Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MERCER CONSULTING GROUP LLC

13-2618206

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	433901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CBIZ TAX AND ADVISORY SERVICES

36-4256931

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
65	NONE	280855	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	269374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WELLINGTON TRUST COMPANY NA

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	118046	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	64840	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KILPATRICK TOWNSEND & STOCKTON

58-0511774

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	46943	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BLACKROCK INSTITUTIONAL TRUST

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	40064	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRAZIER & DEETER LLC

58-1433845

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	26800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STATE STREET BANK AND TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	14972	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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 MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>004</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: NEPC DIV CREDIT CIT

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

c EIN-PN <u>86-6497312-000</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>4285116</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC EMERGING MARKETS EQUITY CIT -

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

c EIN-PN <u>86-6497312-000</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>11261863</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC GLOBAL EQUITY CIT

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

c EIN-PN <u>86-6497312-000</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>27469288</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NEPC US SMALL CAP EQUITY CIT CLASS

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

c EIN-PN <u>86-6497312-000</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>9225249</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AXIOM INTERNATIONAL SMALL CAP EQUIT

b Name of sponsor of entity listed in (a): AXIOM INTERNATIONAL INVESTORS, LLC

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>3490679</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: CAXTON GLOBAL CLASS T-1 SHARES B

b Name of sponsor of entity listed in (a): CAXTON ASSOCIATES LP

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>3606782</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIDSON KEMPNER INTERNATIONAL

b Name of sponsor of entity listed in (a): DAVIDSON KEMPNER CAPITAL MANAGEMENT LP

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>3634054</u>
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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) 14611771
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) 47286339
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 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) 5681397
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 27-4520291-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54280546
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 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) 15449466
a Name of MTIA, CCT, PSA, or 103-12 IE: SEGPART C1S1 SEG PARTNERS OFFSHORE		
b Name of sponsor of entity listed in (a): SELECT EQUITY GROUP LP.		
c EIN-PN 98-1007715-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3074449
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) 4010785
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) 12847036
a Name of MTIA, CCT, PSA, or 103-12 IE: MSCI EAFE INDEX - NL RETIREMENT PLA		
b Name of sponsor of entity listed in (a): MSCI EAFE INDEX - NL RETIREMENT PLAN MASTER TRUST		
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) 6726088
a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CTF 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: **WILLIAM BLAIR EMERGING MKTS GROWTH**

b Name of sponsor of entity listed in (a): **WILLIAM BLAIR COLLECTIVE INVESTMENT TRUST**

c EIN-PN 27-6331814-000	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: **RUSSELL SMALL CAP COMPLETENESS**

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
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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: **ARTISAN GLOBAL OPPORTUNITIES TRUST**

b Name of sponsor of entity listed in (a): **ARTISAN PARTNERS LIMITED PARTNERSHIP**

c EIN-PN 45-4916464-000	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: **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
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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 & 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
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a Name of MTIA, CCT, PSA, or 103-12 IE: **LINSELL TRAIN GLOBAL EQUITY LLC**

b Name of sponsor of entity listed in (a): **LINSELL 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
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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	EMORY HEALTHCARE, INC. RETIREMENT PLAN	
b Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-001

a Plan name	EMORY HEALTHCARE, INC. RETIREMENT PLAN 2	
b Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-003

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 EMORY HEALTHCARE, INC. RETIREMENT PLAN MASTER TRUST	B Three-digit plan number (PN) ▶ 004
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	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)	262927330	8505
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	8793
(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)	0	42735980
(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)	0	174699391
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	52241516
(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)	0	1571477
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	261432

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	271527094
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	262927330	271527094

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)	6673	
(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)		
(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)	9833	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	5000000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6285131	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)	15818824	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		9355627
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		3472426
(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)		139538
c Other income.....	2c		365807
d Total income. Add all income amounts in column (b) and enter total.....	2d		27883597

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	0	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	280855	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	26800	
(5) Investment advisory and investment management fees.....	2i(5)	442455	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	64840	
(7) Actuarial fees.....	2i(7)	433901	
(8) Legal fees.....	2i(8)	46943	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	3819854	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5115648
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5115648

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22767949
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		14168185

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

e Was this plan covered by a fidelity bond?

f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

l Has the plan failed to provide any benefit when due under the plan?

m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

	Yes	No	Amount
4a			
4b		X	
4c		X	
4d		X	
4e			
4f			
4g			
4h			
4i	X		
4j	X		
4k			
4l			
4m			
4n			

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

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

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

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

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

Single Transactions in Excess of Five Percent of Plan Assets



EHC DB PLAN - EU2G10000000

01/01/23 - 06/30/23

EMORY UNIVERSITY

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
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5% VALUE : 18,278,827.95

*** NO ACTIVITY FOR THIS PERIOD ***

Series of Transactions in Excess of Five Percent of Plan Assets



EHC DB PLAN - EU2G10000000

01/01/23 - 06/30/23

EMORY UNIVERSITY

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		18,278,827.95					
16	996229704	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	12,172,597.320	0.00	12,172,597.32	12,172,597.32	0.00
36	996229704	BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	15,182,737.250	15,182,737.25	0.00	0.00	0.00

Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400



BNY MELLON

Status: FINAL

EHC MASTER TRUST - EU6G10000000

01/01/23 - 12/31/23

EMORY UNIVERSITY

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :	0.00							

* * * NO ACTIVITY FOR THIS PERIOD * * *

Series of Transactions in Excess of Five Percent of Plan Assets



EHC MASTER TRUST - EU6G1000000

01/01/23 - 12/31/23

EMORY UNIVERSITY

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		0.00					

*** NO ACTIVITY FOR THIS PERIOD ***

Summary of Investments at End of Plan Year at Revalued Cost

Report ID: M1102ES



Status: FINAL

EHC MASTER TRUST - EU6G10000000

01/01/23 - 12/31/23

EMORY UNIVERSITY

Description	Cost	Market Value	Unrealized Gain/Loss
GENERAL INVESTMENTS			
INTEREST-BEARING CASH	8,792.89	8,792.89	0.00
PARTNERSHIP/JOINT VENTURE INTEREST	42,727,365.07	42,735,980.17	8,615.10
TOTAL GENERAL INVESTMENTS	42,736,157.96	42,744,773.06	8,615.10
CERTAIN INVESTMENT ARRANGEMENTS			
COMMON/COLLECTIVE TRUST	184,596,375.72	174,960,823.22	-9,635,552.50
MASTER TRUSTS	48,748,901.47	52,241,515.86	3,492,614.39
REGISTERED INVESTMENT COMPANIES	1,571,477.31	1,571,477.31	0.00
TOTAL CERTAIN INVESTMENT ARRANGEMENTS	234,916,754.50	228,773,816.39	-6,142,938.11
GRAND TOTALS	277,652,912.46	271,518,589.45	-6,134,323.01

Schedule of Investments at End of Plan Year at Revalued Cost

Report ID: M1102E



Status: FINAL

EHC MASTER TRUST - EU6G10000000

01/01/23 - 12/31/23

EMORY UNIVERSITY

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
EU6F88009202	996087094 BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	8,792.890	8,792.89	8,792.89	0.00
TOTAL INTEREST-BEARING CASH			8,792.89	8,792.89	0.00
PARTNERSHIP/JOINT VENTURE INTEREST					
EU6F88012702	99VVCT4J9 TSY US10 YR KEY RATE DUR NL FD A	4,673,133.435	30,414,869.07	28,610,553.81	-1,804,315.26
EU6F88013402	99VVCBRT1 KLCP OFFSHORE FUND LP	3,943,515.120	3,045,793.00	3,943,515.12	897,722.12
EU6F88013502	99VVCFP23 CVI CREDIT VALUE FUND B V LP	2,721,068.000	2,450,000.00	2,721,068.00	271,068.00
EU6F88013602	99VVB7DS8 WHITEHORSE LIQ PTNS OFFSHR IV	2,145,300.240	1,456,620.00	2,145,300.24	688,680.24
EU6F88013702	99VVBMLM9 MGG SF EVERGREEN FD CAYMAN LP	5,315,543.000	5,360,083.00	5,315,543.00	-44,540.00
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			42,727,365.07	42,735,980.17	8,615.10
COMMON/COLLECTIVE TRUST					
EU6F88009202	99VVCCA91 EMORY HEALTHCARE RETIREMENT RECLAIM	26,435.219	264,352.19	261,432.00	-2,920.19
EU6F88009402	99VVB8KA7 LNG DUR CORP CR SCREEN NONLEND FND BRBBRL27 - EU2	2,931,386.691	58,955,371.22	54,280,545.98	-4,674,825.24
EU6F88009702	99VVBLA19 S&P 500 (R) FLAGSHIP NL FUND (CM13)	12,107.134	12,646,733.81	15,449,465.73	2,802,731.92
EU6F88009802	99VVCAMD3 MSCI EAFE 100 PERCENT HEDGED TD USD GH NDX NL FD (ZVDR)	291,533.087	4,769,085.74	5,681,396.80	912,311.06
EU6F88010502	99VVCAXX9 AXIOM INT SMALL CAP EQUITY TRUST CL 2	3,490,678.590	3,498,707.48	3,490,678.59	-8,028.89
EU6F88011502	99VVCCK45 LONG U.S. TREASURY INDX NL FUND CM1NNON	2,120,083.347	60,349,294.41	47,286,338.97	-13,062,955.44
EU6F88011702	99VVCB4H2 SEGPART C1S1 SEG PARTNERS OFFSHORE	3,074,449.240	2,731,878.98	3,074,449.24	342,570.26
EU6F88011802	99VVCSS01 CAXTON GLOBAL CLASS T-I SHARES B	3,606,782.120	2,756,694.19	3,606,782.12	850,087.93
EU6F88011902	99VVCB9M6 TRANCHE A - SERIES 172 400 CAPITAL CREDIT OPPORTUNITIES	4,010,785.390	3,143,149.83	4,010,785.39	867,635.56
EU6F88012002	99VVB97A0 DAVIDSON KEMPNER INTERNATIONAL (BVI) LTD DKIL (BVI) - CL C	3,634,053.696	3,105,705.64	3,634,053.70	528,348.06
EU6F88012302	99VVCNPH3 EU2 SSGA FTSE RAFI US	358,993.936	13,284,633.17	14,611,771.18	1,327,138.01
EU6F88012402	999F34561 MSCI EAFE INDEX - NL	51,499.072	6,299,748.46	6,726,087.80	426,339.34
EU6F88012602	99VVC SKH7 WTC CIF II US INVESTMENT GRADE INTERMEDIATE CORPORATE	12,847,035.720	12,791,020.60	12,847,035.72	56,015.12
TOTAL COMMON/COLLECTIVE TRUST			184,596,375.72	174,960,823.22	-9,635,552.50
MASTER TRUSTS					
EU6F66807002	99VVCYZK1 NEPC DIV CREDIT CIT	406,557.496	4,063,367.01	4,285,116.01	221,749.00
EU6F87363502	99VVCZ695 NEPC GLOBAL EQUITY CIT	2,640,186.067	25,500,000.00	27,469,287.90	1,969,287.90
EU6F87363602	99VVCZ7A1 NEPC EMERGING MARKETS EQUITY CIT - CLASS A	1,332,859.482	10,685,534.46	11,261,862.91	576,328.45
EU6F87363702	99VVCZ687 NEPC US SMALL CAP EQUITY CIT CLASS A 2	812,603.966	8,500,000.00	9,225,249.04	725,249.04
TOTAL MASTER TRUSTS			48,748,901.47	52,241,515.86	3,492,614.39
REGISTERED INVESTMENT COMPANIES					
EU6F88009202	996229704 BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	1,571,477.280	1,571,477.28	1,571,477.28	0.00

Schedule of Investments at End of Plan Year at Revalued Cost



Status: **FINAL**

EHC MASTER TRUST - EU6G10000000

01/01/23 - 12/31/23

EMORY UNIVERSITY

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
EU6F88009302	996229704 BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	0.030	0.03	0.03	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			<u>1,571,477.31</u>	<u>1,571,477.31</u>	<u>0.00</u>
GRAND TOTAL			<u><u>277,652,912.46</u></u>	<u><u>271,518,589.45</u></u>	<u><u>-6,134,323.01</u></u>

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Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102



Status: FINAL

EHC MASTER TRUST - EU6G10000000

01/01/23 - 12/31/23

EMORY UNIVERSITY

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
EU6F88009202	996087094 BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	8,792.890	8,792.89	8,792.89	0.00
TOTAL INTEREST-BEARING CASH			8,792.89	8,792.89	0.00
PARTNERSHIP/JOINT VENTURE INTEREST					
EU6F88012702	99VVCT4J9 TSY US10 YR KEY RATE DUR NL FD A	4,673,133.435	30,414,869.07	28,610,553.81	(1,804,315.26)
EU6F88013402	99VVCBRT1 KLCP OFFSHORE FUND LP	3,943,515.120	3,045,793.00	3,943,515.12	897,722.12
EU6F88013502	99VVCFP23 CVI CREDIT VALUE FUND B V LP	2,721,068.000	2,450,000.00	2,721,068.00	271,068.00
EU6F88013602	99VVB7DS8 WHITEHORSE LIQ PTNS OFFSHR IV	2,145,300.240	1,456,620.00	2,145,300.24	688,680.24
EU6F88013702	99VVBMLM9 MGG SF EVERGREEN FD CAYMAN LP	5,315,543.000	5,360,083.00	5,315,543.00	(44,540.00)
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			42,727,365.07	42,735,980.17	8,615.10
COMMON/COLLECTIVE TRUST					
EU6F88009202	99VVCCA91 EMORY HEALTHCARE RETIREMENT RECLAIM	26,435.219	264,352.19	261,432.00	(2,920.19)
EU6F88009402	99VVB8KA7 LNG DUR CORP CR SCREEN NONLEND FND BRBRL27 - EU2	2,931,386.691	58,955,371.22	54,280,545.98	(4,674,825.24)
EU6F88009702	99VVBLA19 S&P 500 (R) FLAGSHIP NL FUND (CM13)	12,107.134	12,646,733.81	15,449,465.73	2,802,731.92
EU6F88009802	99VVCAMD3 MSCI EAFE 100 PERCENT HEDGED TD USD GH NDX NL FD (ZVDR)	291,533.087	4,769,085.74	5,681,396.80	912,311.06
EU6F88010502	99VVCVX9 AXIOM INT SMALL CAP EQUITY TRUST CL 2	3,490,678.590	3,498,707.48	3,490,678.59	(8,028.89)
EU6F88011502	99VVCBK45 LONG U.S. TREASURY INDX NL FUND CM1NNON	2,120,083.347	60,349,294.41	47,286,338.97	(13,062,955.44)
EU6F88011702	99VVCB4H2 SEGPART C1S1 SEG PARTNERS OFFSHORE	3,074,449.240	2,731,878.98	3,074,449.24	342,570.26
EU6F88011802	99VVCCS01 CAXTON GLOBAL CLASS T-I SHARES B	3,606,782.120	2,756,694.19	3,606,782.12	850,087.93
EU6F88011902	99VVCB9M6 TRANCHE A - SERIES 172 400 CAPITAL CREDIT OPPORTUNITIES	4,010,785.390	3,143,149.83	4,010,785.39	867,635.56
EU6F88012002	99VVB97A0 DAVIDSON KEMPNER INTERNATIONAL (BVI) LTD DKIL (BVI) - CL C	3,634,053.696	3,105,705.64	3,634,053.70	528,348.06
EU6F88012302	99VVCNPH3 EU2 SSGA FTSE RAFI US	358,993.936	13,284,633.17	14,611,771.18	1,327,138.01
EU6F88012402	999F34561 MSCI EAFE INDEX - NL	51,499.072	6,299,748.46	6,726,087.80	426,339.34
EU6F88012602	99VVCCKH7 WTC CIF II US INVESTMENT GRADE INTERMEDIATE CORPORATE	12,847,035.720	12,791,020.60	12,847,035.72	56,015.12
TOTAL COMMON/COLLECTIVE TRUST			184,596,375.72	174,960,823.22	-9,635,552.50
MASTER TRUSTS					
EU6F66807002	99VVZYK1 NEPC DIV CREDIT CIT	406,557.496	4,063,367.01	4,285,116.01	221,749.00
EU6F87363502	99VVCZ695 NEPC GLOBAL EQUITY CIT	2,640,186.067	25,500,000.00	27,469,287.90	1,969,287.90
EU6F87363602	99VVCZ7A1 NEPC EMERGING MARKETS EQUITY CIT - CLASS A	1,332,859.482	10,685,534.46	11,261,862.91	576,328.45
EU6F87363702	99VVCZ687 NEPC US SMALL CAP EQUITY CIT CLASS A 2	812,603.966	8,500,000.00	9,225,249.04	725,249.04
TOTAL MASTER TRUSTS			48,748,901.47	52,241,515.86	3,492,614.39
REGISTERED INVESTMENT COMPANIES					
EU6F88009202	996229704 BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	1,571,477.280	1,571,477.28	1,571,477.28	0.00
EU6F88009302	996229704 BLACKROCK LIQ TREAS TR INSTL VAR RT 12/31/2049 DD 01/31/12	0.030	0.03	0.03	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			1,571,477.31	1,571,477.31	0.00

Schedule of Investments at End of Plan Year at Historical Cost



Status: FINAL

EHC MASTER TRUST - EU6G10000000

01/01/23 - 12/31/23

EMORY UNIVERSITY

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
GRAND TOTAL			<u>277,652,912.46</u>	<u>271,518,589.45</u>	<u>-6,134,323.01</u>

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