

<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;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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 SAVINGS AND MATCHING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</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>550 PEACHTREE STREET</u> <u>WW ORR BLDG. STE 719</u> <u>ATLANTA, GA 30308-2247</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>404-686-6044</u></p> <p>2d Business code (see instructions) <u>621111</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.	10/13/2025	HILLARY BOLTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	HILLARY BOLTON
	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	36426
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)	23760
	6a(2)	35518
	6b	
	6c	14426
	6d	49944
	6e	
	6f	49944
	6g(1)	33869
	6g(2)	34169
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:
2E 2F 2G 2L 2M 2R

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 checked="" type="checkbox"/> Insurance	(1) <input checked="" 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 type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN		B Three-digit plan number (PN) ▶ 002
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 Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

TIAA CREF

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1624203	69345	100880	4254	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	245281917
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	233905059

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	250582799
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c Additions: (1) Contributions deposited during the year	7c(1)	3135286	
	7c(2)		
	7c(3)	11015545	
	7c(4)	13274731	
	7c(5)	415522	
▶ OTHER			

(6) Total additions	7c(6)	27841084
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d Total of balance and additions (add lines 7b and 7c(6))	7d	278423883
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21027611	
	7e(2)		
	7e(3)	12015007	
	7e(4)	99348	
	▶ OTHER		

(5) Total deductions	7e(5)	33141966
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	245281917
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN		B Three-digit plan number (PN) ▶ 002
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 Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE STANDARD INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	O6KR-STD GUAR F	1156	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	6383918
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

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

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN	B Three-digit plan number (PN) ▶	002
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

FIDELITY INVESTMENTS INSTITUTIONAL	P.O. BOX 770002 CINCINNATI, OH 45277-0027
04-2647786	

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

TIAA-CREF	
13-1624203	

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

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	24922	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 BENEFITS AND INSURANCE SERVICE

31-1582098

(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	ACCOUNTANT/AUDITOR	19653	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

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	ACCOUNTANT/AUDITOR	15000	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)

SAVANT CAPITAL MANAGEMENT

8401 GREENWAY BLVD STE 212
MIDDLETON, WI 53562

45-3812777

(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?
	INVESTMENT MANAGER	10224	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)

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN</u>	B Three-digit plan number (PN)	<u>002</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>TIAA REAL ESTATE</u>		
b Name of sponsor of entity listed in (a):	<u>TIAA-CREF</u>		
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)	
<u>13-1624203-004</u>	<u>P</u>		<u>18042385</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN	B Three-digit plan number (PN) ▶ 002
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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	21306819
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	19647796
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2152514243
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	250582799
(15) Other.....	1c(15)	26217323
		26217323
		18042385
		2474632335
		251665835

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2444051657	2770557878
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2444051657	2770557878

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)	87239676	
(B) Participants.....	2a(1)(B)	129754020	
(C) Others (including rollovers).....	2a(1)(C)	17488980	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		234482676
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)	1849141	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1849141
(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)	90646937	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		90646937
(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)		
(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)		

		(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)		-794082
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		233432391
c Other income	2c		1201106
d Total income. Add all income amounts in column (b) and enter total	2d		560818169

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	230401301	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		230401301
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		2245159
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	174729	
(3) Recordkeeping fees	2i(3)	768950	
(4) IQPA audit fees	2i(4)	34653	
(5) Investment advisory and investment management fees	2i(5)	80432	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1058764
j Total expenses. Add all expense amounts in column (b) and enter total	2j		233705224

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		327112945
l Transfers of assets:			
(1) To this plan	2l(1)		760786
(2) From this plan	2l(2)		1367510

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, LLC**

(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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
EMORY UNIVERSITY RETIREMENT PLAN	58-0566256	001
THE EMORY CLINIC, INC. RETIREMENT PLAN	58-2030692	002

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN</u>	B Three-digit plan number (PN)	<u>002</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
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 13-1624203 04-2647786

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	
---	--

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 _____.

**EMORY HEALTHCARE, INC.
RETIREMENT SAVINGS AND MATCHING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

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December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Emory Healthcare, Inc. Retirement Savings and Matching Plan

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

We have performed audits of the financial statements of the Emory Healthcare, Inc. Retirement Savings and Matching Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023 and the related statement of changes in net assets available for benefits for the year ended December 31, 2024 and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Disclaimer of Opinion for the Financial Statements

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

Basis for Disclaimer of Opinion for the Financial Statements

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

Responsibilities of Management for the 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

Because of the significance of the matters described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

Frazier & Deeter, LLC

October 7, 2025
Atlanta, Georgia

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<u>2024</u>	<u>2023</u>
Assets:		
Investments, at fair value	\$ 2,744,340,555	\$ 2,422,744,838
Notes receivable from participants	<u>26,217,323</u>	<u>21,306,819</u>
Net Assets Available for Benefits	<u>\$ 2,770,557,878</u>	<u>\$ 2,444,051,657</u>

See notes to financial statements.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Statement of Changes in Net Assets Available for Benefits

For the Year Ended December 31, 2024

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 232,638,309
Dividends and interest	<u>90,646,937</u>

Total investment income	<u>323,285,246</u>
-------------------------	--------------------

Interest income on notes receivable from participants	<u>1,849,141</u>
---	------------------

Other income	<u>1,201,106</u>
--------------	------------------

Contributions:

Employer	87,239,676
Participant	129,754,020
Rollover	<u>17,488,980</u>

Total contributions	<u>234,482,676</u>
---------------------	--------------------

Total additions	<u>560,818,169</u>
-----------------	--------------------

Deductions from net assets attributed to:

Benefits paid to participants	230,401,301
Administrative expenses	1,058,764
Deemed distributions	<u>2,245,159</u>

Total deductions	<u>233,705,224</u>
------------------	--------------------

Net increase	327,112,945
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Transfers into the Plan (Note 8)	760,786
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Transfers out of the Plan (Note 8)	(1,367,510)
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Net Assets Available for Benefits:

Beginning of year	<u>2,444,051,657</u>
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End of year	<u><u>\$ 2,770,557,878</u></u>
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See notes to financial statements.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements

December 31, 2024 and 2023

Note 1 - Description of plan:

The following description of the Emory Healthcare, Inc. Retirement Savings and Matching 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 sponsor is Emory Healthcare, Inc. (the Company, Plan Sponsor, or Plan Administrator). The Plan is a 403(b) plan covering substantially all employees of the Company who are regular full-time or regular part-time employees (normally scheduled to work at least 20 hours per week) as defined in the Plan document. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Beginning balances

The Plan has not maintained sufficient accounting records and supporting documents needed to gain the proper assurance with regards to the December 31, 2024 statement of net assets available for benefits balances. Although a good faith effort was made at the service provider level and the Plan Sponsor level to produce the necessary data, the data available was not sufficient.

Beginning fair value balances as of January 1, 2009 were audited, but investment data and transaction data prior to January 1, 2009 were not sufficient to provide assurance with regards to the December 31, 2009 balances and, ultimately, the December 31, 2024 balances as reported on the statements of net assets available for benefits. Although full cooperation was provided from both the Plan Sponsor and service providers, the service providers were unable to produce the pre-2009 investment and transaction detail and supporting data needed. Given the number of years the Plan has been in existence, it was not possible to obtain the required transaction data and investment detail far enough back for the auditors to gain the assurance needed with regards to the statements of net asset available for benefits beginning balances.

Administration

The Company serves as the Plan Administrator. The Plan Administrator has the responsibility to administer the Plan for the exclusive benefit of the participants and their beneficiaries. These duties include, but are not limited to, establishing procedures, maintaining records, interpreting provisions of the Plan, and making determinations regarding questions which may affect eligibility for benefits. The Plan Administrator has engaged Fidelity Workplace Services LLC, and the Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA-CREF) as third-party administrators to assist in the administration of the Plan.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 1 - Description of plan - continued:

Administration - continued

Fidelity Management Trust Company (Fidelity) and TIAA-CREF receive all contributions made under the Plan, hold Plan assets, and pay benefits as directed by the Plan Administrator. They currently serve as intermediaries for all asset purchases and redemptions and manage the Plan's investment options.

Contributions

An employee is eligible to contribute to the Plan if they are normally scheduled to work at least 20 hours per week. Each year, participants may contribute from 1% to 91% (in 1% increments) of pre-tax compensation, as defined in the Plan document. Participants may also contribute up to 100% of post-tax compensation to a Roth Account, as defined. Total post and pre-tax contributions combined are limited to 100% of compensation. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company makes mandatory matching contributions to all eligible employees. An employee becomes eligible to receive the matching contribution upon attaining age 21 and completing one year of service as defined in the Plan document. During the year ended December 31, 2024, for all eligible employees with 10 years or more of eligible service, the Company made matching contributions of 100% of the first 5% of eligible compensation contributed by the employee, as defined in the Plan document. For all eligible employees with less than 10 years of eligible service, the Company made matching contributions of 100% of the first 4% of eligible compensation that the employee contributed to the Plan. During the year ended December 31, 2024, the Company also made non-elective discretionary contributions of 2% of eligible compensation to all participants. The Company may make additional non-elective discretionary contributions to participants as defined in the Plan document. No additional non-elective discretionary contributions were made for 2024.

Contributions are subject to certain limitations under the Internal Revenue Code (the Code).

Upon enrollment in the Plan, a participant may direct any contributions to any of the Plan's investment options. Participants may change their investment options daily.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 1 - Description of plan - continued:

Participant accounts

Each participant's account is credited with the participant's contributions, the Company's mandatory matching contribution, and an allocation of the Company's non-elective discretionary contribution and Plan earnings, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company contributions and earnings thereon is based on years of continuous service. Participants become vested in Company mandatory matching and non-elective discretionary contributions in accordance with a three-year cliff vesting schedule or immediately upon becoming considered totally and permanently disabled. A year of service for vesting is defined in the plan document as a consecutive 12-month period in which the participant works at least 1,000 hours.

Participants are also immediately vested upon termination of the Plan, upon reaching the normal retirement age of 65, or upon death. Upon total distribution, termination with zero vesting, or after 5 consecutive years of break in service, whichever is earlier, a participant's non-vested account balance is forfeited. Forfeited amounts are reinstated if the participant returns to employment within 5 years and pays back any amount distributed.

Forfeited accounts

Forfeitures of terminated participants' non-vested accounts may be used by the Plan to first reinstate re-employed participant accounts, then for the payment of Plan expenses, or to reduce any Company contributions. At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$395,260 and \$1,957,104, respectively. During the year ended December 31, 2024, \$34,653 and \$2,437,000 of forfeitures were used to offset Plan expenses and reduce Company contributions, respectively.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 1 - Description of plan - continued:

Payment of benefits

A participant is entitled to receive a distribution equal to the vested value of his or her account upon attainment of age 59½, termination of service, retirement, disability, or death. Any distribution from an annuity contract shall be paid in the form of a qualified joint and survivor annuity unless the participant, and their spouse if applicable, waive such annuity form and elect an optional method of distribution. Optional methods of distribution from annuity contracts include a lump-sum payment or equal annual installments over a period of time not less than 5 years nor more than 30 years. A participant may request a withdrawal from the Plan while still under the employment of the Company for reasons of financial hardship, but the withdrawal is limited to the amount of the participant's pre-tax contributions, roth contributions, rollover contributions, and earnings thereon.

Notes receivable from participants

Participants may borrow from the Plan in any amount greater than \$1,000 up to 50% of the participant's vested account balance, not to exceed \$50,000. Note terms are for a period not exceeding five years unless for the purchase of a principal residence, in which case the note repayment period may extend beyond five years, subject to Internal Revenue Service (IRS) limitations. Notes are secured by the balance in the participant's account and bear interest at an agreed-upon percentage based on prevailing market rates. Principal and interest is paid ratably on a monthly or quarterly basis.

Loans secured by participant accounts

Prior to December 31, 2020, certain loans through TIAA-CREF (other than notes receivable from participants, as described above) were made outside of the Plan, and 110% of those loan amounts are secured by participants' accounts. Loans from TIAA-CREF made outside the Plan totaling \$1,138,433 and \$1,672,030 were outstanding at December 31, 2024 and 2023, respectively. These loans are not plan assets and are not reflected in the statements of net assets available for benefits.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 1 - Description of plan - continued:

Administrative expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. The Company reserves the right to elect to pay, or have the Plan pay, administrative costs in the future. Fees related to the administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation in fair value of investments.

The Plan maintains an unallocated ERISA budget account which holds ERISA budget account credits transferred to the Plan by the Plan's service provider in accordance with an ERISA Budget Account Agreement. For each year in which an ERISA Budget Account Agreement is in effect with a service provider, the Plan Administrator may, in its discretion, direct the service provider to either pay reasonable Plan administrative expenses with the ERISA budget account credits or allocate the ERISA budget account credits among the accounts of the participants with a balance in the Plan. At December 31, 2024 and 2023, the balance of the ERISA budget account totaled \$371,192 and \$150,455, respectively. During the year ended December 31, 2024, credits transferred to the ERISA budget account were \$1,201,106 and are recorded within Other income on the statement of changes in net assets available for benefits.

Note 2 - Summary of significant accounting policies:

Basis of accounting

The financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Investment valuation and income recognition

Investments are reported at fair value. 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.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 2 - Summary of significant accounting policies - continued:

Use of estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2024 or 2023. If a participant ceases to make note repayments and the Plan Administrator deems the participant note to be in default, the participant note balance is reduced and a deemed distribution is recorded.

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.

Recent accounting pronouncements

The AICPA Financial Reporting Executive Committee (FinREC) approved enhanceive accounting updates related to accounting for revenue sharing arrangements in accordance with Financial Accounting Standards Board (FASB) ASC No. 606, Revenue from Contracts with Customers. Revenue sharing amounts are not considered revenue under ASC No. 606 due to the fact that they are intended to reduce administrative costs for the plan and are not paid to the plan for delivering or producing goods, rendering services or undertaking other activities for the investment manager. A plan should consider all relevant facts and circumstances,

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 2 - Summary of significant accounting policies - continued:

Recent accounting pronouncements - continued

including the terms of the agreement to determine the appropriate presentation of revenue sharing amounts. The presentation should be applied on a consistent basis. The adoption did not have a material impact on the Plan's financial statements.

Recent legislative developments

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the years ended December 31, 2024 and 2023. Plan management continues to evaluate the impact of the optional provisions of SECURE 2.9 and awaiting additional regulatory guidance from the Internal Revenue Service (IRS) and Department of Labor. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements for the plan years ended December 31, 2024 and 2023.

Subsequent events

The Company has evaluated subsequent events through October 7, 2025, which is the date these financial statements were available to be issued. All subsequent events, if any, requiring recognition as of December 31, 2024, have been incorporated into these financial statements.

Note 3 - Investments and information certified:

Fidelity and TIAA-CREF (the Providers) provide certified statements for the Plan. The Providers hold the Plan's investment assets and execute investment transactions. Management has determined that the Providers are qualified institutions and the information prepared and certified by them meets the requirements of ERISA Section 103(a)(3)(C). Certain information disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends, other income, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Providers.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 3 - Investments and information certified - continued:

TIAA Traditional Annuity

The TIAA Traditional Annuity is a guaranteed fixed annuity contract available as an investment option to plan participants. Each contract is fully and unconditionally guaranteed by TIAA. The TIAA Traditional Annuity is offered through a variety of contract types, including Retirement Annuities, Group Retirement Annuities (GRA), Supplemental Retirement Annuities, and Group Supplemental Retirement Annuities (GSRA). The Plan offered contract types GSRA and GRA to participants prior to 2006. Certain participants in the Plan still maintain these contracts with TIAA. The type of contract through which a participant invests in the TIAA Traditional Annuity determines the applicability of certain account features, such as guaranteed minimum interest rate, additional interest declarations, the degree of liquidity of the participant's account, and the options for receiving income upon retirement.

When participants choose to allocate a portion of their retirement savings to the TIAA Traditional Annuity during the accumulation phase of the contract, their contributions purchase a specific amount of lifetime income based on the contractual rate schedule in effect at the time the premium is paid. The participant's principal, plus a specified minimum rate of interest, is guaranteed by TIAA's claim-paying ability. The TIAA Traditional Annuity also provides the potential for additional interest if declared by TIAA's board of trustees. Additional interest, when declared, remains in effect for the declaration year, which begins each March 1st for accumulating annuities and January 1st for lifetime payout annuities. Additional interest is not guaranteed for future years.

All GRA contracts may be withdrawn in a single lump sum within 120 days of termination of employment; this transaction is subject to a 2.5% surrender charge. All GSRA contracts provide for full participant-directed liquidity. When a participant's accumulation in the TIAA Traditional Annuity is converted to a lifetime payout annuity, the present value of the stream of payments is equal to the accumulated balance, and the entire amount is recorded as a distribution in the statement of changes in net assets available for benefits.

The fair value of the TIAA Traditional Annuity is estimated using the net asset value (NAV) per share as a practical expedient to determine fair value. At December 31, 2024 and 2023, the fair value of the TIAA Traditional Annuity was \$245,281,917 and \$250,582,799, respectively. There were no unfunded commitments, the redemption frequency was daily, there were no other redemption restrictions, and the redemption notice period was daily.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 4 - Investment valuation:

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. The Plan's Pension Board determines the Plan's valuation policies utilizing information provided by Fidelity and TIAA-CREF for the year ended December 31, 2024 and 2023. 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the 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 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 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.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 4 - Investment valuation - continued:

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no significant changes in the methodologies used at December 31, 2024 and 2023.

- Mutual funds are valued by the Plan at year end by obtaining quoted prices on nationally recognized securities exchanges.
- Interest-bearing cash is stated at cost, which approximates fair value due to the short term nature of the investment.
- Self-directed brokerage accounts consist of mutual fund and common stock investments. The shares of self-directed brokerage accounts are valued by the Plan at year end by obtaining quoted prices on nationally recognized securities exchanges.
- Units of participation in the TIAA Real Estate Fund (pooled separate account) are valued based on the unadjusted quoted market value of the underlying real estate holdings or other real estate-related investments.
- Units of participation of the TIAA Traditional Annuities are valued by the fund's trustee based on the NAV per share as a practical expedient. The fair value equals the accumulated cash contributions and interest credited to the contract, less any withdrawals.

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 4 - 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, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,360,057,270	\$ -	\$ -	\$ 2,360,057,270
Interest bearing cash	71,680,135	-	-	71,680,135
Self-directed brokerage funds	49,278,848	-	-	49,278,848
TIAA Real Estate Fund	18,042,385	-	-	18,042,385
Total assets in the fair value hierarchy	<u>\$ 2,499,058,638</u>	<u>\$ -</u>	<u>\$ -</u>	2,499,058,638
Investments measured at NAV:*				
TIAA Traditional Annuities				<u>245,281,917</u>
Investments at fair value	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,744,340,555</u>
	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,040,217,943	\$ -	\$ -	\$ 2,040,217,943
Interest bearing cash	73,388,246	-	-	73,388,246
Self-directed brokerage funds	38,908,054	-	-	38,908,054
TIAA Real Estate Fund	19,647,796	-	-	19,647,796
Total assets in the fair value hierarchy	<u>\$ 2,172,162,039</u>	<u>\$ -</u>	<u>\$ -</u>	2,172,162,039
Investments measured at NAV:*				
TIAA Traditional Annuities				<u>250,582,799</u>
Investments at fair value				<u>\$ 2,422,744,838</u>

*In accordance with Subtopic 820-10, certain investments that were measured at NAV 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.

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

Notes to Financial Statements - Continued

December 31, 2024 and 2023

Note 5 - Related party transactions:

The Plan invests in shares of mutual funds individually and mutual funds and common stock through self-directed brokerage accounts, real estate funds, and traditional annuities managed by affiliates of Fidelity and TIAA-CREF. Fees incurred by the Plan for investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Additionally, the Plan Sponsor pays administrative expenses of the Plan. These transactions qualify as party-in-interest transactions and are exempt from the prohibited transaction rules.

Note 6 - Plan termination:

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

Note 7 - Tax status:

The Plan has been designed to qualify under Section 403(b) of the Code. The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS) in Revenue Procedure 2007-71. The IRS has announced a program established for opinion and advisory letters for pre-approved plans (prototype and volume submitter). The IRS will not establish a program for obtaining determination letters for individually designed 403(b) plans. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for the Plan participants under Section 403(b).

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

Note 8 - Transfers into and out of the Plan:

Transfers into and out of the Plan represent account balances related to participants who have transferred from or to an affiliate of the Company.

SUPPLEMENTAL INFORMATION

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

EIN 58-213799

Plan Number - 001

December 31, 2024

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

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	<u>** Cost</u>	<u>Current Value</u>	
*	Fidelity	See attachment		\$ 2,087,249,599
*	TIAA	See attachment		657,090,956
*	Participant loans	Various maturities with interest rates ranging from 4.0% to 9.5%		<u>26,217,323</u>
				<u><u>\$ 2,770,557,878</u></u>

*Indicates a party-in-interest to the Plan, as defined by ERISA.

**Cost is not required for participant-directed investments.

Note: The above data is based upon information that has been certified as complete and accurate by Fidelity Management Trust Company and TIAA-CREF.

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
BROKERAGELINK		\$0.00		
FIDELITY FUND		\$14,713,314.03		\$16,684,166.78
UNIT		\$12,649,981.67		\$14,476,481.72
EXTERNAL FUND		\$10,151,681.14		\$12,806,632.34
CASH		\$4,295,004.03		\$4,295,004.03
COMMON STOCK		\$44,090.03		\$43,947.10
NON INTEREST BEARING CASH				\$81.66
OTHER LIABILITIES				(\$245.18)
STD GUAR FIX INT 4	208,169.643	\$6,135,503.29	\$30.66	\$6,383,917.62
VANG TARGET RET 2055	1,882,369.860	\$89,593,738.86	\$55.61	\$104,678,587.91
LOOMIS SM CP GRTH IS	217,343.382	\$5,574,315.75	\$29.08	\$6,320,345.55
VANG MD CP IDX IS PL	83,832.193	\$31,987,493.06	\$356.11	\$29,853,482.25
VANG SM CP IDX IS PL	67,481.751	\$24,053,265.90	\$332.37	\$22,428,909.58
VANG TOT INTL STK IP	182,093.870	\$22,461,842.76	\$126.75	\$23,080,398.02
BLKRK MD CP GR EQ K	347,015.179	\$12,896,393.78	\$43.58	\$15,122,921.50
VANG TARGET RET 2065	382,341.752	\$11,361,732.43	\$33.62	\$12,854,329.70
HARBOR CAP APP RET	702,490.231	\$77,011,546.41	\$114.13	\$80,175,210.06
VAN REAL EST IDX IS	84,177.792	\$1,555,337.92	\$19.55	\$1,645,675.83
VANG SM VAL IDX INST	88,715.069	\$3,752,027.50	\$47.61	\$4,223,724.44
VANG TARGET RET 2020	2,366,313.199	\$65,867,288.70	\$26.48	\$62,659,973.51
VANG TARGET RET 2030	4,787,048.133	\$166,849,118.94	\$37.88	\$181,333,383.28
VANG TARGET RET 2040	4,065,901.573	\$154,616,783.71	\$43.22	\$175,728,265.99
VANG TARGET RET 2050	3,058,225.002	\$129,655,507.16	\$49.84	\$152,421,934.10
VANG FTSE SOC IDX IS	189,206.488	\$6,270,948.90	\$40.60	\$7,681,783.41
VANG INST INDEX PLUS	538,804.784	\$198,536,499.86	\$478.88	\$258,022,834.96
VANG MIDCAP IDX INST	0.000		\$72.21	\$0.00
VANG SM CAP IDX INST	0.000		\$115.15	\$0.00
VANG TARGET RET 2070	56,859.518	\$1,386,513.53	\$26.68	\$1,517,011.94
VANG PRIMECAP ADM	227,557.041	\$33,401,526.10	\$166.34	\$37,851,838.20
VANG TREASURY MM	50,864,022.060	\$50,864,022.06	\$1.00	\$50,864,022.06
VANG TARGET RET INC	2,300,017.688	\$29,920,726.50	\$13.10	\$30,130,231.71
VANG TARGET RET 2025	7,970,221.879	\$145,978,478.70	\$18.69	\$148,963,446.92
VANG TARGET RET 2035	8,148,455.148	\$175,750,710.08	\$23.98	\$195,399,954.45
VANG TARGET RET 2045	5,218,146.221	\$134,072,497.82	\$29.67	\$154,822,398.38
AF EUROPAC GROWTH R6	353,258.652	\$19,935,857.03	\$53.72	\$18,977,054.79
VANG TOT BD MK IS PL	4,264,112.294	\$41,175,969.39	\$9.48	\$40,423,784.55
JH DISCPL VALUE R6	1,219,607.458	\$27,547,257.47	\$22.52	\$27,465,559.95
PGIM TOTAL RTN BD A	2,037,525.238	\$24,424,473.65	\$11.86	\$24,165,049.32
VANG TARGET RET 2060	999,135.656	\$44,131,458.98	\$51.25	\$51,205,702.37

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
MFS MID CAP VALUE R3	618,951.900	\$17,524,651.00	\$30.51	\$18,884,222.47
FID CONTRAFUND	4,453,522.399	\$75,551,264.63	\$21.03	\$93,657,576.05
OUTSTANDING LOAN BALANCE				\$21,791,719.17

			NET ASSETS 12/31/2024:	\$2,109,041,318.49
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

EMORY HEALTHCARE, INC.

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
Insurance Company General Contract						
BR1	TIAA#	TIAA Traditional Benefit Responsive			\$33,116,384.11	\$26,910,296.42
NBR	TIAA#	TIAA Traditional Non Benefit Responsive			\$211,153,265.39	\$151,712,971.48
BR2	TIAA#	TIAA Traditional Benefit Responsive 2			\$16,774.93	\$14,772.43
98	PLDF#	Plan Loan Default Fund			\$995,492.54	\$995,492.54
Subtotal Insurance Company General Contract					\$245,281,916.97	\$179,633,532.87
Pooled Separate Account						
X1	QREARX	TIAA Real Estate	\$461.243100	39,115.8779	\$18,042,384.96	\$14,780,451.98
Subtotal Pooled Separate Account					\$18,042,384.96	\$14,780,451.98
Registered Investment Company						
KH	QCSTIX	CREF Stock R3	\$917.217600	123,529.2664	\$113,304,199.27	\$54,347,591.88
KI	QCMMIX	CREF Money Market R3	\$29.828200	493,301.8227	\$14,714,305.41	\$13,013,149.01
KJ	QCSCIX	CREF Social Choice R3	\$369.441600	51,707.9559	\$19,103,204.22	\$14,140,991.67
KO	QCGLIX	CREF Global Equities R3	\$348.436500	43,382.1823	\$15,116,003.89	\$7,840,911.17
KQ	QCGRIX	CREF Growth R3	\$527.931800	47,388.8053	\$25,018,159.11	\$7,586,304.21
KR	QCEQIX	CREF Equity Index R3	\$517.293600	38,154.3543	\$19,737,080.12	\$7,721,568.55
KS	QCILIX	CREF Inflation-Linked Bond R3	\$84.834200	32,529.2112	\$2,759,589.61	\$2,336,082.77
KK	QCBMIX	CREF Core Bond R3	\$134.687600	45,365.2190	\$6,110,132.45	\$5,537,060.36
UJ	REGRX	American EuroPac Growth R6	\$53.720000	75,129.9789	\$4,035,982.46	\$4,178,726.64
RX	VUSXX	Vanguard Treasury MoneyMkt Inv	\$1.000000	1,806,803.8400	\$1,806,803.84	\$1,806,803.84
WK	VIIIIX	Vanguard Inst Idx Inst Plus	\$478.880000	21,722.4064	\$10,402,502.90	\$8,370,427.68
MP	VTWNX	Vanguard Target Retire 2020	\$26.480000	403,424.8279	\$10,682,689.43	\$11,639,733.47
MQ	VTTVX	Vanguard Target Retire 2025	\$18.690000	913,660.5689	\$17,076,316.04	\$17,329,110.92
MR	VTHRXX	Vanguard Target Retire 2030	\$37.880000	596,617.8586	\$22,599,884.48	\$21,476,362.17
MS	VTTHX	Vanguard Target Retire 2035	\$23.980000	773,363.5166	\$18,545,257.11	\$17,284,585.62
MT	VFORX	Vanguard Target Retire 2040	\$43.220000	335,589.9793	\$14,504,198.89	\$13,258,452.57



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
MU	VTIVX	Vanguard Target Retire 2045	\$29.670000	402,416.8866	\$11,939,709.02	\$10,709,728.02
MV	VFIFX	Vanguard Target Retire 2050	\$49.840000	177,975.5534	\$8,870,301.59	\$7,841,389.38
QX	VFFVX	Vanguard Target Retire 2055	\$55.610000	110,809.8432	\$6,162,135.38	\$5,407,806.05
ML	VTINX	Vanguard Target Retire Income	\$13.100000	330,192.1473	\$4,325,517.13	\$4,369,795.78
AA	HNACX	Harbor Capital Appreciation Rt	\$114.130000	41,464.1693	\$4,732,305.64	\$3,943,197.59
AP	JDVWX	John Hancock Disciplnd Val R6	\$22.520000	307,647.7647	\$6,928,227.65	\$7,019,204.08
AR	BMGKX	BlackRock Mid Cap Growth Eq K	\$43.580000	8,490.7700	\$370,027.74	\$309,846.98
AV	VTTSX	Vanguard Target Retire 2060	\$51.250000	14,229.5972	\$729,266.84	\$660,848.86
AW	VLXVX	Vanguard Target Retire 2065	\$33.620000	7,047.6055	\$236,940.49	\$209,789.10
AX	VSVNX	Vanguard Target Retire 2070	\$26.680000	39.2825	\$1,048.06	\$1,034.31
AZ	LSSIX	Loomis Sayles Sml Cp Grw Instl	\$29.080000	12,961.6326	\$376,924.28	\$351,474.16
BA	MVCHX	MFS Mid Cap Value R3	\$30.510000	57,677.6083	\$1,759,743.83	\$1,613,689.19
BB	PDBAX	PGIM Total Return Bond A	\$11.860000	157,079.4994	\$1,862,962.86	\$1,868,343.23
BC	VBMPX	Vanguard Ttl Bd Mkt Idx InstPl	\$9.480000	774,406.4644	\$7,341,373.28	\$7,420,395.43
BD	VFTNX	Vanguard FTSE Social Idx Instl	\$40.600000	5,898.6220	\$239,484.07	\$199,570.00
BE	VGSNX	Vanguard Real Estate Idx Inst	\$19.550000	106,319.1762	\$2,078,539.91	\$1,960,837.10
BG	VTPSX	Vanguard Total Int St lx IsPls	\$126.750000	90,575.2110	\$11,480,407.97	\$10,923,261.60
BH	VSIX	Vanguard Small-Cap Val Idx Inst	\$47.610000	27,239.7593	\$1,296,884.93	\$1,124,776.94
BI	VMCPX	Vanguard MCap Idx Instit Plus	\$356.110000	1,086.1042	\$386,776.90	\$414,268.74
BJ	VSCPX	Vanguard Sm Cap Idx Inst Plus	\$332.370000	13,618.8178	\$4,526,513.10	\$4,851,501.60
MW	VPMAX	Vanguard PRIMECAP Adm	\$166.340000	9,813.5863	\$1,632,391.95	\$1,452,361.12
Subtotal Registered Investment Company					\$392,793,791.85	\$280,520,981.79
SD	SDA01#	Self-Directed Account TIAA-CREF Self Directed Acct	\$0.000000	972,861.3500	\$972,861.35	\$972,861.35
Subtotal Self-Directed Account					\$972,861.35	\$972,861.35
90	LOAN#	Participant Loan Fund Participant Loan Fund			\$4,425,603.43	\$4,425,603.43



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
		Subtotal Participant Loan Fund			\$4,425,603.43	\$4,425,603.43
TOTAL ASSETS UNDER MANAGEMENT					\$661,516,558.56	\$480,333,431.42

EMORY HEALTHCARE, INC. RETIREMENT SAVINGS AND MATCHING PLAN

EIN 58-213799

Plan Number - 001

December 31, 2024

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

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issuer, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value</u>	<u>** Cost</u>	<u>Current Value</u>	
*	Fidelity	See attachment		\$ 2,087,249,599
*	TIAA	See attachment		657,090,956
*	Participant loans	Various maturities with interest rates ranging from 4.0% to 9.5%		<u>26,217,323</u>
				<u><u>\$ 2,770,557,878</u></u>

*Indicates a party-in-interest to the Plan, as defined by ERISA.

**Cost is not required for participant-directed investments.

Note: The above data is based upon information that has been certified as complete and accurate by Fidelity Management Trust Company and TIAA-CREF.

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
BROKERAGELINK		\$0.00		
FIDELITY FUND		\$14,713,314.03		\$16,684,166.78
UNIT		\$12,649,981.67		\$14,476,481.72
EXTERNAL FUND		\$10,151,681.14		\$12,806,632.34
CASH		\$4,295,004.03		\$4,295,004.03
COMMON STOCK		\$44,090.03		\$43,947.10
NON INTEREST BEARING CASH				\$81.66
OTHER LIABILITIES				(\$245.18)
STD GUAR FIX INT 4	208,169.643	\$6,135,503.29	\$30.66	\$6,383,917.62
VANG TARGET RET 2055	1,882,369.860	\$89,593,738.86	\$55.61	\$104,678,587.91
LOOMIS SM CP GRTH IS	217,343.382	\$5,574,315.75	\$29.08	\$6,320,345.55
VANG MD CP IDX IS PL	83,832.193	\$31,987,493.06	\$356.11	\$29,853,482.25
VANG SM CP IDX IS PL	67,481.751	\$24,053,265.90	\$332.37	\$22,428,909.58
VANG TOT INTL STK IP	182,093.870	\$22,461,842.76	\$126.75	\$23,080,398.02
BLKRK MD CP GR EQ K	347,015.179	\$12,896,393.78	\$43.58	\$15,122,921.50
VANG TARGET RET 2065	382,341.752	\$11,361,732.43	\$33.62	\$12,854,329.70
HARBOR CAP APP RET	702,490.231	\$77,011,546.41	\$114.13	\$80,175,210.06
VAN REAL EST IDX IS	84,177.792	\$1,555,337.92	\$19.55	\$1,645,675.83
VANG SM VAL IDX INST	88,715.069	\$3,752,027.50	\$47.61	\$4,223,724.44
VANG TARGET RET 2020	2,366,313.199	\$65,867,288.70	\$26.48	\$62,659,973.51
VANG TARGET RET 2030	4,787,048.133	\$166,849,118.94	\$37.88	\$181,333,383.28
VANG TARGET RET 2040	4,065,901.573	\$154,616,783.71	\$43.22	\$175,728,265.99
VANG TARGET RET 2050	3,058,225.002	\$129,655,507.16	\$49.84	\$152,421,934.10
VANG FTSE SOC IDX IS	189,206.488	\$6,270,948.90	\$40.60	\$7,681,783.41
VANG INST INDEX PLUS	538,804.784	\$198,536,499.86	\$478.88	\$258,022,834.96
VANG MIDCAP IDX INST	0.000		\$72.21	\$0.00
VANG SM CAP IDX INST	0.000		\$115.15	\$0.00
VANG TARGET RET 2070	56,859.518	\$1,386,513.53	\$26.68	\$1,517,011.94
VANG PRIMECAP ADM	227,557.041	\$33,401,526.10	\$166.34	\$37,851,838.20
VANG TREASURY MM	50,864,022.060	\$50,864,022.06	\$1.00	\$50,864,022.06
VANG TARGET RET INC	2,300,017.688	\$29,920,726.50	\$13.10	\$30,130,231.71
VANG TARGET RET 2025	7,970,221.879	\$145,978,478.70	\$18.69	\$148,963,446.92
VANG TARGET RET 2035	8,148,455.148	\$175,750,710.08	\$23.98	\$195,399,954.45
VANG TARGET RET 2045	5,218,146.221	\$134,072,497.82	\$29.67	\$154,822,398.38
AF EUROPAC GROWTH R6	353,258.652	\$19,935,857.03	\$53.72	\$18,977,054.79
VANG TOT BD MK IS PL	4,264,112.294	\$41,175,969.39	\$9.48	\$40,423,784.55
JH DISCPL VALUE R6	1,219,607.458	\$27,547,257.47	\$22.52	\$27,465,559.95
PGIM TOTAL RTN BD A	2,037,525.238	\$24,424,473.65	\$11.86	\$24,165,049.32
VANG TARGET RET 2060	999,135.656	\$44,131,458.98	\$51.25	\$51,205,702.37

SUMMARY OF NET ASSETS

Total Plan Assets as of 12/31/2024

<u>Fund Name</u>	<u>Share Balance 12/31/2024</u>	<u>Historical Cost</u>	<u>Price</u>	<u>Total Market Value</u>
MFS MID CAP VALUE R3	618,951.900	\$17,524,651.00	\$30.51	\$18,884,222.47
FID CONTRAFUND	4,453,522.399	\$75,551,264.63	\$21.03	\$93,657,576.05
OUTSTANDING LOAN BALANCE				\$21,791,719.17

			NET ASSETS 12/31/2024:	\$2,109,041,318.49
				=====

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

EMORY HEALTHCARE, INC.

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
Insurance Company General Contract						
BR1	TIAA#	TIAA Traditional Benefit Responsive			\$33,116,384.11	\$26,910,296.42
NBR	TIAA#	TIAA Traditional Non Benefit Responsive			\$211,153,265.39	\$151,712,971.48
BR2	TIAA#	TIAA Traditional Benefit Responsive 2			\$16,774.93	\$14,772.43
98	PLDF#	Plan Loan Default Fund			\$995,492.54	\$995,492.54
Subtotal Insurance Company General Contract					\$245,281,916.97	\$179,633,532.87
Pooled Separate Account						
X1	QREARX	TIAA Real Estate	\$461.243100	39,115.8779	\$18,042,384.96	\$14,780,451.98
Subtotal Pooled Separate Account					\$18,042,384.96	\$14,780,451.98
Registered Investment Company						
KH	QCSTIX	CREF Stock R3	\$917.217600	123,529.2664	\$113,304,199.27	\$54,347,591.88
KI	QCMMIX	CREF Money Market R3	\$29.828200	493,301.8227	\$14,714,305.41	\$13,013,149.01
KJ	QCSCIX	CREF Social Choice R3	\$369.441600	51,707.9559	\$19,103,204.22	\$14,140,991.67
KO	QCGLIX	CREF Global Equities R3	\$348.436500	43,382.1823	\$15,116,003.89	\$7,840,911.17
KQ	QCGRIX	CREF Growth R3	\$527.931800	47,388.8053	\$25,018,159.11	\$7,586,304.21
KR	QCEQIX	CREF Equity Index R3	\$517.293600	38,154.3543	\$19,737,080.12	\$7,721,568.55
KS	QCILIX	CREF Inflation-Linked Bond R3	\$84.834200	32,529.2112	\$2,759,589.61	\$2,336,082.77
KK	QCBMIX	CREF Core Bond R3	\$134.687600	45,365.2190	\$6,110,132.45	\$5,537,060.36
UJ	RERGX	American EuroPac Growth R6	\$53.720000	75,129.9789	\$4,035,982.46	\$4,178,726.64
RX	VUSXX	Vanguard Treasury MoneyMkt Inv	\$1.000000	1,806,803.8400	\$1,806,803.84	\$1,806,803.84
WK	VIIIIX	Vanguard Inst Idx Inst Plus	\$478.880000	21,722.4064	\$10,402,502.90	\$8,370,427.68
MP	VTWNX	Vanguard Target Retire 2020	\$26.480000	403,424.8279	\$10,682,689.43	\$11,639,733.47
MQ	VTTVX	Vanguard Target Retire 2025	\$18.690000	913,660.5689	\$17,076,316.04	\$17,329,110.92
MR	VTHRXX	Vanguard Target Retire 2030	\$37.880000	596,617.8586	\$22,599,884.48	\$21,476,362.17
MS	VTTHX	Vanguard Target Retire 2035	\$23.980000	773,363.5166	\$18,545,257.11	\$17,284,585.62
MT	VFORX	Vanguard Target Retire 2040	\$43.220000	335,589.9793	\$14,504,198.89	\$13,258,452.57



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
MU	VTIVX	Vanguard Target Retire 2045	\$29.670000	402,416.8866	\$11,939,709.02	\$10,709,728.02
MV	VFIFX	Vanguard Target Retire 2050	\$49.840000	177,975.5534	\$8,870,301.59	\$7,841,389.38
QX	VFFVX	Vanguard Target Retire 2055	\$55.610000	110,809.8432	\$6,162,135.38	\$5,407,806.05
ML	VTINX	Vanguard Target Retire Income	\$13.100000	330,192.1473	\$4,325,517.13	\$4,369,795.78
AA	HNACX	Harbor Capital Appreciation Rt	\$114.130000	41,464.1693	\$4,732,305.64	\$3,943,197.59
AP	JDVWX	John Hancock Disciplnd Val R6	\$22.520000	307,647.7647	\$6,928,227.65	\$7,019,204.08
AR	BMGKX	BlackRock Mid Cap Growth Eq K	\$43.580000	8,490.7700	\$370,027.74	\$309,846.98
AV	VTTSX	Vanguard Target Retire 2060	\$51.250000	14,229.5972	\$729,266.84	\$660,848.86
AW	VLXVX	Vanguard Target Retire 2065	\$33.620000	7,047.6055	\$236,940.49	\$209,789.10
AX	VSVNX	Vanguard Target Retire 2070	\$26.680000	39.2825	\$1,048.06	\$1,034.31
AZ	LSSIX	Loomis Sayles Sml Cp Grw Instl	\$29.080000	12,961.6326	\$376,924.28	\$351,474.16
BA	MVCHX	MFS Mid Cap Value R3	\$30.510000	57,677.6083	\$1,759,743.83	\$1,613,689.19
BB	PDBAX	PGIM Total Return Bond A	\$11.860000	157,079.4994	\$1,862,962.86	\$1,868,343.23
BC	VBMPX	Vanguard Ttl Bd Mkt Idx InstPl	\$9.480000	774,406.4644	\$7,341,373.28	\$7,420,395.43
BD	VFTNX	Vanguard FTSE Social Idx Instl	\$40.600000	5,898.6220	\$239,484.07	\$199,570.00
BE	VGSNX	Vanguard Real Estate Idx Inst	\$19.550000	106,319.1762	\$2,078,539.91	\$1,960,837.10
BG	VTPSX	Vanguard Total Int St lx IsPls	\$126.750000	90,575.2110	\$11,480,407.97	\$10,923,261.60
BH	VSIX	Vanguard Small-Cap Val Idx Inst	\$47.610000	27,239.7593	\$1,296,884.93	\$1,124,776.94
BI	VMCPX	Vanguard MCap Idx Instit Plus	\$356.110000	1,086.1042	\$386,776.90	\$414,268.74
BJ	VSCPX	Vanguard Sm Cap Idx Inst Plus	\$332.370000	13,618.8178	\$4,526,513.10	\$4,851,501.60
MW	VPMAX	Vanguard PRIMECAP Adm	\$166.340000	9,813.5863	\$1,632,391.95	\$1,452,361.12
Subtotal Registered Investment Company					\$392,793,791.85	\$280,520,981.79
SD	SDA01#	Self-Directed Account TIAA-CREF Self Directed Acct	\$0.000000	972,861.3500	\$972,861.35	\$972,861.35
Subtotal Self-Directed Account					\$972,861.35	\$972,861.35
90	LOAN#	Participant Loan Fund Participant Loan Fund			\$4,425,603.43	\$4,425,603.43



5500 Reportable - Schedule of Assets Held for Investment

Total Plan Assets Under Management

For the Period Ending 12/31/2024

FUND ID	TICKER	INVESTMENT NAME	ENDING INVESTMENT PRICE	ENDING UNIT BALANCE	ENDING MARKET VALUE	ENDING COST VALUE
		Subtotal Participant Loan Fund			\$4,425,603.43	\$4,425,603.43
TOTAL ASSETS UNDER MANAGEMENT					\$661,516,558.56	\$480,333,431.42