Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 07/01/1991

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)
CHILDRENS HEALTHCARE OF ATLANTA INC

1575 NORTHEAST EXPRESSWAY
ATLANTA, GA 30329

2b Employer Identification Number (EIN) 58-2367819

2c Plan Sponsor's telephone number 404-785-0676

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	CARMEN ALYMATIRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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 CHILDRENS HEALTHCARE OF ATLANTA INC

c Plan Name CHILDRENS HEALTHCARE OF ATLANTA INC SHARE PLAN

4b EIN 58-2367819

4d PN 004

5	Total number of participants at the beginning of the plan year	**5**	21645
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	14999
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	15505
b	Retired or separated participants receiving benefits	**6b**	71
c	Other retired or separated participants entitled to future benefits	**6c**	8042
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	23618
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	56
f	Total. Add lines **6d** and **6e**.	**6f**	23674
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	20863
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	21970
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2L 2M 2R 2S 2T 3H

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

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS HEALTHCARE OF ATLANTA INC

D Employer Identification Number (EIN)
58-2367819

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
VARIABLE ANNUITY LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	05631-015	1515	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4014	0

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

JOYCE KRINSKY
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2175			3

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

WENYI WEI
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
487			3

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

ANDREW COUGHLIN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
284			3

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

KEITH A. EASON
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
105			3

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

RODGER W NAUGLE III
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
94			3

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

JOSEPH A. OKRASKI
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
86			3

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

DANIEL DRABKIN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
83			3

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

THOMAS A. HEIDT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
80			3

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

TROY L WEBB
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
76			3

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

SERENE ALSOUS
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
56			3

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

PAIGE L. FOSTER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
37			3

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

KEVIN A. KONKAL
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
33			3

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

BRENT A. PACHECO
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
33			3

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

STEPHEN F. KOMISAR
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
29			3

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

MICHAEL H. BEUTTEL
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
26			3

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

THOMAS N SMITH IV
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
24			3

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

ALVA O'NEAL
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

CHRISTINE M. BONE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

GEORGE KIMBLE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

JONATHAN L. HOPE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

NATE R. STASSEN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
23			3

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

MICHAEL J. KAISER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21			3

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

SEAN B. CALLEJA
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
21			3

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

SHAUN M. HEALE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20			3

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

RICHARD E. HARTNEY
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
20			3

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

RICHARD C LAMBERT
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
19			3

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

WILLIAM H. BURKE
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16			3

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

REGINA DAVIS
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
16			3

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

JEFFREY FEHRMANN
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

BRIAN R. MILNER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
13			3

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

DANA F. ENDRES
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

GARY G. THRASHER
2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
11			3

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

TERRELL L. AKINS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
10			3

(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	8029745
5	Current value of plan's interest under this contract in separate accounts at year end	5	50363426

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	8356744
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	260079		
	(4) Transferred from separate account	7c(4)	5460		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	265539
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	8622283
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	572196		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	20343		
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	592539
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	8029744

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS HEALTHCARE OF ATLANTA INC

D Employer Identification Number (EIN)
58-2367819

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	103390	773	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	20390374
5	Current value of plan's interest under this contract in separate accounts at year end	5	31137068

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	20576449
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	870841		
	(4) Transferred from separate account	7c(4)	1720858		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	2591699
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	23168148
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1234355		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	1717864		
	(4) Other (specify below) ▶ OTHER	7e(4)	102522		
	(5) Total deductions			7e(5)	3054741
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	20113407

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS HEALTHCARE OF ATLANTA INC

D Employer Identification Number (EIN)
58-2367819

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	103391	21	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	1406623
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

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	1358357
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	91754		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	91754
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	1450111
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	43488		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	43488
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	1406623

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS HEALTHCARE OF ATLANTA INC

D Employer Identification Number (EIN)
58-2367819

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).. . . . . [X] 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

FID INV INST OPS CO

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(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

(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

(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

(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

(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)

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 65 71	RECORDKEEPER	1073541	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(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 50	ADVISOR	654221	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CALLAN HOLDINGS INC

82-2748926

(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 51	INV. ADVISORY	46441	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

BENNETT THRASHER LLP

58-1673613

(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	26145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMITH, GAMBRELL & RUSSELL, LLP

58-0967450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	LEGAL	24998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FID INV INST OPS CO	60	0
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CHILDRENS HEALTHCARE OF ATLANTA INC

D Employer Identification Number (EIN)
58-2367819

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-1624203-004	P	524810

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS HEALTHCARE OF ATLANTA INC

D Employer Identification Number (EIN)
58-2367819

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	418373
(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)	26293789	24470149
(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)	13249397	14850273
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	505828	524810
(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)	1293002873	1533203291
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	28933194	28420119
(15) Other	1c(15)	106179363	125148225

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1468164444	1727035240
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1468164444	1727035240

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)	36458898	
(B) Participants	2a(1)(B)	88206704	
(C) Others (including rollovers)	2a(1)(C)	8484978	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		133150580
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1458777	
(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)	1096436	
(F) Other	2b(1)(F)	870841	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3426054
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	95887	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	41469115	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		41565002
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7231664	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7142714	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		88950
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5654	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		5654

		(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)		20243
(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)		208147488
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		386403971
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	124079900	
(2) To insurance carriers for the provision of benefits	2e(2)	449388	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		124529288
f Corrective distributions (see instructions)	2f		9314
g Certain deemed distributions of participant loans (see instructions)	2g		1169227
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1073541	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	654221	
(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)	97584	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1825346
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		127533175
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		258870796
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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) [X] 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: BENNETT THRASHER, PC **(2)** EIN: 58-1673613

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**		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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
CHILDREN'S HEALTHCARE OF ATLANTA 403(B) SHARE PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
CHILDRENS HEALTHCARE OF ATLANTA INC

D Employer Identification Number (EIN)
58-2367819

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 04-6568107 74-1625348

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

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

Children's Healthcare of Atlanta
403(b) Share Plan

Financial Statements

December 31, 2025 and 2024

BT BENNETT THRASHER LLP
Better Together

Children's Healthcare of Atlanta 403(b) Share Plan

Index

Independent Auditor's Report

Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024

Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2025

Notes to Financial Statements

Supplemental Information:*

- Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) – December 31, 2025

* Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.

BENNETT THRASHER LLP

Independent Auditor's Report

To the Participants and Administrator of
Children's Healthcare of Atlanta 403(b) Share Plan:

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

We have performed audits of the financial statements of Children's Healthcare of Atlanta 403(b) Share Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and 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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of the years ended December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

- the amounts and disclosures in the financial statements, referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the Financial Statements

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern over the twelve months from the report date.

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 of the Financial Statements 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 accounting principles generally accepted in the United States of America.

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

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

Supplemental Schedules Required by ERISA

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

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

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Bennett Thrasher LLP

Atlanta, Georgia
October 8, 2026

Children's Healthcare of Atlanta 403(b) Share Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Investments:		
Investments at fair value	$ 1,703,531,562	$ 1,446,558,303
Investments at contract value	8,235,032	8,356,744
Total investments	1,711,766,594	1,454,915,047
Receivables:		
Employer contributions receivable	418,373	-
Notes receivable from participants	14,850,273	13,249,397
Total receivables	15,268,646	13,249,397
Net assets available for benefits	$ 1,727,035,240	$ 1,468,164,444

See accompanying independent auditor's report and notes to financial statements.

Children's Healthcare of Atlanta 403(b) Share Plan

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2025

Additions to net assets attributed to:		
Contributions:		
Participant	$	88,206,704
Employer		36,458,898
Participant rollovers		8,484,978
Total contributions		133,150,580
Net appreciation in fair value of investments		208,262,335
Interest and dividends		43,894,620
Interest income on notes receivable from participants		1,096,436
Total additions		386,403,971
Deductions from net assets attributed to:		
Benefits paid to participants		125,707,829
Administrative expenses		1,825,346
Total deductions		127,533,175
Net increase		258,870,796
Net assets available for benefits, beginning of year		1,468,164,444
Net assets available for benefits, end of year	$	1,727,035,240

See accompanying independent auditor's report and notes to financial statements.

Note 1: Description of the Plan

The following description of the Children's Healthcare of Atlanta 403(b) Share Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined contribution 403(b) profit sharing plan that covers substantially all of the employees (other than leased and Children's Healthcare of Atlanta Cardiology, Inc. employees) of Children's Healthcare of Atlanta, Inc. (Children's or the Plan Sponsor). Employees are eligible to participate in the Plan as soon as administratively practicable following the employee's date of hire.

The Plan was formed on July 1, 1991 and was restated on January 4, 2010 with amendments made since that time. Effective November 15, 2025, the Plan was restated to modify certain administrative provisions of the Plan Document, including changing the Plan name to Children's Healthcare of Atlanta 403(b) Share Plan. Management has evaluated the amendment and determined that the changes do not have a material effect on the accompanying financial statements. Accordingly, no adjustment has been recorded as a result of this amendment.

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

Administration

Prior to January 1, 2010, Variable Annuity Life Insurance Company (VALIC) and Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) both served as custodians and third-party administrators for the Plan. On January 1, 2010, the Plan transferred a majority of the assets held at VALIC to Fidelity Management Trust Company (Fidelity). In 2022,VALIC along with its parent company, AIG Retirement Services, was spun off and is now called Corebridge Financial (Corebridge). As of December 31, 2025, the majority of the Plan's assets were held by Fidelity, and a portion of the Plan's assets still remain at Corebridge and TIAA based on participant elections (collectively referred to as the custodians).

The Plan is administered by the Retirement Committee named by Children's.

Contributions

The Plan allows participants to deposit pretax and Roth contributions to the Plan up to 75% of their eligible compensation, subject to certain Plan and Internal Revenue Service (IRS) limitations. For all participants who work greater than 1,000 hours during the Plan year, the Plan Sponsor matches 100% of participant contributions not to exceed 4% of the participant's eligible compensation. Eligible employees may deposit rollovers from other qualified plans.

Participant Accounts

Each participant's account is credited with the participant's pretax and Roth contributions, the Plan administrator's matching contributions, and Plan income (loss) less any withdrawals, distributions or administrative expenses. Allocations of income (loss) are based on the proportion that each participant's account balance has to the total of all participants' account balances and on their investment selections. The benefit to which a participant is entitled is equal to the participant's vested account balance.

Notes Receivable from Participants

The Plan permits participants to obtain notes for up to 50% of their vested account balance credited to their separate accounts but not to exceed $50,000 minus the participant's highest outstanding note amount during the prior twelve months. Notes are generally required to be repaid within five years, or ten years if related to a principal residence, and bear interest at a rate equal to the Reuters prime rate as of the last day of the prior quarter plus 1%. All notes must be repaid at least quarterly in equal installments consisting of both principal and interest.

Vesting

All participant contributions and Plan Sponsor matching contributions are immediately vested.

Benefits Paid to Participants

Upon termination of service, death, disability, or attainment of age 59 ½, a participant may elect to receive an amount equal to the value of the participant's vested interest in his/her account. The available forms of payment are a lump-sum distribution, partial withdrawal, or installment payment. Annuity distributions are available through Corebridge and TIAA-CREF. Participants who are terminated with an account balance less than $1,000 may have their account balances distributed automatically. Benefits are recorded when paid. The Plan permits hardship distributions, as defined.

Investment Options

Participants make participant-directed allocations of their accounts in various increments (totaling 100%) among various investment options selected by the Plan administrator, including certain options for which the custodians or their affiliates serve as investment advisors.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of the financial statements in conformity with U.S. GAAP requires Plan management to use estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan is invested in various securities. Investment securities are exposed to 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 could materially affect participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive group annuity contracts which are reported at contract value (Note 3). 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.

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. Net appreciation includes the Plan's unrealized and realized gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses

Administrative expenses are paid by the Plan as permitted by the Plan Document and to the extent that they are not paid by the Plan Sponsor.

Note Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued, but unpaid, interest. Interest income is recorded when earned. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make scheduled repayments and the Plan Administrator deems the participant note receivable to be in default, the participant note receivable balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefit payments are recorded when paid by the Plan.

Reclassification

Certain reclassifications have been made to the 2024 financial statement presentation to correspond to the current year format. Total net assets available for benefits are unchanged due to these reclassifications.

Note 3: Fully Benefit-Responsive Group Annuity Contracts

Fully benefit-responsive group annuity contracts generally represent contributions made under each contract, plus interest, and less participant withdrawals and administrative expenses. The custodians maintain the contributions in a general account secured by the general assets of the custodians. Certain events, such as a plan termination or a plan merger initiated by the Plan Sponsor, may limit the ability of the Plan to transact at contract value. The Plan Sponsor does not believe that any events that may limit the ability of the Plan to transact at contract value are probable. As of December 31, 2025 and 2024, investments at contract value totaled $8,235,032 and $8,356,744, respectively.

Note 4: Fair Value Measurements

The accounting standard for fair value measurement 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 are described below:

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 non-active 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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Mutual funds, self-directed brokerage accounts and interest-bearing cash accounts: Valued at quoted market prices as provided by the custodians.

Non benefit-responsive group annuity contracts: Valued at discounted cash flows and theoretical transfer (exit value) based upon risk-adjusted discount rates, which is a significant unobservable input. This group annuity contract significantly restricts participant access to funds and as such, management does not consider this contract to be fully benefit-responsive.

Pooled separate accounts: Valued at net asset value (NAV), which is based on the value of the underlying assets owned by the accounts, less any liabilities and fees charged by the custodians, and then divided by the number of shares outstanding. The Plan has concluded that the NAV reported by the custodians is used as a practical expedient to approximate the fair value of the investments. This practical expedient would not be used if it is determined to be probable that the investments will sell for an amount different from the reported NAV. Participant-directed transactions (purchases and sales) generally have no restrictions. There are currently no unfunded commitments on these investments.

The methods 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2025 and 2024:

Investments at fair value as of December 31, 2025:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,481,751,988	$ -	$ -	$ 1,481,751,988
Interest-bearing cash	26,004,196	-	-	26,004,196
Self-directed brokerage accounts	125,148,225	-	-	125,148,225
Non benefit-responsive group annuity contracts	-	-	20,185,087	20,185,087
	1,632,904,409	-	20,185,087	1,653,089,496
Pooled separate accounts [(a)]	-	-	-	50,442,066
Total investments at fair value	$ 1,632,904,409	$ -	$ 20,185,087	$ 1,703,531,562

Investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 1,243,248,889	$ -	$ -	$ 1,243,248,889
Interest-bearing cash	27,854,768	-	-	27,854,768
Self-directed brokerage accounts	106,179,363	-	-	106,179,363
Non benefit-responsive group annuity contracts	-	-	20,576,449	20,576,449
	1,377,283,020	-	20,576,449	1,397,859,469
Pooled separate accounts [(a)]	-	-	-	48,698,834
Total investments at fair value	$ 1,377,283,020	$ -	$ 20,576,449	$ 1,446,558,303

(a) These investments are measured using NAV as a practical expedient and are not classified in the fair value hierarchy. The fair value amounts presented in this table are shown for the purpose of reconciling to the statements of net assets available for benefits.

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 investments for the plan years ended December 31, 2025 and 2024:

	2025	2024
Balance, beginning of year	$ 20,576,449	$ 20,878,908
Realized gains	677,479	482,612
Unrealized (losses) gains	(44,688)	139,156
Earnings	309,729	311,061
Distributions and annuity settlements	(1,333,882)	(1,235,288)
Balance, end of year	$ 20,185,087	$ 20,576,449

The following table represents the Plan's Level 3 investments, the valuation techniques used to measure the fair value of the investment, and the significant unobservable inputs and the ranges of values for those inputs:

Type	Valuation Technique	Significant Unobservable Inputs	Range
TIAA-CREF:			
General Account - Traditional (Contract 103390)	Discounted cash flow and theoretical transfer (exit value)	Risk-adjusted discount rate applied	3.00% to 5.00%

Note 5: Information Certified by the Custodians (Unaudited)

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the amounts for investment assets and transactions in those assets included in the accompanying financial statements and supplemental information and as outlined below as of December 31, 2025 and 2024, and for the year ended December 31, 2025, were derived from information certified as complete and accurate by the Trustee in accordance with DOL regulations. As permitted under such election, the Plan's independent auditors did not perform any auditing procedures with respect to the following information certified by the Trustee, except for comparing such information certified by the trustee to information included in the Plan's financial statements and supplemental information:

	2025	2024
Statements of Net Assets Available for Benefits:		
Investments:		
Mutual funds	$ 1,481,751,988	$ 1,243,248,889
Self-directed brokerage accounts	125,148,225	106,179,363
Pooled separate accounts	50,442,066	48,698,834
Interest-bearing cash	26,004,196	27,854,768
Non benefit-responsive group annuity contracts	20,185,087	20,576,449
Fully benefit-responsive group annuity contracts	8,235,032	8,356,744
Statement of Changes in Net Assets Available for Benefits:		
Net appreciation in fair value of investments	$ 208,262,335	
Interest and dividends	43,894,620	

Note 6: Federal Income Tax Status

The Plan obtained its latest determination letter on November 29, 2024, in which the Internal Revenue Service (IRS) stated that the Plan, as designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2022.

Note 7: Party-in-Interest Transactions

The Plan's custodians and third-party administrators and its affiliates perform services for, sell products to and maintain certain investments for the Plan for which fees are charged to the Plan. Party-in-interest transactions also include notes made to participants. Such transactions, while considered party-in-interest transactions under ERISA, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

Note 8: Plan Termination

Although it has expressed no intent to do so, the Plan Sponsor reserves the right to change or terminate the Plan at any time subject to the provisions of ERISA. In the event of termination of the Plan, the value of each participant's account as of the date of termination shall immediately become non-forfeitable and fully vested.

Note 9: Subsequent Events

The Plan Sponsor has evaluated for subsequent events between the statement of net assets available for benefits date of December 31, 2025 and the report date, the date the financial statements were available for issuance, and has concluded that all subsequent events requiring recognition or disclosure have been incorporated into these financial statements.

* * * * *

Supplemental Information

Children's Healthcare of Atlanta 403(b) Share Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Plan #004 - Employer Identification #58-2367819

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments (Number of Shares)	(d) Cost	(e) Current Value
	Mutual funds:			
	Fidelity -			
	Vanguard Total Stock Market Index Fund Institutional Shares	1,552,546	**	$ 253,422,112
	JPMorgan SmartRetirement Blend 2035 Fund Class R6	4,980,201	**	164,745,053
	JPMorgan SmartRetirement Blend 2045 Fund Class R6	3,866,345	**	148,312,992
	JPMorgan SmartRetirement Blend 2030 Fund Class R6	4,752,681	**	137,922,804
	JPMorgan SmartRetirement Blend 2050 Fund Class R6	3,460,803	**	134,348,382
	JPMorgan SmartRetirement Blend 2040 Fund Class R6	4,021,207	**	144,763,442
	JPMorgan SmartRetirement Blend 2060 Fund Class R6	3,631,085	**	109,404,592
	JPMorgan SmartRetirement Blend 2055 Fund Class R6	2,727,239	**	105,244,169
	JPMorgan SmartRetirement Blend 2025 Fund Class R6	2,958,535	**	74,407,164
	Vanguard Total International Stock Index Fund Institutional Shares	429,968	**	69,693,579
	PGIM Total Return Bond Fund Class R6	3,425,307	**	41,720,241
	JPMorgan SmartRetirement Blend Income Fund Class R6	1,680,123	**	33,367,249
	Vanguard Total Bond Market Index Fund Institutional Shares	1,981,285	**	19,357,151
	Dodge & Cox Global Stock Fund Class I	981,573	**	15,518,676
	Total Fidelity-held mutual funds			1,452,227,606
	TIAA-CREF -			
*	TIAA-CREF Stock R2	14,242	**	15,759,146
*	TIAA-CREF Growth R2	8,388	**	5,137,544
*	TIAA-CREF Global Equities R2	7,403	**	3,117,087
*	TIAA-CREF S&P 500 Index R2	3,867	**	2,326,906
*	TIAA-CREF Responsible Balanced R2	3,950	**	1,667,124
*	TIAA-CREF Core Bond R2	7,688	**	1,105,630
*	TIAA-CREF Inflation-Linked Bond R2	4,550	**	410,945
	Total TIAA-CREF mutual funds			29,524,382
	Total mutual funds			1,481,751,988
	Interest-bearing cash:			
	Vanguard Federal Money Market Fund	24,470,149	**	24,470,149
*	TIAA-CREF Money Market R2	35,242	**	1,087,876
*	Variable Annuity Life Insurance Company Money Market I Fund	187,492	**	446,171
	Total interest-bearing cash			26,004,196
	Fully benefit-responsive group annuity contracts:			
*	Variable Annuity Life Insurance Company Fixed Account Plus	Contract 05631-015	**	6,084,819
*	Variable Annuity Life Insurance Company Short-Term Fixed	Contract 05631-015	**	1,944,926
*	TIAA-CREF General Account - Traditional	Contract 103391	**	205,287
	Total fully benefit-responsive group annuity contracts			8,235,032
	Non benefit-responsive group annuity contracts:			
*	TIAA-CREF General Account - Traditional	Contract 103390	**	20,185,087
	Pooled separate accounts:			
*	Variable Annuity Life Insurance Company Separate Account A	General account	**	49,917,256
*	TIAA-CREF Real Estate Fund	1,094	**	524,810
	Total pooled separate accounts			50,442,066
	Self-directed brokerage accounts:			
*	Fidelity Brokeragelink	125,148,225	**	125,148,225
	Total investments			1,711,766,594
*	Notes receivable from participants	Interest rates: 4.25% to 9.50% Maturity dates: January 2026 to January 2041		14,850,273
				$ 1,726,616,867

* A party-in-interest as defined by ERISA.
** Cost information not required for participant-directed investments, and therefore, is not included.

See accompanying independent auditor's report and notes to financial statements.

Schedule C, Line 2(h) Formula Descriptions

Childrens Healthcare of Atlanta Inc Share Plan
EIN: 58-2367819, PN: 004
Plan Year Ending: December 31, 2025

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

PAYOR NAME	EIN / ADDRESS	ADDRESS	CITY	STATE	ZIP CODE	COMPENSATION
AB SELECT US LONG SHORT PORT CLASS A	8000 IH 10 W	STE 1400, 14TH FL	SAN ANTONIO	TX	78230	0.40%
ABERDEEN DYNAMIC DIVIDEND INSTL	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.15%
ABERDEEN GLOBAL HIGHINCOME FUND CL A	1735 MARKET ST	32ND FL	PHILADELPHIA	PA	19103	0.40%
ADV PREFERRED GOLD BULLION STRAT INV	1445 RESEARCH BLVD STE 530		ROCKVILLE	MD	20850	0.40%
AEGIS VALUE FUND INC	6862 ELM ST	STE 830	MCLEAN	VA	22101	0.10%
ALGER DYNAMIC OPPORTUNITIES CL A	600 PLAZA ONE	6TH FL	JERSEY CITY	NJ	07311	0.40%
ALGER MID CAP GROWTHINSTL FUND I	600 PLAZA ONE	6TH FL	JERSITY CITY	NJ	07311	0.40%
ALLSPRING CORE PLUS BOND FUND INST	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.15%
ALLSPRING SHORT TERMHIGH INCOME INSTL	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.15%
ALLSPRING SMALL COMPANY VLUE INST	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.10%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN BEACON AHL MNGD FUTR STRA INVS	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN BOND FUND OF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN CAPITAL WORLD GRWTH & INC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN CEN FOCUSEDDYNAMIC GROWTH INV	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CEN SHT DURINFL PROTECTN BD INV	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.25%
AMERICAN CENTURY SMALL CAP VALUE INV	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY ULTRA INVESTOR CLASS	4400 MAIN ST 1ST FL		KANSAS CITY	MO	64111	0.35%
AMERICAN EUPAC F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN FUNDAMENTALINVESTORS CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN FUNDS GLBL GROWTH PORT F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN FUNDS GRWTH& INC PORTFOLIO F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN FUNDS INFLTLINKED BOND CL F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN FUNDS INTL VANTAGE F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN GROWTH FUNDOF AMERICA CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	$18.00
AMERICAN GROWTH FUNDOF AMERICA CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN INCOME FUND OF AMERICA CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	$18.00
AMERICAN MUTUAL FUNDCLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN NEW PERSPECTIVE CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	$18.00
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN NEW WORLD CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN US GOV'T SECURITIES CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
AMERICAN WASHNTN MUTUAL INVESTRS CL A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251	$18.00
AMG YACKTMAN FOCUSED N	600 STEAMBOAT RD	STE 300	GREENWICH	CT	06830	0.40%
AQR DIVERSIFIED ARBITRAGE CLASS I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
AQR DIVERSIFIED ARBITRAGE CLASS N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR DIVERSIFYING STRATEGIES FUND CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR LONG SHORT EQUITY FUND CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.15%
AQR SMALL CAP MOMENTUM STYLE CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
AQR STYLE PREMIA ALTERNATIVE CL I	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.12%
ARTISAN DEVELOPING WORLD FD INVESTOR CL	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
ARTISAN INTL VALUE FUND INV CL	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
ARTISAN SMALL CAP FUND INVESTOR CL	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
ARTISAN SUSTAINABLE EMERG MRKTS INVSTR	875 E WISCONSIN AVE STE 800		MILWAUKEE	WI	53202	0.39%
AXONIC STRATEGIC INCOME FUND INSTL	520 MADISON AVE.	42ND FL	NEW YORK	NY	10022	0.10%
BAIRD AGGREGATE BOND FUND INSTL	777 E. WISCONSIN AVE	18TH FL	MILWAUKEE	WI	53202	0.03%
BAIRD AGGREGATE BONDFUND INVESTOR CL	777 E. WISCONSIN AVE	18TH FL	MILWAUKEE	WI	53202	0.28%
BARON ASSET	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON DISCOVERY FUNDRETAIL SHARES	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTHFUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON REAL ESTATE FUND RETAIL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON REAL ESTATE INCOME FUND INSTL	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.10%
BIOTECHNOLOGY ULTRA SECTOR PRO FD INVS	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BLACKROCK 80/20 TARGET ALLOC FD CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK COMMODITY STRATEGIES FUND CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK EMERGING MARKETS FD INC A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH EQUITY INCOME CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH YIELDPORTFOLIO INSTL	40 EAST 52ND ST		NEW YORK	NY	10022	0.15%
BLACKROCK INCOME FUND INVESTOR A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK MID CAP VALUE FUND CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK STRATEGIC INCOME OPPRTSI INSTL	40 EAST 52ND ST		NEW YORK	NY	10022	0.15%
BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BNY MELLON EQUITY INCOME A	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.40%
BNY MELLON GLOBAL FIXED INCOME I	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.15%

BRIDGEWAY SMALL CAP VALUE FUND CL N	20 GREENWAY PLAZA	STE 450	HOUSTON	TX	77046	0.10%
BROWN INTERNATIONAL SMALL COMPANY INVEST	1290 BROADWAY	STE 1100	DENVER	CO	80203	0.40%
BUFFALO SMALL CAP GROWTH	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
CARILLON REAMS UNCONSTRAINED BOND I	P. O. BOX 33022		ST PETERSBURG	FL	337338022	0.15%
CLEARBRIDGE INTERN'TGROWTH FD CL A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	0.40%
CLIFFWATER CORPORATELENDING FUND I	4640 ADMIRALTY WAY	11TH FL	MARINA DEL REY	CA	90292	0.18%
COHEN & STEERS INSTL REALTY SHARES	280 PARK AVE	10TH FL	NEW YORK	NY	10017	0.10%
COHEN & STEERS REALTY CLASS A	280 PARK AVE	10TH FL	NEW YORK	NY	10017	0.40%
COHEN & STEERS REALTY SHARES	280 PARK AVE	10TH FL	NEW YORK	NY	10017	0.40%
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND OPPORTUNITY CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELECT CORPORATE INCOME A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN TECH AND INFO CL C	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA SELIGMAN TECH AND INFO CL I2	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.10%
COLUMBIA SMALL CAP GROWTH FD CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA THERMOSTAT CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
DFA EMERGING MRKTS CORE EQU PORTF	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA GLOBAL REAL ESTATE SEC PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INT'L SMALL CAP VALUE	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INVESTMENT GRADE PORTFOLIO INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US CORE EQUITY I	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US CORE EQUITY II	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA WORLD EX US CORE EQUITY PORTFOLIO IN	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIAMOND HILL CORE BOND FUND CL I	5 JOHN H MCCONNELL BLVD STE 200		COLUMBUS	OH	43215	0.10%
DIAMOND HILL SHORT DURAT SEC BOND I	5 JOHN H MCCONNELL BLVD STE 200		COLUMBUS	OH	43215	0.10%
DIREXION MONTHLY NASDAQ100BULL2X INV	155 SEAPORT BOULEVARD	STE P8	NEW YORK	NY	10019	0.40%
DOUBLELINE CORE FIXED INCOME FD CL N	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
DRIEHAUS EMERGING MARKETS	25 EAST ERIE ST		CHICAGO	IL	60611	0.40%
DRIEHAUS EVENT DRIVEN FUND	25 EAST ERIE ST		CHICAGO	IL	60611	0.40%
DWS REAL ASSETS FD CL A	280 PARK AVE	9TH FLR	NEW YORK	NY	10026	0.40%
DWS RREEF REAL ASSETS FUND INSTL CL	280 PARK AVE	9TH FLR	NEW YORK	NY	10026	0.15%
EASTERLY HEDGED EQTY FUND CLASS I	1616 NO. LITCHFIELD RD STE 165		SMITHFIELD	RI	02917	0.10%
EATON VANCE EMERGINGAND FRONT COUNT EQ I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EDGEWOOD GROWTH FUND RETAIL CLASS	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
EVENTIDE GILEAD FUND CLASS N	80 ARKAY STE 110		HAUPPAUGE	NY	11788	0.40%
EVENTIDE HEALTHCARE AND LIFE SCIENCES N	80 ARKAY STE 110		HAUPPAUGE	NY	11788	0.40%
FEDERATED HERMES MDT MARKET NEUTRAL IS	4000 ERICSSON DR		WARRENDALE	PA	150867515	0.10%
FIRST EAGLE GLOBAL CLASS A	45 AVE OF THE AMERICAS 48TH FLR		NEW YORK	NY	10105	0.40%
FIRST TRUST ALTER OPPORTUNITIES CL I	2220 E. ROUTE 66	STE 226	SMITHFIELD	RI	02917	0.25%
FMI COMMON STOCK FUND	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FMI INTERNATIONAL	777 EAST WISCONSIN AVE		MILWAUKEE	WI	53202	0.40%
FPA CRESCENT FUND	11601 WILSHIRE BLVD	STE 1200	LOS ANGELES	CA	90025	0.35%
FPA NEW INCOME FUND	11601 WILSHIRE BLVD	STE 1200	LOS ANGELES	CA	90025	0.10%
FPA NEW INCOME FUND INVESTOR CLASS	11601 WILSHIRE BLVD	STE 1200	LOS ANGELES	CA	90025	0.40%
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
FRANKLIN RISING DIVIDENDS CLASS A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
FRANKLIN SMALL-MID CAP GROWTH A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	$16.00
GOLDMAN SACHS GLOBAL CORE FIXED INC INST	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.07%
GOLDMAN SACHS GQG PART INTERNTL OPP A	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS GQG PARTNERS INTL OPP I	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.17%
GQG PARTNERS EMERG MARKETS EQ INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
GQG PARTNERS EMRGING MARKETS EQUITY INV	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GQG PARTNERS US QULTSELECT EQUITY INVSTR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
GUGGENHEIM LIMITED DURATION CL INSTL	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.15%
GUGGENHEIM TOTAL RETURN BOND FD INSTL	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.15%
HARDING LOEVNER INSTEMRG MKTS PORT INST	PO BOX 4766		CHICAGO	IL	60680	0.15%
HARTFORD SCHRODERS INTL STOCK CL A	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.40%
HCM MULTI ASSET PLUSINVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HCM SECTOR PLUS INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HCM TACTICAL PLUS INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HENNESSY CORNERSTONEMID CAP 30 INV CL	7250 REDWOOD BLVD.	STE 200	NOVATO	CA	94945	0.40%
IMGP DOLAN MCENIRY CORPORATE BOND INSTL	1290 BROADWAY	STE 1100	DENVER	CO	80203	0.15%
IMPAX INTERNATIONAL SUSTAIN ECON INVSTR	1290 BROADWAY	STE 1100	DENVER	CO	80203	0.40%
INVESCO CORPORATE BOND FUND CL A	11 GREENWAY PLAZA		HOUSTON	TX	77046	0.40%
JACOB INTERNET	727 2ND ST	STE 106	HERMOSA BEACH	CA	90254	0.40%
JANUS HENDERSON BALANCED T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON SMALL CAP VALUE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JENSEN QUALITY GROWTH FD CL J	811 E. WISCONSIN AVE	8TH FL	MILWAUKEE	WI	53202	0.40%
JPMORGAN CORE BOND CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN GLOBAL BONDOPPORTUNITIES CL I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN GROWTH ADVANTAGE FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%

JPMORGAN HEDGED EQUITY 2 FUND A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN U.S. GARP EQUITY FUND CL A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN US EQUITY FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
LAZARD GLOBAL LISTEDINFRASTRUCTURE OPEN	30 ROCKEFELLER PLAZA	57TH FL.	NEW YORK	NY	10112	0.40%
LDR REAL ESTATE VALUE OPPORTUNITY P	8730 STONY POINT PKWY	STE 205	RICHMOND	VA	23235	0.40%
LOOMIS SAYLES GLOBAL BOND RETAIL	399 BOYLSTON ST	8TH FL	BOSTON	MA	02116	0.35%
LORD ABBETT CONVERTIBLE FD CL A	90 HUDSON ST 10TH FL		JERSEY CITY	NJ	07302	0.37%
LORD ABBETT GROWTH LEADERS FUND CL A	90 HUDSON ST 10TH FL		JERSEY CITY	NJ	07302	0.45%
MATTHEWS ASIA DIVIDEND FUND	1 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN INNOVATORS FD INVST	1 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MATTHEWS EMERG MRKTSSM COMPANIES INVSTR	1 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MATTHEWS EMERGING MKTS EQUITY INVESTOR	1 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MATTHEWS INDIA FUND	1 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MATTHEWS JAPAN FUND	1 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MATTHEWS PACIFIC TIGER FUND	1 EMBARCADERO CENTER STE 550		SAN FRANCISCO	CA	94111	0.40%
MFS EMERGING MARKETSDEBT FUND CL I	111 HUNTINGTON AVE		BOSTON	MA	021997632	0.15%
MILLER CONVERTIBLE BOND CLASS I	20 WILLIAM ST	STE G5	PORTSMOUTH	NH	03801	0.15%
MORGAN STA INST INC. INCEPTION PORT I	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.10%
MORGAN STA INST INC.INCEPTION PORT CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE	4TH FL	NEW YORK	NY	10036	0.40%
NEEDHAM AGGRESSIVE GROWTH	445 PARK AVE 15TH FL		NEW YORK	NY	10022	0.40%
NEUBERGER BERMAN LONG SHORT FUND CL A	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	101040002	$12.00
NEUBERGER LARGE CAP VALUE TRUST	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	101040002	0.40%
NEUBERGER REAL ESTATE TRUST	1290 AVE OF THE AMERICAS	22ND FL	NEW YORK	NY	101040002	0.40%
NOMURA EMERGING MARKETS FUND CL R	2005 MARKET ST		PHILADELPHIA	PA	19103	0.08%
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL	C5S	CHICAGO	IL	60675	0.40%
NUVEEN HIGH YIELD FUND R6	333 WEST WACKER DR		CHICAGO	IL	60606	0.06%
NUVEEN REAL ASSET INCOME FUND A SHRS	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
NYLI MACKAY HIGH YIELD CORP BD CL I	30 HUDSON ST	23RD FL	ARLINGTON	NJ	07032	0.10%
OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.35%
OBERWEIS MICRO CAP FUND	3333 WARRENVILLE RD	STE. 500	LISLE	IL	60532	0.40%
PARADIGM MICRO CAP FUND	9 ELK ST		ALBANY	NY	12207	0.40%
PARNASSUS CORE EQUITY INVESTOR	ARKET ST STEUART TOWER STE 1600		SAN FRANCISCO	CA	94105	0.40%
PARNASSUS VALUE EQUITY INVESTOR	ARKET ST STEUART TOWER STE 1600		SAN FRANCISCO	CA	94105	0.40%
PAYDEN EMERGING MARKETS BOND ADVISER	333 S GRAND AVE 32ND FL		LOS ANGELES	CA	90071	0.40%
PAYDEN HIGH INCOME INVESTOR CLASS	333 S GRAND AVE 32ND FL		LOS ANGELES	CA	90071	0.38%
PERFORMANCE TRUST TOTAL RETRN BND INST	500 WEST MADISON	STE 470	CHICAGO	IL	60661	0.40%
PERMANENT VERSATILE BOND PORTFOLIO	600 MONTGOMERY ST STE 4100		SAN FRANCISCO	CA	941112702	0.40%
PFG ACTIVE CORE BOND STRATEGY FUND CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG AMERICAN FUNDS GROWTH STRAT CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG BNY MELLON DIVERSIFIER STRAT R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG BR TRGT ALLOCAT EQ STRATEGY FD CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG GLOBAL EQUITY INDEX STRATEGY CL R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG INVESCO EQ FACTRROTATION STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG JANUS HENDERSON BALANCED STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG JANUS HENDERSON TACTICAL INC STRAT R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG JP MORGAN TACTICAGGRESSIVE STRAT R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG JP MORGAN TACTICMODERATE STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG MEEDER TACTICAL STRATEGY FUND R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG MFS AGGRESSIVE GROWTH STRATEGY R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PFG US EQUITY INDEX STRATEGY CLASS R	777 108TH AVE NE	STE 2100	BELLEVUE	WA	98004	0.25%
PGIM HIGH YIELD CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PGIM TOTAL RETURN BOND CL A	655 BROAD ST		NEWARK	NJ	07102	0.40%
PIMCO COMMODITIES PLUS STRATEGY CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO EMERGING MRKTSLOCAL CUR & BD A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO HIGH YIELD SPECTRUM FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INTL BD FD U SDOLLAR-HEDGED A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE US SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PUTNAM CORE EQUITY CLASS A	1 POST OFFICE SQ MAILZONE G3C		BOSTON	MA	02109	0.40%
RBC SMID CAP GROWTH FUND CLASS A	50 S SIXTH ST	STE 2350	MINNEAPOLIS	MN	55402	0.40%
RED OAK TECHNOLOGY SELECT	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	0.40%
ROYCE SMALL-CAP OPPORTUNITY INVEST	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.15%
SEGALL BRYANT HAMILL PLUS BOND INSTL	370 17TH ST	STE 5000	DENVER	CO	80202	0.15%
SGI PEAK GROWTH I	620 S. MAIN ST		BOUNTIFUL	UT	84010	0.10%
SGI PRUDENT GROWTH FUND I	620 S. MAIN ST		BOUNTIFUL	UT	84010	0.10%
STONE RIDGE HIGH YLD REINSRNCE RSK PREM	510 MADISON AVE		NEW YORK	NY	10022	0.10%
T ROWE PRICE ALL CAPOPPORTUNITIES INVST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%

T ROWE PRICE EMERG MRKTS CORP BD INVEST	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EMERGING MKTS STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLBL ALLOCATION INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL GR STOCK INVESTOR CL	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTL DISCOVERY FUND	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INT'L JAPAN	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE MID CAP VALUE	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE NEW ASIA	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE TARGET 2055 FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE VALUE	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
TCW EMERGING MARKETS INCOME CL N	865 S FIGUERA ST	22ND FL	LOS ANGELES	CA	90071	0.40%
TCW METWEST TOTAL RETURN BOND CLASS I	865 S FIGUEROA ST 1400		LOS ANGELES	CA	90071	0.10%
THOMPSON BOND FUND	1255 FOURIER DR STE 200		MADISON	WI	53717	0.25%
THORNBURG INTL EQUITY FUND CL I	2300 NORTH RIDGETOP RD		SANTA FE	NM	87506	0.15%
VICTORY MARKET NEUTRAL INCOME FD I	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.15%
VICTORY NASDAQ-100 INDEX FUND	4900 TIEDEMAN RD 4TH FL		BROOKLYN	OH	44114	0.10%
VIRTUS ALPHASIMPLEX MANAG FUTURE STRAT A	100 SUMMIT LAKE DR 201		GREENFIELD	MA	01301	0.40%
WASATCH EMG MRKTS SELECT FUND INSTL	505 WAKARA WAY	STE 300	SALT LAKE CITY	UT	84108	0.10%
WEITZ SHORT DURATIONINCOME FUND INSTL	1125 SOUTH 103RD ST		OMAHA	NE	68124	0.30%

Children's Healthcare of Atlanta 403(b) Share Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Plan #004 - Employer Identification #58-2367819

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investments (Number of Shares)	(d) Cost	(e) Current Value
	Mutual funds:			
	Fidelity -			
	Vanguard Total Stock Market Index Fund Institutional Shares	1,552,546	**	$ 253,422,112
	JPMorgan SmartRetirement Blend 2035 Fund Class R6	4,980,201	**	164,745,053
	JPMorgan SmartRetirement Blend 2045 Fund Class R6	3,866,345	**	148,312,992
	JPMorgan SmartRetirement Blend 2030 Fund Class R6	4,752,681	**	137,922,804
	JPMorgan SmartRetirement Blend 2050 Fund Class R6	3,460,803	**	134,348,382
	JPMorgan SmartRetirement Blend 2040 Fund Class R6	4,021,207	**	144,763,442
	JPMorgan SmartRetirement Blend 2060 Fund Class R6	3,631,085	**	109,404,592
	JPMorgan SmartRetirement Blend 2055 Fund Class R6	2,727,239	**	105,244,169
	JPMorgan SmartRetirement Blend 2025 Fund Class R6	2,958,535	**	74,407,164
	Vanguard Total International Stock Index Fund Institutional Shares	429,968	**	69,693,579
	PGIM Total Return Bond Fund Class R6	3,425,307	**	41,720,241
	JPMorgan SmartRetirement Blend Income Fund Class R6	1,680,123	**	33,367,249
	Vanguard Total Bond Market Index Fund Institutional Shares	1,981,285	**	19,357,151
	Dodge & Cox Global Stock Fund Class I	981,573	**	15,518,676
	Total Fidelity-held mutual funds			1,452,227,606
	TIAA-CREF -			
*	TIAA-CREF Stock R2	14,242	**	15,759,146
*	TIAA-CREF Growth R2	8,388	**	5,137,544
*	TIAA-CREF Global Equities R2	7,403	**	3,117,087
*	TIAA-CREF S&P 500 Index R2	3,867	**	2,326,906
*	TIAA-CREF Responsible Balanced R2	3,950	**	1,667,124
*	TIAA-CREF Core Bond R2	7,688	**	1,105,630
*	TIAA-CREF Inflation-Linked Bond R2	4,550	**	410,945
	Total TIAA-CREF mutual funds			29,524,382
	Total mutual funds			1,481,751,988
	Interest-bearing cash:			
	Vanguard Federal Money Market Fund	24,470,149	**	24,470,149
*	TIAA-CREF Money Market R2	35,242	**	1,087,876
*	Variable Annuity Life Insurance Company Money Market I Fund	187,492	**	446,171
	Total interest-bearing cash			26,004,196
	Fully benefit-responsive group annuity contracts:			
*	Variable Annuity Life Insurance Company Fixed Account Plus	Contract 05631-015	**	6,084,819
*	Variable Annuity Life Insurance Company Short-Term Fixed	Contract 05631-015	**	1,944,926
*	TIAA-CREF General Account - Traditional	Contract 103391	**	205,287
	Total fully benefit-responsive group annuity contracts			8,235,032
	Non benefit-responsive group annuity contracts:			
*	TIAA-CREF General Account - Traditional	Contract 103390	**	20,185,087
	Pooled separate accounts:			
*	Variable Annuity Life Insurance Company Separate Account A	General account	**	49,917,256
*	TIAA-CREF Real Estate Fund	1,094	**	524,810
	Total pooled separate accounts			50,442,066
	Self-directed brokerage accounts:			
*	Fidelity Brokeragelink	125,148,225	**	125,148,225
	Total investments			1,711,766,594
*	Notes receivable from participants	Interest rates: 4.25% to 9.50% Maturity dates: January 2026 to January 2041		14,850,273
				$ 1,726,616,867

* A party-in-interest as defined by ERISA.
** Cost information not required for participant-directed investments, and therefore, is not included.

See accompanying independent auditor's report and notes to financial statements.