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
CHILDRENS HEALTHCARE OF ATLANTA GROWTH PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1996

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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	19606
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)**	14498
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14385
b	Retired or separated participants receiving benefits	**6b**	91
c	Other retired or separated participants entitled to future benefits	**6c**	4911
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	19387
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	50
f	Total. Add lines **6d** and **6e**.	**6f**	19437
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)**	14887
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)**	15422
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	927
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:

2E 2F 2G 2R 2T 3D 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(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 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CHILDRENS HEALTHCARE OF ATLANTA GROWTH PLAN

B Three-digit plan number (PN) ▶ 005

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	05631-016	14	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	15228
5	Current value of plan's interest under this contract in separate accounts at year end	5	13881

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	16289
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	476		
	(4) Transferred from separate account	7c(4)	87		
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	563
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	16852
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1625		
	(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)	1625
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	15227

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
CHILDRENS HEALTHCARE OF ATLANTA GROWTH PLAN

B Three-digit plan number (PN) ▶ 005

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

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

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

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

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	725563	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 51	INV. ADVISORY	210165	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENNETT THRASHER

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 [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)

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	23992	Yes ☐ No ☒	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	INV. ADVISORY	12784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON

22-2945469

(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?
16	CONSULTANT	11730	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

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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 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
CHILDRENS HEALTHCARE OF ATLANTA GROWTH PLAN

B Three-digit plan number (PN) ▶ 005

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)	27924164	29570379
(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)	6664892	7699116
(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)	4288713	4914134
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(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)	331605719	393542975
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16290	15228
(15) Other	1c(15)	20290052	23229933

		(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	390789830	458971765
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	390789830	458971765

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)	29570379	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	134588	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		29704967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	391271	
(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)	353855	
(F) Other	2b(1)(F)	1569	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		746695
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	3215	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	13894758	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		13897973
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	472395	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	488745	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-16350
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-24515	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-24515

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		53169673
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		97478443
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27936010	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		27936010
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		384548
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	725563	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	210165	
(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)	40222	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		975950
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29296508
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		68181935
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
CHILDRENS HEALTHCARE OF ATLANTA GROWTH PLAN

B Three-digit plan number (PN) ▶ 005

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

Children's Healthcare of Atlanta
Growth Plan

Financial Statements

December 31, 2025 and 2024

BENNETT THRASHER LLP
Better Together

Children's Healthcare of Atlanta Growth 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 Growth Plan:

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

We have performed audits of the accompanying financial statements of Children's Healthcare of Atlanta Growth Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 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 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 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

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

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 Schedule Required by ERISA

The supplemental schedule of the Plan, as listed in the accompanying index, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, 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 schedule 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 schedule, 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 schedule, 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 schedule 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 Growth Plan

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

	2025	2024
Investments:		
Investments at fair value	$ 424,472,024	$ 358,560,663
Investments at contract value	15,228	16,290
Total investments	424,487,252	358,576,953
Receivables:		
Employer contributions receivable	29,570,379	27,924,164
Notes receivable from participants	4,914,134	4,288,713
Total receivables	34,484,513	32,212,877
Net assets available for benefits	$ 458,971,765	$ 390,789,830

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

Children's Healthcare of Atlanta Growth Plan

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

Additions to net assets attributed to:	
Contributions:	
Employer	$ 29,570,379
Participant rollovers	134,588
Total contributions	29,704,967
Net appreciation in fair value of investments	53,128,808
Interest and dividends	14,290,813
Interest income on notes receivable from participants	353,855
Total additions	97,478,443
Deductions from net assets attributed to:	
Benefits paid to participants	28,320,558
Administrative expenses	975,950
Total deductions	29,296,508
Net increase	68,181,935
Net assets available for benefits, beginning of year	390,789,830
Net assets available for benefits, end of year	$ 458,971,765

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

Children's Healthcare of Atlanta Growth Plan

Notes to Financial Statements
December 31, 2025 and 2024

Note 1: Description of the Plan

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

General

The Plan is a defined contribution plan established under the provisions of Section 401(a) of the Internal Revenue Code (IRC) that covers substantially all the employees (other than leased and Children's Healthcare of Atlanta Cardiology, Inc.) of Children's Healthcare of Atlanta, Inc. (Children's or the Plan Sponsor). Employees are eligible to participate in the Plan on the first day of the month following the completion of one month of service.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was formed on January 1, 1996 and was restated on February 15, 2022.

Effective January 1, 2026, the Plan was amended to modify certain administrative provisions of the Plan Document. 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.

Administration

Prior to January 1, 2010, the Variable Annuity Life Insurance Company (VALIC) served as custodian of the Plan's assets and the third-party administrator for the Plan. On January 1, 2010, the Plan transferred a majority of the assets held at VALIC to Fidelity Management Trust Company (Fidelity). Prior to transfer, participants had to give consent to have their balances transferred from VALIC to 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 are held by Fidelity and a portion of the Plan's assets still remain at Corebridge 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 Sponsor makes discretionary contributions to the Plan. Allocations of the discretionary contributions are based on the relative compensation of participants employed on the last day of the Plan year who have been credited with at least 1,000 hours of service; however, participants who do not meet such requirements due to reaching early retirement age, death, or becoming disabled, are still eligible to receive discretionary contributions.

No employee contributions to the Plan are permitted, but employees may deposit rollover contributions from another qualified plan.

Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's share of the Plan Sponsor contributions, participant forfeitures 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 notes to be made to participants. A note cannot exceed $50,000 or one-half of the vested cash value of a participant's account balance, whichever is less. If the participant has taken a note in the past, the $50,000 limit may be reduced. The minimum amount for any note is $1,000. Notes are generally required to be paid 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%.

Vesting

Vesting in employer contributions is based on years of service. Participants vest according to the following schedule:

Years of Service	Percentage
Less than two	0%
2	30%
3	60%
4	80%
5	100%

Participants are credited with a year of service if they earn at least 1,000 hours of service during the year. In addition, participants become fully vested upon reaching early retirement age (55), death or disability. Participants become fully vested if involuntarily terminated due to a reduction in workforce, as defined.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited nonvested amounts available for future use totaled $1,070,141 and $436,145, respectively. Subsequent to December 31, 2025, forfeitures of approximately $1,143,000 were generated from participants' nonvested accounts and used to reduce employer contributions.

Benefits Paid to Participants

Upon termination of service, death, disability, or attainment of age 59 1/2, a participant may elect to receive an amount equal to the value of the participant's vested interest in his/her account. The form of payment is a lump-sum distribution, installment or annuity distribution. Participants who are terminated with an account balance less than $1,000 may have their account balances distributed automatically. Benefits are recorded when paid.

Investment Options

Participants make participant-directed allocations of their accounts in increments of 1% (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 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 investment 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 group fixed 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.

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 custodian maintains the contributions in a general account secured by the general assets of the custodian. 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 $15,228 and $16,290, 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.

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 table sets 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	$ 393,542,975	$ -	$ -	$ 393,542,975
Interest-bearing cash	7,699,116	-	-	7,699,116
Self-directed brokerage accounts	23,229,933	-	-	23,229,933
Total investments at fair value	$ 424,472,024	$ -	$ -	$ 424,472,024

Investments at fair value as of December 31, 2024:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 331,605,719	$ -	$ -	$ 331,605,719
Interest-bearing cash	6,664,892	-	-	6,664,892
Self-directed brokerage accounts	20,290,052	-	-	20,290,052
Total investments at fair value	$ 358,560,663	$ -	$ -	$ 358,560,663

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	$ 393,542,975	$ 331,605,719
Interest-bearing cash	7,699,116	6,664,892
Self-directed brokerage accounts	23,229,933	20,290,052
Group fixed annuity contracts	15,228	16,290
Statement of Changes in Net Assets Available for Benefits:		
Net appreciation in fair value of investments	$ 53,128,808	
Interest and dividends	14,290,813	

Note 6: Federal Income Tax Status

The Plan obtained its latest determination letter on June 30, 2020, 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.

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Supplemental Information

Children's Healthcare of Atlanta Growth Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Plan #005 - 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:			
	Vanguard Total International Stock Index Fund Institutional Shares	349,534	#	$ 57,054,429
	JPMorgan SmartRetirement Blend 2035 Fund Class R6	1,549,307	#	51,251,080
	JPMorgan SmartRetirement Blend 2040 Fund Class R6	1,273,948	#	45,862,125
	JPMorgan SmartRetirement Blend 2030 Fund Class R6	1,458,753	#	42,333,013
	JPMorgan SmartRetirement Blend 2045 Fund Class R6	1,061,770	#	40,729,498
	JPMorgan SmartRetirement Blend 2050 Fund Class R6	955,902	#	37,108,115
	JPMorgan SmartRetirement Blend 2055 Fund Class R6	693,610	#	26,766,409
	JPMorgan SmartRetirement Blend 2060 Fund Class R6	768,879	#	23,166,317
	JPMorgan SmartRetirement Blend 2025 Fund Class R6	899,128	#	22,613,077
	Vanguard Total Stock Market Index Fund Institutional Shares	105,152	#	17,044,113
	JPMorgan SmartRetirement Blend 2020 Fund Class R6	543,285	#	10,789,646
	PGIM Total Return Bond Fund Class R6	867,972	#	10,571,901
	Vanguard Total Bond Market Index Fund Institutional Shares	483,718	#	4,725,924
	Dodge & Cox Global Stock Fund Class I	222,246	#	3,527,328
	Total mutual funds			393,542,975
	Interest-bearing cash:			
	Vanguard Federal Money Market Fund	7,699,116	#	7,699,116
	Self-directed brokerage accounts:			
*	Fidelity Brokeragelink	23,229,933	#	23,229,933
	Group fixed annuity contracts:			
*	Variable Annuity Life Insurance Company Short-Term Fixed	Contract 05631-016	#	11,339
*	Variable Annuity Life Insurance Company Fixed Account Plus	Contract 05631-016	#	3,889
	Total group fixed annuity contracts			15,228
	Total investments			424,487,252
*	Notes receivable from participants	Interest rates ranging from 4.25% to 9.50%; maturity ranging from January 2026 to October 2040		4,914,134
				$ 429,401,386

* 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 Growth Plan
EIN: 58-2367819, PN: 005
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%
ADV PREFERRED GOLD BULLION STRAT INV	1445 RESEARCH BLVD STE 530		ROCKVILLE	MD	20850	0.40%
ALGER DYNAMIC OPPORTUNITIES CL A	600 PLAZA ONE	6TH FL	JERSEY CITY	NJ	07311	0.40%
ALLSPRING SMALL COMPANY VLUE INST	525 MARKET ST MAC A0103 122		SAN FRANCISCO	CA	94105	0.10%
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 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 FUNDS GLBL GROWTH PORT 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 MUTUAL FUNDCLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	782514321	0.37%
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%
AMG YACKTMAN FUND I	600 STEAMBOAT RD	STE 300	GREENWICH	CT	06830	0.40%
AQR DIVERSIFIED ARBITRAGE CLASS N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
ARGA EMERGING MARKETS VALUE INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
ARTISAN DEVELOPING WORLD FD INVESTOR 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%
BARON ASSET	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.40%
BARON ASSET FUND INSTL CLASS	767 5TH AVE 49TH FL		NEW YORK	NY	10153	0.10%
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 OPPORTUNITY FUND	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%
BLACKROCK 80/20 TARGET ALLOC FD CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK ADVANTAGE SMALL CAP CORE INV 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 INCOME FUND INVESTOR A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TECHNOLOGYOPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BNY MELLON GLOBAL FIXED INCOME I	144 GLENN CURTISS BLVD 8TH FL		UNIONDALE	NY	11556	0.15%
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%
COLUMBIA DIVIDEND INCOME CL 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 THERMOSTAT CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
DFA GLOBAL REAL ESTATE SEC PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL CORE EQUITY	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 US CORE EQUITY I	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%
DFA WORLD EX US GOVT FIXED INCOME INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIAMOND HILL SHORT DURAT SEC BOND I	5 JOHN H MCCONNELL BLVD STE 200		COLUMBUS	OH	43215	0.10%
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%
EATON VANCE EMERGINGAND FRONT COUNT EQ I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EATON VANCE GL MACROABSOLUTE RTRN ADV I	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	$16.00
EVENTIDE GILEAD FUND CLASS N	80 ARKAY STE 110		HAUPPAUGE	NY	11788	0.40%
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%
FPA CRESCENT FUND	11601 WILSHIRE BLVD	STE 1200	LOS ANGELES	CA	90025	0.35%
GATEWAY FUND CLASS Y	399 BOYLSTON ST	8TH FL	BOSTON	MA	02116	0.05%
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%
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%
HARBOR INTL INV	111 S. WACKER DR	34TH FL	CHICAGO	IL	60606	0.35%

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%
JPMORGAN HEDGED EQUITY 2 FUND 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%
LOOMIS SAYLES GLOBAL BOND RETAIL	399 BOYLSTON ST	8TH FL	BOSTON	MA	02116	0.35%
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%
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%
OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK INTL INVESTOR CL	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%
PARAMETRIC COMMODITYSTRATEGIC CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	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%
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 INTL BD FD U SDOLLAR-HEDGED 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%
ROYCE SMALL-CAP OPPORTUNITY INVEST	745 FIFTH AVE STE 2400		NEW YORK	NY	10151	0.15%
RYDEX ELECTRONICS INV CLASS	9601 BLACKWELL RD STE 500		ROCKVILLE	MD	20850	0.40%
SELECTED AMERICAN SHARES CL S	2949 E. ELVIRA RD.		TUCSON	AZ	85706	0.40%
STANDPOINT MULTI ASSET FUND INSTL	225 PICTORIA DR	STE 450	CINCINNATI	OH	45246	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 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 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%
TCW EMERGING MARKETS INCOME CL N	865 S FIGUERA ST	22ND FL	LOS ANGELES	CA	90071	0.40%
VEST US LARGE CAP 20% BUFFER INVST	3730 STONY POINT PKWY STE 205		RICHMOND	VA	23235	0.40%
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%

Children's Healthcare of Atlanta Growth Plan

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025
Plan #005 - 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:			
	Vanguard Total International Stock Index Fund Institutional Shares	349,534	#	$ 57,054,429
	JPMorgan SmartRetirement Blend 2035 Fund Class R6	1,549,307	#	51,251,080
	JPMorgan SmartRetirement Blend 2040 Fund Class R6	1,273,948	#	45,862,125
	JPMorgan SmartRetirement Blend 2030 Fund Class R6	1,458,753	#	42,333,013
	JPMorgan SmartRetirement Blend 2045 Fund Class R6	1,061,770	#	40,729,498
	JPMorgan SmartRetirement Blend 2050 Fund Class R6	955,902	#	37,108,115
	JPMorgan SmartRetirement Blend 2055 Fund Class R6	693,610	#	26,766,409
	JPMorgan SmartRetirement Blend 2060 Fund Class R6	768,879	#	23,166,317
	JPMorgan SmartRetirement Blend 2025 Fund Class R6	899,128	#	22,613,077
	Vanguard Total Stock Market Index Fund Institutional Shares	105,152	#	17,044,113
	JPMorgan SmartRetirement Blend 2020 Fund Class R6	543,285	#	10,789,646
	PGIM Total Return Bond Fund Class R6	867,972	#	10,571,901
	Vanguard Total Bond Market Index Fund Institutional Shares	483,718	#	4,725,924
	Dodge & Cox Global Stock Fund Class I	222,246	#	3,527,328
	Total mutual funds			393,542,975
	Interest-bearing cash:			
	Vanguard Federal Money Market Fund	7,699,116	#	7,699,116
	Self-directed brokerage accounts:			
*	Fidelity Brokeragelink	23,229,933	#	23,229,933
	Group fixed annuity contracts:			
*	Variable Annuity Life Insurance Company Short-Term Fixed	Contract 05631-016	#	11,339
*	Variable Annuity Life Insurance Company Fixed Account Plus	Contract 05631-016	#	3,889
	Total group fixed annuity contracts			15,228
	Total investments			424,487,252
*	Notes receivable from participants	Interest rates ranging from 4.25% to 9.50%; maturity ranging from January 2026 to October 2040		4,914,134
				$ 429,401,386

* 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.