

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [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: NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1986
2a Plan sponsor's name (employer, if for a single-employer plan): NORTHEAST GEORGIA HEALTH SYSTEM, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): 743 SPRING STREET, GAINESVILLE, GA 30501
2b Employer Identification Number (EIN): 58-1694090
2c Plan Sponsor's telephone number: 770-219-7644
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.

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1903
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	744
	6a(2)	674
	6b	815
	6c	316
	6d	1805
	6e	50
	6f	1855
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I 3F 3H

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORTHEAST GEORGIA HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>58-1694090</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>309653318</u>	
b Actuarial value	2b	<u>313101000</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>794</u>	<u>140723029</u>	<u>140723029</u>
b For terminated vested participants	<u>365</u>	<u>17596817</u>	<u>17596817</u>
c For active participants	<u>744</u>	<u>59791823</u>	<u>66035082</u>
d Total	<u>1903</u>	<u>218111669</u>	<u>224354928</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.22 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>989935</u>	
c Target normal cost	6c	<u>989935</u>	

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

SIGN HERE Signature of actuary <u>JEFFREY C. BAKER</u> Type or print name of actuary <u>MILLIMAN, INC.</u> Firm name <u>3424 PEACHTREE ROAD NE, SUITE 1900</u> <u>ATLANTA, GA 30326</u> Address of the firm	<u>10/08/2025</u> Date <u>23-07604</u> Most recent enrollment number <u>404-254-6730</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18019000
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	18019000
10	Interest on line 9 using prior year's actual return of <u>8.99</u> %	0	1619908
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19638908

Part III Funding Percentages			
14	Funding target attainment percentage	14	130.80 %
15	Adjusted funding target attainment percentage	15	139.55 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	126.41 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous Items			
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
26 Demographic and benefit information			
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 989935
b Excess assets, if applicable, but not greater than line 31a			31b 989935
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021			

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

A Name of plan NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST GEORGIA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1694090	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WILLIS INVESTMENT COUNSEL, INC.

58-1396624

(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	INVESTMENT ADVISOR	450163	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BANK OF AMERICA

94-1687665

(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?
21	TRUSTEE	393829	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
33 71	BROKERAGE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: BEN L. UPCHURCH	b EIN: 91-0675641
c Position: ENROLLED ACTUARY	
d Address: 5651 GLENRICH DRIVE ATLANTA, GA 30338	e Telephone: 678-218-2453

Explanation: DUE TO THE TERMINATION OF THE PRIOR ENROLLED ACTUARY, A NEW ENROLLED ACTUARY WAS ASSIGNED TO THE PLAN.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHEAST GEORGIA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1694090

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	5102
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14700363
(2) U.S. Government securities	1c(2)	19691711
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	33421972
(B) All other	1c(3)(B)	21389395
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	225573674
(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)	
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	308985265	314782217
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	308985265	314782217

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	450569	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	2110068	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2560637
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	2587734	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2587734
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	78720413	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	78580713	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		139700
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	15364681	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		20652752

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13818841	
(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)		13818841
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	450163	
(6) Bank or trust company trustee/custodial fees	2i(6)	393829	
(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)	192967	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1036959
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14855800

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5796952
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **PYA, P.C.**

(2) EIN: **62-1217792**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 557501.

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

A Name of plan <u>NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHEAST GEORGIA HEALTH SYSTEM, INC.</u>	D Employer Identification Number (EIN) <u>58-1694090</u>	

Part I	Distributions
---------------	----------------------

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

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

1		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): 94-1687665

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		32
---	--	----

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 72.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.00 %
 High-Yield Debt: 0.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 11.00 % Other: 0.00 %

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

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

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

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

Yes.

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

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

No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

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



Financial Statements and Supplemental Schedules

***Northeast Georgia Health System, Inc. and
Affiliated Companies Pension Plan***

Years Ended December 31, 2024 and 2023

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

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Years Ended December 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of Northeast Georgia
Health System, Inc. and Affiliated Companies:

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

We have performed audits of the financial statements (modified cash basis) of the Northeast Georgia Health System, Inc. and Affiliated Companies Pension 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 - modified cash basis as of December 31, 2024 and 2023; the related statements of changes in net assets available for benefits - modified cash basis for the years then ended; and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note C 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the cash basis of accounting described in Note B.

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

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.

Emphasis of Matter - Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible 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 for one year after the date that the financial statements are issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting described in Note B.

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 the modified cash basis of accounting described in Note B.

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

Other Matter – Supplemental Schedules Required by ERISA

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

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agrees to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL’s Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

PYA, P.C.

Atlanta, Georgia
October 13, 2025

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2024</i>	<i>2023</i>
ASSETS		
Cash and cash equivalents	\$ 14,705,465	\$ 17,560,137
Investments, at fair value:		
U.S. Treasury securities	19,691,711	21,834,153
Bonds	54,811,367	52,048,657
Common stocks, net of covered call options	225,573,674	217,542,318
NET ASSETS AVAILABLE FOR BENEFITS	\$ 314,782,217	\$ 308,985,265

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

	<i>Year Ended December 31,</i>	
	2024	2023
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 15,504,381	\$ 22,198,832
Interest and dividends	5,148,371	5,101,040
TOTAL ADDITIONS	20,652,752	27,299,872
Deductions from net assets attributed to:		
Benefits paid	13,818,841	24,077,283
Administrative and investment advisory fees	1,036,959	1,421,127
TOTAL DEDUCTIONS	14,855,800	25,498,410
NET INCREASE	5,796,952	1,801,462
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	308,985,265	307,183,803
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 314,782,217	\$ 308,985,265

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements

Years Ended December 31, 2024 and 2023

NOTE A--DESCRIPTION OF PLAN AND SUMMARY OF PLAN PROVISIONS

Northeast Georgia Health System, Inc. (NGHS) adopted and sponsors the Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan (the Plan) effective October 1, 1986. The Plan is a defined benefit pension plan covering substantially all eligible employees of NGHS and its affiliates. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The following brief description of the Plan provides only general information. Participants should refer to the Summary Plan Description or the Plan Agreement for a more complete description of the Plan's provisions.

Eligibility and Participation: Effective December 31, 2005, at midnight, the Plan was closed to new employees. Each employee who was employed on or before December 31, 2005, became a participant on the Plan entry date on or following the attainment of age 21 years and completion of one year of service during which she or he earned 1,000 hours of service.

Rehired employees who had worked at least 1 hour of service prior to December 31, 2005 were eligible to resume participation in the Plan upon reemployment in accordance with the following provisions: 1) a vested terminated participant who resumes employment at any time will resume participation in the Plan as of the date she or he resumes employment; 2) a non-vested participant who resumes employment before she or he incurs a 5-year break will resume participation as of the date he resumes employment; 3) a non-participating terminated employee who resumes employment before she or he incurs a 5-year break will retain credit for employment before his termination date, she or he will begin participating as of the date she or he resumes employment; 4) any non-vested or non-participating terminated employee who resumes employment following a 5-year break will not be eligible to participate in the Plan.

Effective December 31, 2011, any employee hired prior to January 1, 2006, who has not become a Participant due to the employee's failure to earn 1,000 hours of service during any Plan year beginning on and after January 1, 2006, shall not be eligible to participate in the Plan.

Effective December 31, 2011, rehired employees whose date of rehire occurs after December 31, 2011, shall not be eligible to resume participation in the Plan upon reemployment.

Benefits: Effective January 1, 2006, the Plan also was amended and restated to modify the Plan's benefit formula from a final average earnings component to a career average earnings component. As of the date of determination, participants' monthly retirement benefits shall be equal to one-twelfth of the sum of (i), (ii), and (iii) below, where:

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

- The “pre-2006 base benefit” is equal to 1.0% of final average earnings as of December 31, 2005, multiplied by the participant’s years of benefit service prior to January 1, 2006.
- The “pre-2006 excess benefit” is equal to .65% of final average earnings as of December 31, 2005, in excess of covered compensation multiplied by years of benefit service prior to January 1, 2006, up to 35 years.
- The “post-2005 benefit” is equal to 1.0% of aggregate earnings for years and months of benefit service after January 1, 2006.

Disability retirement benefits previously provided under the Plan were removed effective January 1, 2006, other than for participants who satisfied the disability provisions on or before December 31, 2005.

Effective January 1, 2021, the Plan is frozen for the accrual of additional benefits.

Vesting Service and Benefit Service: Participants received credit for one year of vesting service for each calendar year in which they earned at least 1,000 hours of service.

Benefit service is the aggregate of a participant’s whole and partial years of vesting service.

Normal Retirement Benefit: Monthly payments commencing on the normal retirement date (the later of the attainment of age 65 or the fifth anniversary of the date the participant entered the Plan) for the participant’s lifetime equal to the participant’s accrued benefit as of normal retirement date.

Early Retirement Benefit: Monthly payments for the participant’s lifetime are equal to the accrued benefit determined as of the participant’s early retirement date (attainment of age 55 and completion of ten years of vesting service). If payments commence on the early retirement date, the benefit will be reduced by one minus the lesser of (a) 5/12 of 1% for each complete month the early retirement date precedes normal retirement or (b) 5% times the excess, if any, of 85 years over the sum of the participant’s attained age plus full years of vesting service. If payments are deferred to commence at normal retirement date, the benefit payments will not be reduced. Additionally, a participant who has attained age 59 1/2 and who is not separated from employment may receive an in-service distribution of a portion of or all of his or her vested accrued benefit.

Delayed Retirement Benefit: Effective January 1, 2015, the Plan was amended to allow participants aged 62 or older to continue to work and receive benefits. Monthly payments commencing on the delayed retirement date for the participant’s lifetime equal to the accrued benefit computed as of the delayed retirement date. In 2022, the Plan was amended to reduce the age for in-service distributions from age 62 to age 59 1/2. If a participant is still working at age 70 1/2, benefit payments will begin on the first day of April in the calendar year following attainment of this age.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

Termination Benefit: A participant who terminates employment for any reason other than death or retirement shall receive:

- An immediate lump-sum cash amount equal to his contributions (participant contributions were no longer required effective January 1, 1991) with interest to date of termination if the participant has not completed five years of vesting service.
- A deferred retirement benefit commencing on normal retirement date equal to the accrued benefit as of date of termination of employment if the participant has completed five years of vesting service.
- If the participant has completed ten years of vesting service, he may elect to have his benefit commence at any time after age 55 on an actuarially reduced basis.

If a participant entitled to a deferred benefit expires prior to commencement of the payment of benefits, the participant's beneficiary shall receive an amount equal to the participant's contributions with interest if the participant is not married; otherwise, if married, a surviving spouse benefit will be payable.

Death Benefits: If an active participant expires prior to normal retirement date and had not completed five years of service or did not leave a surviving spouse, the participant's beneficiary shall receive a lump-sum cash amount equal to the participant's contributions with interest to date of death.

If an active participant or terminated participant entitled to a deferred vested benefit expires prior to retirement or commencement of benefits but after completion of five years of service and leaves a surviving spouse, the participant's spouse shall receive a lifetime monthly benefit equal to 50% of the participant's accrued benefit reduced by one minus 5/12 of 1% for each month that death occurs prior to age 55 (in the case of an active participant) and prior to normal retirement date (in the case of a terminated participant). In no event, will the surviving spouse benefit be less than 25% of the participant's accrued benefit.

If a retired participant who had not elected an optional form of benefit expires, his beneficiary shall receive a lump-sum cash amount equal to the excess, if any, of the participant's contributions with interest to date of retirement over the total monthly payments the participant had received prior to his death.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

Plan Restatement: The Plan, originally effective as of February 9, 1970, is amended and restated in its entirety, effective January 1, 2016. The Plan, as amended and restated, is intended to qualify as a defined benefit pension plan under Internal Revenue Code Section 401(a). The Plan is maintained for the exclusive benefit of eligible employees and their beneficiaries. Except as otherwise specifically provided in the amended and restated Plan, the rights of any person who did not have an hour of service under the Plan on or after January 1, 2016, shall generally be determined in accordance with the terms of the Plan as in effect on the date for which he or she was last credited with an hour of service. Notwithstanding any other provision of the Plan to the contrary, a participant's vested interest in his or her accrued benefit under the Plan on and after the effective date, which is January 1, 2016, shall not be less than his or her vested interest in the accrued benefit on the day immediately preceding the effective date.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The financial statements of the Plan are prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America (GAAP). This basis of presentation differs from GAAP in that certain revenues are recognized when received rather than earned and certain expenses are recognized when paid rather than when the obligation is incurred.

Use of Estimates: The preparation of financial statements in conformity with the modified cash basis of accounting requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and the changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

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

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 or depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold during the year as well as held at year end.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated Plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries. See Note E for a discussion of actuarial present value of accumulated Plan benefits.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

Payment of Benefits: Benefit payments to participants are recorded upon distribution.

Effective October 1, 2011, the Plan was amended to enhance the elective lump-sum distribution provisions by increasing the maximum elective lump-sum payment amount from \$10,000 to \$25,000. The Plan was amended in 2023 to increase the maximum elective lump-sum payment amount from \$25,000 to \$100,000, effective January 1, 2024.

In 2023, the Plan was also amended to allow for any terminated participant or beneficiary with a vested accrued benefit that is not encumbered by a qualified domestic relations order to elect in writing during the period beginning July 17, 2023, and ending August 16, 2023, to receive his or her benefit in the form of an unlimited lump sum payment (Lump Sum Window Payment). Benefit payments of approximately \$12,700,000 were paid out in 2023 in accordance with participant elections under this amendment and are included in benefits paid in the statement of changes in net assets available for benefits for the year ended December 31, 2023.

Administrative and Investment Advisory Fees: Substantially all of the administrative and investment advisory fees are paid by the Plan.

NOTE C--INFORMATION CERTIFIED BY THE TRUSTEE

Plan management has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted under such election, the following investment information was certified by Bank of America and was not subjected to any auditing procedures performed by the Plan's independent public accountants:

- The investments as shown in the accompanying Statements of Net Assets Available for Benefits - modified cash basis of \$314,782,217 and \$308,985,265, as of December 31, 2024 and 2023, respectively.
- Net investment earnings as shown in the accompanying Statements of Changes in Net Assets Available for Benefits - modified cash basis of \$20,652,752 and \$27,299,872 for the years ended December 31, 2024 and 2023, respectively.
- All investment-related information in the accompanying supplemental Schedule H, Line 4i – Schedule of Assets Held at Year End and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2024.

NOTE D--FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy based on valuation inputs. The three levels of the fair value hierarchy are described as follows:

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

- *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 and liabilities in active markets;
 - Quoted prices for identical or similar assets and liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- *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 valuation hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The investment valuation methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan administrator believes the Plan's 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. 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, 2024 and 2023.

Cash and Cash Equivalents and Common Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Bonds: Reported at fair value based on pricing by independent pricing services that utilized observable inputs.

Common Stock Portfolio Held by Merrill Lynch and Managed by Willis Investment Counsel: The Plan has invested in a separate common stock portfolio held by Merrill Lynch and managed by Willis Investment Counsel. The portfolio aims to compound capital by maintaining lower downside absorption (during down markets) while layering in higher-than-average dividend yields and covered call option premiums, with principal upside potential from long equity positions. The strategy is structured to generate attractive risk-adjusted returns across most market environments. Absent positions being called, equity turnover is modest; however, option turnover can be significant. The strategy invests in a diversified portfolio of more than 50 U.S.-traded common equities with covered call options written against most or all of the underlying equities. Holdings are generally higher quality, attractively priced large-cap companies, carrying lower betas and

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

have a history of paying a dividend with the ability to maintain or grow the dividend. The strategy targets a lower net exposure than the overall market over complete cycles. The strategy maintains sector diversification to the extent that dividend and valuation thresholds are met and option alternatives are available; each stock generally accounts for less than 3% of the portfolio value.

The following table sets forth by level within the fair value hierarchy the Plan’s assets at fair value as of December 31, 2024 and 2023:

	<i>Quoted Prices in Active Markets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Total</i>
Assets as of December 31, 2024				
Cash and cash equivalents	\$ 14,705,465	\$ -	\$ -	\$ 14,705,465
U.S. Treasury securities	19,691,711	-	-	19,691,711
Bonds	-	54,811,367	-	54,811,367
Common stocks, net of covered call options	225,573,674	-	-	225,573,674
Total assets at fair value	<u>\$ 259,970,850</u>	<u>\$ 54,811,367</u>	<u>\$ -</u>	<u>\$ 314,782,217</u>
Assets as of December 31, 2023				
Cash and cash equivalents	\$ 17,560,137	\$ -	\$ -	\$ 17,560,137
U.S. Treasury securities	21,834,153	-	-	21,834,153
Bonds	-	52,048,657	-	52,048,657
Common stocks, net of covered call options	217,542,318	-	-	217,542,318
Total assets at fair value	<u>\$ 256,936,608</u>	<u>\$ 52,048,657</u>	<u>\$ -</u>	<u>\$ 308,985,265</u>

NOTE E--ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The following represents a summary of the accumulated Plan benefits as of the actuarial valuation on January 1, 2024:

Changes in accumulated Plan benefits:	
Actuarial present value of accumulated Plan benefits as of January 1, 2023	\$ 204,975,874
Reduction in discount period	12,553,266
Benefits payments	(24,076,438)
Actuarial gain/loss	3,130,291
Actuarial present value of accumulated Plan benefits as of January 1, 2024	<u>\$ 196,582,993</u>
Accumulated Plan benefits:	
Vested benefits:	
Participants receiving benefits	\$ 126,401,577
Terminated vested participants	14,901,897
Active participants	49,879,349
Nonvested benefits	5,400,170
	<u>\$ 196,582,993</u>

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

The accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan’s provisions to the services employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have expired, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees’ benefit service and final average Plan earnings on the actuarial valuation date. Benefits payable under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2024, are as follows:

Actuarial method	Standard Unit Credit Cost Method
Assumed rate of return on investments	6.50%
Life expectancy of participants	PRI-2012 Total Employee/Retiree Mortality Tables and PRI-2012 Total Contingent Survivor Mortality Tables, both with improvement scale MP-2021 on a generational basis (adopted January 1, 2022)

Expenses: Valuation expenses are based on actual prior year expenses paid from the trust.

Retirement Age:

<u>Age</u>	<u>Retirement Rate 2024 - Active</u>	<u>Age</u>	<u>Retirement Rate 2024 - Terminated</u>
55-59	5%	55-60	5%
60-62	20%	61-62	20%
63	15%	63	15%
64	25%	64	25%
65	40%	65	100%
66-67	50%	66-67	100%
68 & Older	100%	68 & Older	100%

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

<i>Age</i>	<i>Retirement Rate 2023 - Active</i>	<i>Age</i>	<i>Retirement Rate 2023 - Terminated</i>
55-59	5%	55-60	5%
60-62	20%	61-62	20%
63	15%	63	15%
64	25%	64	25%
65	40%	65	100%
66-67	50%	66-67	100%
68 & Older	100%	68 & Older	100%

Form of Payment: One hundred percent of former participants or beneficiaries entitled to deferred benefits are assumed to receive benefits in the life annuity form. Active participants are assumed to receive benefits in the following form:

Life Annuity 100%

The interest rates and mortality rates for ERISA minimum funding and the interest rates and mortality rates for maximum deductible contribution and PBGC premiums were updated as required by statute. All other significant actuarial assumptions outlined above were unchanged from the 2023 valuation. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE F--PRIORITIES UNDER PLAN TERMINATION

Although it has not expressed any intention to do so, NGHS has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Benefits attributable to employee contributions, taking into account those paid out before termination.
- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling, which is adjusted periodically, exists on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, the ceilings are \$7,108 and \$6,750, respectively. The ceilings apply to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of NGHS and the level of benefits guaranteed by the PBGC.

NOTE G--FUNDING POLICY

NGHS's funding policy is to contribute to the Plan's trust each year an amount which, in the opinion of the Plan's independent actuary, is sufficient to satisfy the minimum funding requirements of ERISA, the Pension Protection Act of 2006 (PPA), the Worker, Retiree, and Employee Recovery Act of 2008 (WRERA), and any other applicable laws and which does not exceed the maximum tax-deductible limit.

There were no minimum funding requirements to comply with ERISA, the PPA, and the WRERA at January 1, 2024 and 2023. NGHS elected to make no contributions to the trust in 2024 or 2023.

Since January 1, 1991, no employee contributions are permitted to the Plan.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

NOTE H--INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated April 28, 2012, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan administrator believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognizes 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 applicable authorities. The Plan administrator has evaluated the tax positions taken by the Plan and determined there are no uncertain tax positions as of December 31, 2024 or 2023, that would require recognition 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.

NOTE I--RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated Plan benefits are reported, based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions, in the near term, would be material to the financial statements.

NOTE J--RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Plan investments are managed by Willis Investment Counsel, Inc. (WIC), and Bank of America serves as the trustee of the Plan. As such, fees paid to WIC or to other service providers engaged by the Plan qualify as party-in-interest transactions under ERISA. Fees for investment management and trustee services are included in administrative and investment advisory fees in the statements of changes in net assets available for benefits.

During the year ended December 31, 2024, the Plan paid fees of approximately \$450,000 to WIC and \$394,000 to Bank of America. During the year ended December 31, 2023, the Plan paid fees of approximately \$431,000 to WIC and \$782,000 to Bank of America.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Notes to Financial Statements – Continued

Years Ended December 31, 2024 and 2023

NOTE K--SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued. During this period, management did not note any material recognizable subsequent events that required recognition or disclosure in the December 31, 2024, financial statements.

Supplemental Schedules

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
Cash and cash equivalents				
	Cash held by trustee	Cash	\$ 5,102	\$ 5,102
	Dreyfus Government Cash Management	Money Market	4,330,795	4,330,795
	BLF Fedfund cash reserve	Money Market	10,369,568	10,369,568
		TOTAL CASH AND CASH EQUIVALENTS	14,705,465	14,705,465
U.S. Treasury securities				
	United States Treasury bills	3/6/2025	13,084,434	13,295,956
	United States Treasury bills	6/5/2025	6,375,954	6,395,755
		TOTAL U.S. TREASURY SECURITIES	19,460,388	19,691,711
Bonds				
Corporate Bonds:				
	AT&T Inc.	6/1/2028 6.38%	526,695	516,755
	AT&T Inc.	1/15/2026 3.88%	1,004,520	991,200
	Altria Group Inc.	2/14/2026 4.40%	493,815	482,628
	American Electric Power Co.	11/13/2027 3.20%	514,743	517,423
	AutoZone Inc.	4/21/2026 3.13%	488,365	494,804
	AutoZone Inc.	6/1/2027 3.75%	277,943	244,283
	BP Capital Markets America Inc.	9/21/2025 3.80%	512,505	497,740
	BP Capital Markets America Inc.	11/6/2028 4.23%	150,642	127,274
	Bristol Myers Squibb Co.	2/27/2027 3.25%	482,667	492,678
	Burlington North Santa FE	8/1/2028 6.70%	419,627	365,660
	Cisco Systems Inc.	2/26/2034 5.05%	1,479,030	1,494,585
	Clorox Company	10/1/2027 3.10%	1,015,360	959,030
	Clorox Company	5/1/2032 4.60%	422,375	439,974
	Comcast Corp.	2/1/2030 2.65%	617,785	627,095
	Chubb Holdings Inc.	5/3/2026 3.35%	395,375	393,780
	Deere & Co	5/15/2030 8.10%	1,399,740	1,150,880
	Duke Energy Corp	9/1/2026 2.65%	695,550	725,970
	Emerson Electric Co.	10/15/2026 0.88%	1,457,820	1,409,685
	FactSet Research Systems	3/1/2027 2.90%	435,209	456,190
	Forti Net Inc.	3/15/2031 2.20%	1,514,280	1,274,595
	General Dynamics CS Corp.	4/1/2030 3.63%	913,464	755,368
	Home Depot Inc.	12/16/2036 5.88%	1,067,820	1,051,550
	Home Depot Inc.	6/15/2029 2.95%	561,000	463,680
	Intel Corp.	3/25/2030 3.90%	1,012,495	796,365
	International Business Machines Corp.	8/1/2027 6.22%	731,221	601,976
	International Business Machines Corp.	5/15/2029 3.50%	465,460	473,815
	JP Morgan Chase & Co. GLB	5/1/2028 Var	499,555	485,835

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)		(d) Cost	(e) Current Value
	JP Morgan Chase & Co. GLB	11/19/2026	Var	452,116	488,815
	Keysight Technologies	10/30/2029	3.00%	860,240	911,670
	Kroger Co.	4/1/2031	7.50%	397,226	392,515
	Kroger Co.	10/15/2026	2.65%	640,506	578,466
	Laboratory Corp of America	6/1/2026	1.55%	438,075	477,770
	Lehman Brothers	1/3/2017	0.00%	76,273	-
	Lockheed Martin	9/1/2036	6.15%	507,405	538,825
	Lockheed Martin	1/15/2026	3.55%	1,091,384	941,069
	Lowe's Company	2/15/2028	6.88%	579,075	452,230
	Lowe's Company	5/3/2027	3.10%	385,975	386,692
	Marsh & McLennan Cos Inc.	3/14/2026	3.75%	1,447,500	1,485,870
	Mastercard Inc.	11/21/2026	2.95%	914,935	812,029
	Mastercard Inc.	3/9/2033	4.85%	508,280	495,720
	Mastercard Inc.	1/15/2032	4.35%	450,202	444,558
	McDonald's Corp	5/26/2025	3.38%	135,982	129,302
	McDonald's Corp	3/1/2027	3.50%	1,027,855	977,430
	Merrick & Co. Inc.	6/24/2030	1.45%	1,449,135	1,257,990
	Nike Inc.	3/27/2027	2.75%	1,623,765	1,446,015
	Northwestern Trust Corp.	5/3/2029	3.15%	998,055	936,290
	Northwestern Trust Corp.	5/1/2030	1.95%	413,369	448,994
	Pfizer Inc.	3/15/2029	3.45%	1,089,101	1,010,456
	Phillips Petroleum	3/30/2029	7.00%	846,045	827,619
	Proctor & Gamble	1/15/2026	6.45%	961,635	874,259
	Quest Diagnostics, Inc.	6/30/2030	2.95%	514,171	431,165
	Quest Diagnostics, Inc.	6/30/2031	2.80%	853,480	867,570
	Ross Stores Inc	4/15/2031	1.88%	397,532	391,946
	State Street Corp Glb	1/24/2030	2.40%	590,937	514,815
	Sysco Corp Glb	7/15/2026	3.30%	999,015	979,310
	Target Corp	2/15/2030	2.35%	762,553	807,998
	Target Corp	9/15/2032	4.50%	226,917	236,824
	Target Corp	9/15/2034	4.50%	542,920	532,319
	Texas Instruments	3/14/2033	4.90%	1,503,210	1,489,650
	Tractor Supply Co.	11/1/2030	1.75%	1,281,718	1,171,422
	United States Parcel Service	4/1/2030	4.45%	471,864	395,848
	United Technologies Corp	8/1/2028	6.70%	1,198,986	949,761
	Valero Energy Corp Glb	9/15/2026	3.40%	1,192,803	1,174,296
	Verizon Communications	3/16/2027	4.13%	1,472,883	1,310,054
	WMX Technologies Inc.	8/1/2026	7.10%	1,963,635	1,555,845
	Walmart Stores	2/15/2030	7.55%	1,021,289	740,480

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)		(d) Cost	(e) Current Value
	Waste Management Inc.	2/15/2034	4.88%	365,656	382,613
	Wyeth Company	2/15/2036	6.00%	515,130	526,365
	Xcel Energy Inc.	12/1/2029	2.60%	775,432	656,480
	Zoetis Inc.	5/15/2030	2.00%	1,208,887	1,252,100
		TOTAL CORPORATE BONDS		54,708,213	50,972,263
	Foreign Bonds:				
	BHP Finance LTD	3/1/2026	6.42%	578,750	510,170
	Conoco Funding Co	10/15/2031	7.25%	960,407	950,249
	GlaxoSmithKline Capital	6/1/2029	3.38%	1,156,115	945,600
	Medtronic Global Holdings	3/30/2033	4.50%	1,467,660	1,433,085
		TOTAL FOREIGN BONDS		4,162,932	3,839,104
		TOTAL BONDS		\$ 58,871,145	\$ 54,811,367
	Common Stocks - Trusteed by Bank of America (BOA)				
	Medtronic Plc Shs	33,025 shares	Common Stock	2,649,425	2,638,037
	Chubb Ltd	12,620 shares	Common Stock	1,690,327	3,486,906
	AFLAC Inc.	30,434 shares	Common Stock	733,594	3,148,093
	Advanced Auto Parts Inc.	18,190 shares	Common Stock	1,995,947	860,205
	Amer Express Company	12,919 shares	Common Stock	1,058,034	3,834,230
	Adobe Inc.	3,886 shares	Common Stock	1,505,447	1,728,026
	Applied Material Inc.	14,971 shares	Common Stock	1,868,225	2,434,734
	BHP Group Ltd	25,464 shares	Common Stock	1,560,622	1,243,407
	Caterpillar Inc Del	9,786 shares	Common Stock	1,094,375	3,549,969
	Cisco Systems Inc. Com	82,325 shares	Common Stock	1,883,407	4,873,640
	ConocoPhillips	24,107 shares	Common Stock	1,086,451	2,390,691
	Clorox Co	13,498 shares	Common Stock	2,431,891	2,192,210
	Exxon Mobil Corp Com	23,325 shares	Common Stock	1,570,914	2,509,070
	FactSet Resh Sys Inc.	4,036 shares	Common Stock	1,972,442	1,938,410
	Fortinet Inc.	33,100 shares	Common Stock	1,520,971	3,127,288
	Forterra Holdings Inc.	59,424 shares	Common Stock	1,858,367	1,108,258
	Generac Holdings Inc.	22,053 shares	Common Stock	3,163,807	3,419,318
	Hershey Co.	12,605 shares	Common Stock	2,424,116	2,134,657
	Home Depot Inc.	7,984 shares	Common Stock	2,301,636	3,105,696
	Intel Corp	74,714 shares	Common Stock	2,440,292	1,498,016
	Johnson&Johnson	30,180 shares	Common Stock	2,667,116	4,364,632
	Kenvue Inc.	77,128 shares	Common Stock	1,846,686	1,646,683
	Keysight Technologies	18,027 shares	Common Stock	2,694,167	2,895,677
	LabCorp Holdings Inc	17,601 shares	Common Stock	2,252,056	4,036,261
	Mastercard Inc.	4,374 shares	Common Stock	1,285,041	2,303,217
	Msc Indl Direct Inc.	18,632 shares	Common Stock	1,584,733	1,391,624

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Microsoft Corp	9,893 shares Common Stock	812,657	4,169,900
	The Mosaic Company Common Shs	35,674 shares Common Stock	1,391,001	876,867
	Murphy Oil Corp	60,985 shares Common Stock	2,075,051	1,845,406
	Nvidia	38,630 shares Common Stock	668,625	5,187,623
	PepsiCo Inc.	13,835 shares Common Stock	1,475,611	2,103,750
	Price T Rowe Group Inc.	10,026 shares Common Stock	1,268,829	1,133,840
	Pfizer Inc.	133,708 shares Common Stock	3,843,045	3,547,273
	Reinsurance Group America	13,430 shares Common Stock	1,347,896	2,869,051
	Ross Stores Inc.	13,882 shares Common Stock	1,391,665	2,099,930
	Texas Instruments	17,176 shares Common Stock	2,213,864	3,220,672
	Tractor Supply Company	36,650 shares Common Stock	614,092	1,944,649
	United Parcel Svc	16,772 shares Common Stock	2,459,206	2,114,949
	Alphabet Inc.	11,262 shares Common Stock	949,405	2,131,897
	Verizon Communications Inc.	55,454 shares Common Stock	3,145,622	2,217,605
	Waters Corp	7,423 shares Common Stock	2,102,690	2,753,784
	Lockheed Martin Corp.	7,104 shares Common Stock	2,722,279	3,452,118
	Accenture PLC	11,387 shares Common Stock	2,334,687	4,005,833
	Paychex Inc.	23,519 shares Common Stock	1,811,062	3,297,834
	Shell PLC	39,070 shares Common Stock	1,955,980	2,447,736
	3M Co	12,753 shares Common Stock	1,588,781	1,646,285
	Zoetis Inc.	10,953 shares Common Stock	1,940,601	1,784,572
		TOTAL BOA COMMON STOCKS	87,252,738	122,710,529

Equity Investment Portfolio Held by Willis Investment Counsel (WIC), net of covered call options

Accenture PLC	7,920 shares	Common Stock	1,395,465	2,773,545
Aflac Inc.	16,335 shares	Common Stock	753,631	1,691,360
Alphabet Inc.	7,722 shares	Common Stock	1,322,430	1,476,150
American Electric Power Co. Inc.	16,137 shares	Common Stock	1,382,406	1,502,534
Apple Inc.	10,692 shares	Common Stock	1,556,863	2,540,316
Applied Materials Inc.	9,207 shares	Common Stock	1,060,033	1,504,376
AT&T Inc.	102,861 shares	Common Stock	2,598,254	2,190,245
Automatic Data Processing Inc.	7,524 shares	Common Stock	1,273,067	2,174,548
BHP Group LTD	34,848 shares	Common Stock	2,290,673	1,714,686
Caterpillar Inc.	4,059 shares	Common Stock	684,233	1,471,511
Chevron Corp.	7,326 shares	Common Stock	1,010,454	1,067,746
Chubb LTD	10,395 shares	Common Stock	1,592,380	2,889,602
Cisco Sys Inc.	59,202 shares	Common Stock	2,737,943	3,279,790
Clorox Co.	13,662 shares	Common Stock	2,716,175	2,237,292
ConocoPhillips	13,167 shares	Common Stock	900,793	1,318,828
Darden Restaurants Inc.	8,019 shares	Common Stock	1,151,941	1,500,849
Deere & Co.	2,970 shares	Common Stock	514,422	1,255,260
Duke Energy	11,331 shares	Common Stock	955,790	1,212,096

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Eaton Corporation	6,831 shares Common Stock	1,228,628	2,267,670
	Emerson Electric Co.	12,474 shares Common Stock	967,294	1,490,076
	Exxon Mobile Corp.	11,187 shares Common Stock	1,263,329	1,212,490
	FactSet Resh Systems Inc.	4,752 shares Common Stock	1,895,758	2,304,864
	General Dynamics Corp.	4,455 shares Common Stock	675,409	1,183,865
	Genuine Parts Co.	11,979 shares Common Stock	1,092,998	1,402,801
	Hershey Co.	9,108 shares Common Stock	1,681,640	1,556,300
	Home Depot Inc.	6,138 shares Common Stock	1,667,482	2,399,238
	Johnson & Johnson	20,790 shares Common Stock	3,027,553	3,033,287
	JP Morgan Chase & Co.	6,633 shares Common Stock	732,225	1,530,232
	Kenvue Inc.	62,964 shares Common Stock	1,279,046	1,355,316
	Kimberly-Clark Corp.	17,919 shares Common Stock	2,316,115	2,363,704
	Lockheed Martin Corp.	5,940 shares Common Stock	2,703,022	2,911,560
	Lowes Inc.	7,227 shares Common Stock	1,256,684	1,799,971
	McDonalds Corp.	7,029 shares Common Stock	1,987,969	2,055,080
	Medtronic PLC	24,453 shares Common Stock	2,383,733	1,969,225
	Merck & Co. Inc.	20,295 shares Common Stock	1,524,208	2,037,602
	Microsoft Corp.	7,623 shares Common Stock	1,416,345	3,241,264
	Paychex Inc.	23,958 shares Common Stock	2,098,521	3,366,096
	PepsiCo Inc.	15,444 shares Common Stock	2,294,093	2,371,068
	Pfizer Inc.	89,694 shares Common Stock	3,464,683	2,401,004
	Price T Rowe Group Inc.	18,315 shares Common Stock	2,608,884	2,089,679
	Procter & Gamble Co.	9,900 shares Common Stock	1,308,545	1,674,342
	Quest Diagnostics Inc.	13,068 shares Common Stock	1,242,813	1,980,392
	Sanofi Spons ADR	23,364 shares Common Stock	1,167,181	1,136,783
	Shell PLC Sponsored ADR	18,216 shares Common Stock	903,851	1,151,889
	Smith A O Corp.	19,800 shares Common Stock	1,185,792	1,363,670
	Target Corp.	9,108 shares Common Stock	1,404,283	1,242,824
	Texas Instruments Inc.	20,097 shares Common Stock	3,008,524	3,788,514
	Total Energies SE Spons ADR	10,890 shares Common Stock	555,987	599,500
	Tractor Supply Co.	28,710 shares Common Stock	974,655	1,533,665
	United Parcel SVC Inc.	11,088 shares Common Stock	1,485,731	1,412,050
	Valero Energy Corp.	6,138 shares Common Stock	467,494	759,996
	Verizon Communications Inc.	48,906 shares Common Stock	2,679,600	1,972,016
	Walmart Inc.	38,016 shares Common Stock	1,789,239	3,279,552
	3M Co.	6,831 shares Common Stock	984,503	824,826
		TOTAL WIC COMMON STOCKS	84,620,770	102,863,145
		TOTAL COMMON STOCKS	171,873,508	225,573,674
			\$ 264,910,506	\$ 314,782,217

The above data is based on information which has been certified as complete and accurate by Bank of America, trustee of the Plan.

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 58-1694090

Plan Number: 001

Year Ended December 31, 2024

<i>(a) Identity of Party Involved</i>	<i>(b) Description of asset (include interest rate and maturity in case of loan)</i>	<i>(c) Purchase Price</i>	<i>(d) Selling Price</i>	<i>(g) Cost of Asset</i>	<i>(h) Current Value of Asset on Transaction Date</i>	<i>(i) Net Gain (Loss)</i>
Category (iii) - series transactions in excess of 5% of plan assets at December 31, 2024						
BLF Fedfund cash reserve	Money Market	\$ 50,967,401	-	\$ 50,967,401	\$ 50,967,401	\$ -
BLF Fedfund cash reserve	Money Market	-	\$ 52,694,199	52,694,199	52,694,199	-

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

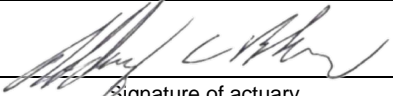
▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORTHEAST GEORGIA HEALTH SYSTEM, INC.	D Employer Identification Number (EIN) 58-1694090	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	309,653,318
	b Actuarial value	2b	313,101,000
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	794	140,723,029
	b For terminated vested participants	365	17,596,817
	c For active participants	744	59,791,823
	d Total	1,903	218,111,669
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	5.22 %
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	989,935
	c Target normal cost	6c	989,935

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

SIGN HERE	 Signature of actuary	<u>10/8/2025</u> Date <u>23-07604</u> Most recent enrollment number <u>(404) 254-6730</u> Telephone number (including area code)
	<u>JEFFREY C. BAKER</u> Type or print name of actuary <u>MILLIMAN, INC.</u> Firm name <u>3424 PEACHTREE ROAD NE, SUITE 1900</u> <u>ATLANTA</u> <u>GA 30326</u> Address of the firm	

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

Part II	Beginning of Year Carryover and Prefunding Balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	18,019,000
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	18,019,000
10 Interest on line 9 using prior year's actual return of <u>8.99%</u>	0	1,619,908
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.32%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19,638,908

Part III	Funding Percentages	
14 Funding target attainment percentage.....	14	130.80%
15 Adjusted funding target attainment percentage	15	139.55%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	126.41%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined		<input checked="" type="checkbox"/> Prescribed - separate	
<input type="checkbox"/> Substitute				

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 989,935
b Excess assets, if applicable, but not greater than line 31a				31b 989,935
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	0		0	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 0
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments
 Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan

EIN: 58-1694090 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	223,200	425,097	11,777,211	12,425,508
2025	613,535	278,653	11,644,172	12,536,360
2026	1,039,510	414,291	11,496,711	12,950,512
2027	1,482,861	504,569	11,337,480	13,324,910
2028	1,909,238	621,988	11,152,736	13,683,962
2029	2,343,707	715,550	10,961,268	14,020,525
2030	2,773,922	828,131	10,754,640	14,356,693
2031	3,216,255	961,514	10,527,531	14,705,300
2032	3,625,586	1,014,831	10,274,868	14,915,285
2033	3,993,772	1,087,764	9,997,353	15,078,889
2034	4,318,350	1,183,627	9,708,968	15,210,945
2035	4,635,453	1,237,361	9,406,844	15,279,658
2036	4,940,591	1,322,789	9,084,847	15,348,227
2037	5,202,264	1,379,600	8,743,157	15,325,021
2038	5,462,478	1,415,504	8,382,254	15,260,236
2039	5,705,620	1,460,648	8,002,969	15,169,237
2040	5,873,210	1,491,538	7,606,534	14,971,282
2041	6,041,956	1,498,825	7,194,607	14,735,388
2042	6,177,526	1,520,590	6,769,292	14,467,408
2043	6,294,107	1,527,935	6,333,120	14,155,162
2044	6,349,156	1,529,521	5,889,030	13,767,707
2045	6,414,435	1,521,492	5,440,318	13,376,245
2046	6,425,486	1,515,228	4,990,566	12,931,280
2047	6,404,128	1,495,548	4,543,535	12,443,211
2048	6,349,125	1,457,195	4,103,141	11,909,461
2049	6,264,037	1,419,309	3,673,429	11,356,775
2050	6,110,866	1,368,068	3,258,422	10,737,356
2051	5,935,259	1,313,507	2,862,002	10,110,768
2052	5,730,171	1,256,207	2,487,729	9,474,107
2053	5,505,420	1,194,658	2,138,770	8,838,848
2054	5,266,204	1,131,515	1,817,720	8,215,439
2055	5,016,295	1,067,185	1,526,453	7,609,933
2056	4,757,713	1,002,124	1,266,066	7,025,903

2057	4,492,251	936,809	1,036,798	6,465,858
2058	4,221,807	871,718	838,097	5,931,622
2059	3,948,316	807,312	668,678	5,424,306
2060	3,673,843	744,051	526,615	4,944,509
2061	3,400,543	682,362	409,508	4,492,413
2062	3,130,566	622,632	314,625	4,067,823
2063	2,865,934	565,214	239,079	3,670,227
2064	2,608,552	510,395	179,972	3,298,919
2065	2,360,179	458,422	134,513	2,953,114
2066	2,122,301	409,485	100,124	2,631,910
2067	1,896,170	363,689	74,503	2,334,362
2068	1,682,787	321,086	55,668	2,059,541
2069	1,482,847	281,681	41,970	1,806,498
2070	1,296,846	245,430	32,069	1,574,345
2071	1,125,081	212,274	24,918	1,362,273
2072	967,674	182,137	19,717	1,169,528
2073	824,605	154,926	15,878	995,409

Schedule SB, Line 22 – Weighted Average Retirement Age
 Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan
 EIN: 58-1694090 PN: 001

Age	Retirement Rate	Age Weight
55	5%	2.75
56	5%	2.66
57	5%	2.57
58	5%	2.49
59	5%	2.40
60	20%	9.29
61	20%	7.55
62	20%	6.14
63	15%	3.74
64	25%	5.39
65	40%	6.57
66	50%	5.00
67	50%	2.54
68	100%	2.58

Weighted Average Retirement Age	61.67
Assumed Retirement Age	62

Schedule SB, Part V – Schedule of Actuarial Assumptions/Methods

Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan

EIN: 58-1694090

PN: 001

Appendix A – Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits. This method is prescribed for ERISA funding requirements by the Pension Protection Act of 2006.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be within 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 6.50% per year) or the applicable statutory interest rate for the year.

Changes in Actuarial Methods Since Prior Valuation

None.

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding and PBGC interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	4.75%	4.37%	4.37%
Segment 2 (5–20 years)	4.96%	4.96%	4.96%
Segment 3 (20+ years)	5.59%	4.95%	4.95%
Effective Interest Rate	5.22%	4.93%	4.93%

ERISA minimum funding: 24-month average segment rates, using a zero-month lookback period (adopted January 1, 2008), adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution: 24-month average segment rates, using a zero-month lookback period, but not adjusted to reflect segment rate stabilization.

PBGC premium: 24-month average segment rates, using a zero-month lookback period, but not adjusted to reflect segment rate stabilization. The alternative method (adopted January 1, 2010) is used for the PBGC variable rate premium calculation.

FASB ASC Topic 960: 6.50% per year

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 6.50% per year for the 2023 plan year (6.50% per year for the 2022 plan year), **limited to the third segment rate**, which is used in the determination of the Actuarial Value of Assets. The expected investment return is consistent with the Plan's most recent long-term rate of return assumption, as selected by the Plan Sponsor.

The rate of return will remain the same at 6.50% effective for the 2024 Plan Year. Based on Milliman's capital market expectations as of the valuation date for the Plan's target asset allocation and reflecting a 2.31% inflation rate, the 6.50% assumption falls within the 50th and 75th percentile for a 20-year time horizon.

Compensation Increases

Not applicable.

Inflation (CPI)

2.31% per year.

Maximum Benefit and Annual Compensation Limitation Increases

ERISA minimum funding and Maximum Deductible Contribution: 0% per year as required by statute.

Postretirement Benefit Increases

None. (The Plan does not provide for automatic postretirement benefit increases.)

Administrative Expenses

Expenses assumed to be equal to actual administrative expenses paid from the Trust in the prior plan year and are assumed payable from plan assets.

DEMOGRAPHIC ASSUMPTIONS

- No future new entrants.
- No rehire of former employees.
- No liability held for nonvested former employees even if a break-in-service has not occurred as of the valuation date.
- All participants are assumed to work the same number of hours in future years as reported for the year preceding the valuation date.

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: IRS 2024 Generational tables for 2024, with separate rates for annuitants and non-annuitants, with generational mortality improvement based on projection scale MP-2021 (adopted January 1, 2024).

FASB ASC Topic 960: PRI-2012 Total Employee/Retiree Mortality Tables and PRI-2012 Total Contingent Survivor Mortality Tables, both with improvement scale MP-2021 on a generational basis (adopted January 1, 2022).

Retirement (Actives and Terminated Vested)

Annual rates of retirement are shown in the following table for active participants who are eligible to retire.

Age	Rate
55-59	5%
60-62	20
63	15
64	25
65	40
66-67	50
68 & Over	100

Annual rates of retirement are shown in the following table for vested terminated participants who are eligible to retire.

Age	Rate
55-60	5%
61-62	20
63	15
64	25
65	100
66-67	100
68 & Over	100

Termination

2003 Society of Actuaries Turnover Study with 70% load at all ages. See table below for sample rates.

Age	Rate
20	0.122
25	0.130
30	0.085
35	0.062
40	0.049
45	0.044
55	0.020

Disability

None.

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Life annuity.

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

None.

Special Data Adjustments

None.

Other Considerations

The valuation results were developed using models intended for valuations that use standard actuarial techniques.

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates and mortality rates for ERISA minimum funding: From 4.75%, 5.00%, and 5.74% per year to 4.75%, 4.96%, and 5.59% per year, respectively, as required by statute. The statutory mortality tables for funding were updated as prescribed by law.

Interest rates and mortality rates for Maximum Deductible Contribution and PBGC premiums: From 2.13%, 3.62%, and 3.93% per year to 4.37%, 4.96%, and 4.95% per year, respectively, as required by statute. The statutory mortality tables for Maximum Deductible Contribution and PBGC purposes were updated as prescribed by law.

Expected investment return for funding purposes: From 6.50% for the 2022 plan year to 6.50% for the 2023 plan year, limited to the third segment rate (this is used in the determination of the Actuarial Value of Assets). The expected investment return is consistent with the Plan's most recent long-term rate of return assumption for FASB ASC Topic 715 purposes, as selected by the Plan Sponsor. The rate of return will remain the same at 6.50% effective for the 2024 Plan Year.

Administrative expenses for funding purposes: The administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year.

Schedule SB, Part V – Summary of Plan Provisions

Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan

EIN: 58-1694090 PN: 001

Appendix C – Summary of Principal Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit: The monthly Accrued Benefit, with respect to the formula below as of any date, is calculated using actual Years of Benefit Service, Covered Compensation and Compensation as of the date of determination.

Actuarially Equivalent: Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. In general, for purposes other than determining lump sum amounts, actuarially equivalent factors are based on the applicable mortality table specified in the plan document and an interest rate of 6.0%. For purposes of determining lump sum distribution amounts, actuarially equivalent factors are based on the applicable mortality table specified in IRS Notice 2013-49 for the plan year of distribution and the statutory three-tier segment interest rates in effect for the November prior to the plan year of distribution.

Compensation: Compensation is the total compensation received by the Participant for the calendar year, including bonuses, overtime, and shift differential, call pay, payments received for paid days off cashed-in under the Employer's buy-back policy (except payments made in settlement of accumulated paid days off at termination), commissions, and any amounts deferred under a qualified 401(k), 403(b), 132(f) or 125 plan. Excluded are amounts for other fringe benefits, deferred compensation that is not currently taxable, moving expenses, automobile allowances, taxable values of employer paid group term life insurance, and any other special forms of payment.

Covered Compensation: The projected average of the Social Security Wage Bases for the 35 years ending with the year the participant attains Social Security Retirement Age. For this Plan, Covered Compensation is determined as of the earlier of date of termination or December 31, 2005.

Final Average Earnings: Is determined as the average of the five consecutive calendar years during the final ten consecutive years of employment, ending at the earlier of termination or December 31, 2005, that produces the highest average.

Career Compensation: Is the aggregate of a Participant's Compensation for each year of Benefit Service earned on and after January 1, 2006. Earnings are only counted for years and months of benefit service.

Effective December 31, 2020, accrued benefits are frozen and will not include additional compensation.

Benefit Service: Prior to January 1, 1993: Completed years and months.

On and After January 1, 1993: A Participant will be credited for a Year of Service for each Plan Year during which he has completed 1,000 or more Hours of Service.

Effective December 31, 2020, accrued benefits are frozen and will not include additional benefit service.

Vesting Service: One Year of Vesting Service is equivalent to 1,000 Hours of Service during a Plan Year. Vesting Service followed elapsed time rules prior to 1993.

Plan Effective Date: February 9, 1970; the Plan was restated effective January 1, 2016. Last amended December 19, 2023.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Plan Entry Dates: An Eligible Employee will participate in the Plan on the January 1 or July 1 on or next following completion of the Eligibility Requirements. Effective December 31, 2011, rehired Employees shall not be eligible to resume participation in the Plan upon reemployment.

Eligibility for Participation

Effective December 31, 2011, if an employee who was hired before January 1, 2006 and not a participant because of a failure to earn 1,000 hours on or after January 1, 2006, he is not eligible to participate in the Plan. Effective December 31, 2005 at midnight, the Plan is closed to new Employees. Each Employee who was employed on or before December 31, 2005 becomes a Participant on the Plan Entry Date on or next following the attainment of age 21 and completion of 1 Year of Service.

Any rehired employees who had worked at least 1 hour of service prior to December 31, 2005 at midnight are eligible to resume participation in the Plan upon reemployment in accordance with the following provisions:

- A vested terminated Participant who resumes Employment at any time will resume participation in the Plan as of the date he resumes employment.
- A non-vested Participant who resumes employment before he incurs a 5-Year break will resume participation as of the date he resumes employment.
- A non-participating terminated employee who resumes employment before he incurs a 5-Year break will retain credit for employment before his Termination Date for purposes of determining his eligibility to begin participating. If he met the eligibility described above as of his Termination Date, he will begin participating as of the date he resumes employment.
- Any non-vested or non-participating terminated employee who resumes employment following a 5-Year break will not be eligible to participate in the Plan.

Effective December 31, 2011, no rehired employees are eligible to resume participation in the Plan.

Normal Retirement

Normal Retirement Date: The first day of the month following the later of attainment of age 65 or the 5th anniversary of the date he began participating in the Plan.

Normal Retirement Benefit: The amount of annual retirement benefit payable according to the Normal Annuity Form is calculated as follows:

Employees hired on or after January 1, 2006:

- No benefit

Employees hired Before January 1, 2006:

- a) Post-2005 Benefit: 1.00% of Career Compensation, plus
- b) Pre-2006 Benefit: 1.00% of Final Average Earnings as of December 31, 2005 multiplied by Years of Benefit Service (base benefit) plus 0.65% of Final Average Earnings in excess of Covered Compensation (if applicable), both as of December 31, 2005 multiplied by Years of Benefit Service prior to January 1, 2006 up to 35 years (excess benefit).

Benefit accruals were frozen as of December 31, 2020.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 10 years of Vesting Service.

Early Retirement Benefit: A Participant may retire on the first day of any month following attainment of eligibility. The amount of the monthly Early Retirement Benefit is the Participant's Accrued Benefit reduced to reflect the early commencement of payments.

For the Post-2005 Benefit and Pre-2006 Base Benefit, the reduction is 1 minus the lesser of 5/12 of 1% for each month his Benefit Commencement Date precedes the Normal Retirement Date or 5% of the excess (if any) of 85 over the sum of attained age and Years of Vesting Service as of the Benefit Commencement Date.

For the Pre-2006 Excess Benefit, the reduction schedule is as follows:

Age at Retirement	Reduction Factor
65	1.000
64	0.923
63	0.846
62	0.769
61	0.731
60	0.692
59	0.654
58	0.615
57	0.577
56	0.529
55	0.486

Deferred Retirement

Deferred Retirement Date: The first day of the month coincident with or next following the date of termination of service if it occurs after the Normal Retirement Date.

Deferred Retirement Benefit: The benefit is based on Compensation as of the actual retirement date. However, Compensation after December 31, 2020 is not considered.

Termination

Termination Date: The date of termination of service other than for reasons of retirement or death.

Termination Benefit: The Accrued Benefit, multiplied by the vested percentage in the following table, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 if at least 10 years of Vesting Service have been completed (actuarially reduced for commencement prior to Normal Retirement Date).

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

All Participants shall be 100% vested upon attainment of their Normal Retirement Date.

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments.

Preretirement Death Benefit: A benefit is computed assuming the Participant had terminated on date of death. The surviving spouse receives 50% of the participant's accrued benefit. Benefit is reduced from age 55 for an active employee and from age 65 for other Participants.

Type of Payment: Monthly benefit, or a lump sum payment of the Actuarial Equivalence of the survivor's benefit, provided the lump sum amount does not exceed \$100,000.

Date of Payment: At what would have been the Participant's earliest retirement date. The surviving Spouse may elect to begin receiving payments earlier with the appropriate reduction in benefit amount.

Disability Retirement

No disability benefit is provided by the Plan for Participants disabled after 2005.

Forms of Payment

Normal Forms: Life annuity if single, actuarially equivalent joint and 50% survivor annuity if married.

Optional Forms: Life annuity; actuarially equivalent life annuity with 10 years certain; actuarially equivalent joint and 50%, 75%, or 100% (as elected) survivor annuity; a lump sum payment of the Actuarial Equivalence of the Participant's retirement benefit, provided the lump sum amount does not exceed \$100,000.

Small Lump Sum: Payable automatically if the actuarially equivalent present value of the vested Accrued Benefit is \$5,000 or less.

Changes in Principal Plan Provisions Since Prior Valuation

The lump sum limit was increased from \$25,000 to \$100,000 since the prior valuation.

The Plan was also amended to allow certain terminated participants and beneficiaries with deferred benefits to elect an unlimited lump sum payment to be paid during September 2023.

Schedule SB, Line 24 – Change in Actuarial Assumptions

Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan

EIN: 58-1694090 PN: 001

The administrative expense load was updated to reflect actual administrative expenses paid from the Plan's trust during the previous year.

Schedule SB, line 26a – Schedule of Active Participant Data
 Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan
 EIN: 58-1694090 PN: 001

The number of active participants (not currently receiving a monthly pension benefit), summarized by attained age and years of credited service as of January 1, 2024 is shown below.

Age	Years of Credited Service										Total	
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+		
0-24	-	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-	-
35-39	-	1	1	11	16	-	-	-	-	-	-	29
40-44	-	-	3	19	86	9	-	-	-	-	-	117
45-49	-	2	12	16	64	50	3	1	-	-	-	148
50-54	-	-	9	25	68	61	30	3	-	-	-	196
55-59	-	-	9	11	67	41	22	14	3	-	-	167
60-64	-	-	7	5	38	12	10	1	4	-	-	77
65-69	-	-	2	1	-	2	2	-	1	1	-	9
70+	-	-	-	-	-	1	-	-	-	-	-	1
Total	-	3	43	88	339	176	67	19	8	1	-	744

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
Cash and cash equivalents				
	Cash held by trustee	Cash	\$ 5,102	\$ 5,102
	Dreyfus Government Cash Management	Money Market	4,330,795	4,330,795
	BLF Fedfund cash reserve	Money Market	10,369,568	10,369,568
		TOTAL CASH AND CASH EQUIVALENTS	14,705,465	14,705,465
U.S. Treasury securities				
	United States Treasury bills	3/6/2025	13,084,434	13,295,956
	United States Treasury bills	6/5/2025	6,375,954	6,395,755
		TOTAL U.S. TREASURY SECURITIES	19,460,388	19,691,711
Bonds				
Corporate Bonds:				
	AT&T Inc.	6/1/2028 6.38%	526,695	516,755
	AT&T Inc.	1/15/2026 3.88%	1,004,520	991,200
	Altria Group Inc.	2/14/2026 4.40%	493,815	482,628
	American Electric Power Co.	11/13/2027 3.20%	514,743	517,423
	AutoZone Inc.	4/21/2026 3.13%	488,365	494,804
	AutoZone Inc.	6/1/2027 3.75%	277,943	244,283
	BP Capital Markets America Inc.	9/21/2025 3.80%	512,505	497,740
	BP Capital Markets America Inc.	11/6/2028 4.23%	150,642	127,274
	Bristol Myers Squibb Co.	2/27/2027 3.25%	482,667	492,678
	Burlington North Santa FE	8/1/2028 6.70%	419,627	365,660
	Cisco Systems Inc.	2/26/2034 5.05%	1,479,030	1,494,585
	Clorox Company	10/1/2027 3.10%	1,015,360	959,030
	Clorox Company	5/1/2032 4.60%	422,375	439,974
	Comcast Corp.	2/1/2030 2.65%	617,785	627,095
	Chubb Holdings Inc.	5/3/2026 3.35%	395,375	393,780
	Deere & Co	5/15/2030 8.10%	1,399,740	1,150,880
	Duke Energy Corp	9/1/2026 2.65%	695,550	725,970
	Emerson Electric Co.	10/15/2026 0.88%	1,457,820	1,409,685
	FactSet Research Systems	3/1/2027 2.90%	435,209	456,190
	Forti Net Inc.	3/15/2031 2.20%	1,514,280	1,274,595
	General Dynamics CS Corp.	4/1/2030 3.63%	913,464	755,368
	Home Depot Inc.	12/16/2036 5.88%	1,067,820	1,051,550
	Home Depot Inc.	6/15/2029 2.95%	561,000	463,680
	Intel Corp.	3/25/2030 3.90%	1,012,495	796,365
	International Business Machines Corp.	8/1/2027 6.22%	731,221	601,976
	International Business Machines Corp.	5/15/2029 3.50%	465,460	473,815
	JP Morgan Chase & Co. GLB	5/1/2028 Var	499,555	485,835

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)		(d) Cost	(e) Current Value
	JP Morgan Chase & Co. GLB	11/19/2026	Var	452,116	488,815
	Keysight Technologies	10/30/2029	3.00%	860,240	911,670
	Kroger Co.	4/1/2031	7.50%	397,226	392,515
	Kroger Co.	10/15/2026	2.65%	640,506	578,466
	Laboratory Corp of America	6/1/2026	1.55%	438,075	477,770
	Lehman Brothers	1/3/2017	0.00%	76,273	-
	Lockheed Martin	9/1/2036	6.15%	507,405	538,825
	Lockheed Martin	1/15/2026	3.55%	1,091,384	941,069
	Lowe's Company	2/15/2028	6.88%	579,075	452,230
	Lowe's Company	5/3/2027	3.10%	385,975	386,692
	Marsh & McLennan Cos Inc.	3/14/2026	3.75%	1,447,500	1,485,870
	Mastercard Inc.	11/21/2026	2.95%	914,935	812,029
	Mastercard Inc.	3/9/2033	4.85%	508,280	495,720
	Mastercard Inc.	1/15/2032	4.35%	450,202	444,558
	McDonald's Corp	5/26/2025	3.38%	135,982	129,302
	McDonald's Corp	3/1/2027	3.50%	1,027,855	977,430
	Merrick & Co. Inc.	6/24/2030	1.45%	1,449,135	1,257,990
	Nike Inc.	3/27/2027	2.75%	1,623,765	1,446,015
	Northwestern Trust Corp.	5/3/2029	3.15%	998,055	936,290
	Northwestern Trust Corp.	5/1/2030	1.95%	413,369	448,994
	Pfizer Inc.	3/15/2029	3.45%	1,089,101	1,010,456
	Phillips Petroleum	3/30/2029	7.00%	846,045	827,619
	Proctor & Gamble	1/15/2026	6.45%	961,635	874,259
	Quest Diagnostics, Inc.	6/30/2030	2.95%	514,171	431,165
	Quest Diagnostics, Inc.	6/30/2031	2.80%	853,480	867,570
	Ross Stores Inc	4/15/2031	1.88%	397,532	391,946
	State Street Corp Glb	1/24/2030	2.40%	590,937	514,815
	Sysco Corp Glb	7/15/2026	3.30%	999,015	979,310
	Target Corp	2/15/2030	2.35%	762,553	807,998
	Target Corp	9/15/2032	4.50%	226,917	236,824
	Target Corp	9/15/2034	4.50%	542,920	532,319
	Texas Instruments	3/14/2033	4.90%	1,503,210	1,489,650
	Tractor Supply Co.	11/1/2030	1.75%	1,281,718	1,171,422
	United States Parcel Service	4/1/2030	4.45%	471,864	395,848
	United Technologies Corp	8/1/2028	6.70%	1,198,986	949,761
	Valero Energy Corp Glb	9/15/2026	3.40%	1,192,803	1,174,296
	Verizon Communications	3/16/2027	4.13%	1,472,883	1,310,054
	WMX Technologies Inc.	8/1/2026	7.10%	1,963,635	1,555,845
	Walmart Stores	2/15/2030	7.55%	1,021,289	740,480

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)		(d) Cost	(e) Current Value
	Waste Management Inc.	2/15/2034	4.88%	365,656	382,613
	Wyeth Company	2/15/2036	6.00%	515,130	526,365
	Xcel Energy Inc.	12/1/2029	2.60%	775,432	656,480
	Zoetis Inc.	5/15/2030	2.00%	1,208,887	1,252,100
		TOTAL CORPORATE BONDS		54,708,213	50,972,263
	Foreign Bonds:				
	BHP Finance LTD	3/1/2026	6.42%	578,750	510,170
	Conoco Funding Co	10/15/2031	7.25%	960,407	950,249
	GlaxoSmithKline Capital	6/1/2029	3.38%	1,156,115	945,600
	Medtronic Global Holdings	3/30/2033	4.50%	1,467,660	1,433,085
		TOTAL FOREIGN BONDS		4,162,932	3,839,104
		TOTAL BONDS		\$ 58,871,145	\$ 54,811,367
	Common Stocks - Trusteed by Bank of America (BOA)				
	Medtronic Plc Shs	33,025 shares	Common Stock	2,649,425	2,638,037
	Chubb Ltd	12,620 shares	Common Stock	1,690,327	3,486,906
	AFLAC Inc.	30,434 shares	Common Stock	733,594	3,148,093
	Advanced Auto Parts Inc.	18,190 shares	Common Stock	1,995,947	860,205
	Amer Express Company	12,919 shares	Common Stock	1,058,034	3,834,230
	Adobe Inc.	3,886 shares	Common Stock	1,505,447	1,728,026
	Applied Material Inc.	14,971 shares	Common Stock	1,868,225	2,434,734
	BHP Group Ltd	25,464 shares	Common Stock	1,560,622	1,243,407
	Caterpillar Inc Del	9,786 shares	Common Stock	1,094,375	3,549,969
	Cisco Systems Inc. Com	82,325 shares	Common Stock	1,883,407	4,873,640
	ConocoPhillips	24,107 shares	Common Stock	1,086,451	2,390,691
	Clorox Co	13,498 shares	Common Stock	2,431,891	2,192,210
	Exxon Mobil Corp Com	23,325 shares	Common Stock	1,570,914	2,509,070
	FactSet Resh Sys Inc.	4,036 shares	Common Stock	1,972,442	1,938,410
	Fortinet Inc.	33,100 shares	Common Stock	1,520,971	3,127,288
	Forterra Holdings Inc.	59,424 shares	Common Stock	1,858,367	1,108,258
	Generac Holdings Inc.	22,053 shares	Common Stock	3,163,807	3,419,318
	Hershey Co.	12,605 shares	Common Stock	2,424,116	2,134,657
	Home Depot Inc.	7,984 shares	Common Stock	2,301,636	3,105,696
	Intel Corp	74,714 shares	Common Stock	2,440,292	1,498,016
	Johnson&Johnson	30,180 shares	Common Stock	2,667,116	4,364,632
	Kenvue Inc.	77,128 shares	Common Stock	1,846,686	1,646,683
	Keysight Technologies	18,027 shares	Common Stock	2,694,167	2,895,677
	LabCorp Holdings Inc	17,601 shares	Common Stock	2,252,056	4,036,261
	Mastercard Inc.	4,374 shares	Common Stock	1,285,041	2,303,217
	Msc Indl Direct Inc.	18,632 shares	Common Stock	1,584,733	1,391,624

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)	(d) Cost	(e) Current Value
	Microsoft Corp	9,893 shares Common Stock	812,657	4,169,900
	The Mosaic Company Common Shs	35,674 shares Common Stock	1,391,001	876,867
	Murphy Oil Corp	60,985 shares Common Stock	2,075,051	1,845,406
	Nvidia	38,630 shares Common Stock	668,625	5,187,623
	PepsiCo Inc.	13,835 shares Common Stock	1,475,611	2,103,750
	Price T Rowe Group Inc.	10,026 shares Common Stock	1,268,829	1,133,840
	Pfizer Inc.	133,708 shares Common Stock	3,843,045	3,547,273
	Reinsurance Group America	13,430 shares Common Stock	1,347,896	2,869,051
	Ross Stores Inc.	13,882 shares Common Stock	1,391,665	2,099,930
	Texas Instruments	17,176 shares Common Stock	2,213,864	3,220,672
	Tractor Supply Company	36,650 shares Common Stock	614,092	1,944,649
	United Parcel Svc	16,772 shares Common Stock	2,459,206	2,114,949
	Alphabet Inc.	11,262 shares Common Stock	949,405	2,131,897
	Verizon Communications Inc.	55,454 shares Common Stock	3,145,622	2,217,605
	Waters Corp	7,423 shares Common Stock	2,102,690	2,753,784
	Lockheed Martin Corp.	7,104 shares Common Stock	2,722,279	3,452,118
	Accenture PLC	11,387 shares Common Stock	2,334,687	4,005,833
	Paychex Inc.	23,519 shares Common Stock	1,811,062	3,297,834
	Shell PLC	39,070 shares Common Stock	1,955,980	2,447,736
	3M Co	12,753 shares Common Stock	1,588,781	1,646,285
	Zoetis Inc.	10,953 shares Common Stock	1,940,601	1,784,572
		TOTAL BOA COMMON STOCKS	87,252,738	122,710,529

Equity Investment Portfolio Held by Willis Investment Counsel (WIC), net of covered call options

Accenture PLC	7,920 shares	Common Stock	1,395,465	2,773,545
Aflac Inc.	16,335 shares	Common Stock	753,631	1,691,360
Alphabet Inc.	7,722 shares	Common Stock	1,322,430	1,476,150
American Electric Power Co. Inc.	16,137 shares	Common Stock	1,382,406	1,502,534
Apple Inc.	10,692 shares	Common Stock	1,556,863	2,540,316
Applied Materials Inc.	9,207 shares	Common Stock	1,060,033	1,504,376
AT&T Inc.	102,861 shares	Common Stock	2,598,254	2,190,245
Automatic Data Processing Inc.	7,524 shares	Common Stock	1,273,067	2,174,548
BHP Group LTD	34,848 shares	Common Stock	2,290,673	1,714,686
Caterpillar Inc.	4,059 shares	Common Stock	684,233	1,471,511
Chevron Corp.	7,326 shares	Common Stock	1,010,454	1,067,746
Chubb LTD	10,395 shares	Common Stock	1,592,380	2,889,602
Cisco Sys Inc.	59,202 shares	Common Stock	2,737,943	3,279,790
Clorox Co.	13,662 shares	Common Stock	2,716,175	2,237,292
ConocoPhillips	13,167 shares	Common Stock	900,793	1,318,828
Darden Restaurants Inc.	8,019 shares	Common Stock	1,151,941	1,500,849
Deere & Co.	2,970 shares	Common Stock	514,422	1,255,260
Duke Energy	11,331 shares	Common Stock	955,790	1,212,096

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4i – Schedule of Assets Held at Year End - Continued

EIN: 58-1694090

Plan No. 001

December 31, 2024

(a)	(b) <i>Identity of Issuer, Borrower, Lessor, or Similar Party</i>	(c) <i>Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)</i>	(d) <i>Cost</i>	(e) <i>Current Value</i>
	Eaton Corporation	6,831 shares Common Stock	1,228,628	2,267,670
	Emerson Electric Co.	12,474 shares Common Stock	967,294	1,490,076
	Exxon Mobile Corp.	11,187 shares Common Stock	1,263,329	1,212,490
	FactSet Resh Systems Inc.	4,752 shares Common Stock	1,895,758	2,304,864
	General Dynamics Corp.	4,455 shares Common Stock	675,409	1,183,865
	Genuine Parts Co.	11,979 shares Common Stock	1,092,998	1,402,801
	Hershey Co.	9,108 shares Common Stock	1,681,640	1,556,300
	Home Depot Inc.	6,138 shares Common Stock	1,667,482	2,399,238
	Johnson & Johnson	20,790 shares Common Stock	3,027,553	3,033,287
	JP Morgan Chase & Co.	6,633 shares Common Stock	732,225	1,530,232
	Kenvue Inc.	62,964 shares Common Stock	1,279,046	1,355,316
	Kimberly-Clark Corp.	17,919 shares Common Stock	2,316,115	2,363,704
	Lockheed Martin Corp.	5,940 shares Common Stock	2,703,022	2,911,560
	Lowes Inc.	7,227 shares Common Stock	1,256,684	1,799,971
	McDonalds Corp.	7,029 shares Common Stock	1,987,969	2,055,080
	Medtronic PLC	24,453 shares Common Stock	2,383,733	1,969,225
	Merck & Co. Inc.	20,295 shares Common Stock	1,524,208	2,037,602
	Microsoft Corp.	7,623 shares Common Stock	1,416,345	3,241,264
	Paychex Inc.	23,958 shares Common Stock	2,098,521	3,366,096
	PepsiCo Inc.	15,444 shares Common Stock	2,294,093	2,371,068
	Pfizer Inc.	89,694 shares Common Stock	3,464,683	2,401,004
	Price T Rowe Group Inc.	18,315 shares Common Stock	2,608,884	2,089,679
	Procter & Gamble Co.	9,900 shares Common Stock	1,308,545	1,674,342
	Quest Diagnostics Inc.	13,068 shares Common Stock	1,242,813	1,980,392
	Sanofi Spons ADR	23,364 shares Common Stock	1,167,181	1,136,783
	Shell PLC Sponsored ADR	18,216 shares Common Stock	903,851	1,151,889
	Smith A O Corp.	19,800 shares Common Stock	1,185,792	1,363,670
	Target Corp.	9,108 shares Common Stock	1,404,283	1,242,824
	Texas Instruments Inc.	20,097 shares Common Stock	3,008,524	3,788,514
	Total Energies SE Spons ADR	10,890 shares Common Stock	555,987	599,500
	Tractor Supply Co.	28,710 shares Common Stock	974,655	1,533,665
	United Parcel SVC Inc.	11,088 shares Common Stock	1,485,731	1,412,050
	Valero Energy Corp.	6,138 shares Common Stock	467,494	759,996
	Verizon Communications Inc.	48,906 shares Common Stock	2,679,600	1,972,016
	Walmart Inc.	38,016 shares Common Stock	1,789,239	3,279,552
	3M Co.	6,831 shares Common Stock	984,503	824,826
		TOTAL WIC COMMON STOCKS	84,620,770	102,863,145
		TOTAL COMMON STOCKS	171,873,508	225,573,674
			\$ 264,910,506	\$ 314,782,217

The above data is based on information which has been certified as complete and accurate by Bank of America, trustee of the Plan.

See Independent Auditor's Report.

**NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND
AFFILIATED COMPANIES PENSION PLAN**

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: 58-1694090

Plan Number: 001

Year Ended December 31, 2024

<i>(a) Identity of Party Involved</i>	<i>(b) Description of asset (include interest rate and maturity in case of loan)</i>	<i>(c) Purchase Price</i>	<i>(d) Selling Price</i>	<i>(g) Cost of Asset</i>	<i>(h) Current Value of Asset on Transaction Date</i>	<i>(i) Net Gain (Loss)</i>
Category (iii) - series transactions in excess of 5% of plan assets at December 31, 2024						
BLF Fedfund cash reserve	Money Market	\$ 50,967,401	-	\$ 50,967,401	\$ 50,967,401	\$ -
BLF Fedfund cash reserve	Money Market	-	\$ 52,694,199	52,694,199	52,694,199	-