

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 09/01/1989
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 58-1954432
2c Plan Sponsor's telephone number: 404-851-8000
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	3964
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)	692
	6a(2)	737
	6b	1333
	6c	1671
	6d	3741
	6e	166
	6f	3907
	6g(1)	
6g(2)		
6h		1
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

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

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORTHSIDE HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>58-1954432</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>230690962</u>	
b Actuarial value	2b	<u>247433157</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>1685</u>	<u>121565988</u>	<u>121565988</u>
b For terminated vested participants	<u>1587</u>	<u>51780271</u>	<u>51780271</u>
c For active participants	<u>692</u>	<u>23093877</u>	<u>23099599</u>
d Total	<u>3964</u>	<u>196440136</u>	<u>196445858</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>5.10 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>0</u>	
b Expected plan-related expenses	6b	<u>400364</u>	
c Target normal cost	6c	<u>400364</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>JAMES PINKERTON</u> Type or print name of actuary <u>OCTOBER THREE CONSULTING, LLC</u> Firm name <u>233 S. WACKER DRIVE SUITE 8350</u> <u>CHICAGO, IL 60606</u> Address of the firm	Date <u>23-06373</u> Most recent enrollment number <u>312-878-2352</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)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>9.68</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	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>5.22</u> %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	125.95 %
15	Adjusted funding target attainment percentage	15	125.95 %
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	125.31 %
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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes 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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate 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..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes 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..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes 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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	400364
b Excess assets, if applicable, but not greater than line 31a	31b	400364

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment.....		

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	
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		Total balance

36 Additional cash requirement (line 34 minus line 35) **36**

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37**

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	

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**

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. 2019 2020 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 GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHSIDE HOSPITAL, INC.	D Employer Identification Number (EIN) 58-1954432	

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

DODGE & COX	555 CALIFORNIA ST SAN FRANCISCO, CA 94104
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

JANUS	P.O. BOX 55932 BOSTON, MA 02202-5932
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO	33-0629048
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD	23-1945930
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

WCM INVESTMENT MANAGEMENT

281 BROOKS ST
LAGUNA BEACH, CA 92651

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	OMB No. 1210-0110 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 GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHSIDE HOSPITAL, INC.	D Employer Identification Number (EIN) 58-1954432

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	27432	903666
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6273967	7582563
(2) U.S. Government securities	1c(2)	0	191274523
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	24717375	16928961
(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)	199672188	0
(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	230690962	216689713
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1493753
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		1493753
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	230690962	215195960

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	376194	
(B) U.S. Government securities.....	2b(1)(B)	3935539	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4311733
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	523409	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		523409
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-8033118	
(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		301790
d Total income. Add all income amounts in column (b) and enter total	2d		-2896186

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12198452	
(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)		12198452
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)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	400364	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		400364
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12598816

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-15495002
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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		50000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 560584.

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

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

A Name of plan <u>GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTHSIDE HOSPITAL, INC.</u>	D Employer Identification Number (EIN) <u>58-1954432</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): 59-3482833

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	12
--	---	----

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: 7.9 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 88.6 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.5 % Other: 0.0 %

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 _____.

Gwinnett Hospital System, Inc. Retirement Plan

Employer Identification Number: 58-1390297
Plan Number: 003

Financial Statements as of and for the
Years Ended December 31, 2024 and 2023,
Supplemental Schedules as of and for the
Year Ended December 31, 2024, and
Independent Auditor's Report

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

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Form 5500, Schedule H, Line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2024	14–22
Form 5500, Schedule H, Line 4j—Schedule of Reportable Transactions for the Year Ended December 31, 2024	23–32
NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Deloitte & Touche LLP
1230 Peachtree Street NE
Suite 3100
Atlanta, GA 30309-3574
USA
Tel: +1 855 335 0777
www.deloitte.com

To the Investment Oversight Committee and
Pension Investment Committee of the
Gwinnett Hospital System, Inc. Retirement Plan

Opinion

We have audited the financial statements of Gwinnett Hospital System, Inc. Retirement Plan (the “Plan”), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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 audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 and the schedule of reportable transactions 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 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Deloitte + Touche LLP

October 15, 2025

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023

	2024	2023
ASSETS:		
Investments—at fair value	\$ 215,786,047	\$ 230,663,530
Receivables—accrued interest and dividends	<u>903,666</u>	<u>27,432</u>
Total assets	<u>216,689,713</u>	<u>230,690,962</u>
LIABILITIES:		
Payable for securities purchased	<u>1,493,753</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 215,195,960</u></u>	<u><u>\$ 230,690,962</u></u>

See notes to the financial statements.

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
ADDITIONS:		
Investment (loss) income:		
Net (depreciation) appreciation in fair value of investments	\$ (8,033,118)	\$ 12,917,836
Interest and dividends	<u>5,136,932</u>	<u>8,062,049</u>
Total investment (loss) income	<u>(2,896,186)</u>	<u>20,979,885</u>
Total additions	<u>(2,896,186)</u>	<u>20,979,885</u>
DEDUCTIONS:		
Benefit payments	12,198,452	13,055,984
Administrative expenses	<u>400,364</u>	<u>510,103</u>
Total deductions	<u>12,598,816</u>	<u>13,566,087</u>
NET (DECREASE) INCREASE	(15,495,002)	7,413,798
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>230,690,962</u>	<u>223,277,164</u>
End of year	<u><u>\$ 215,195,960</u></u>	<u><u>\$ 230,690,962</u></u>

See notes to financial statements.

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

1. DESCRIPTION OF THE PLAN

The following description of the Gwinnett Hospital System, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s provisions.

General—The Plan is a noncontributory defined benefit plan that provides retirement and death benefits for eligible employees hired before December 31, 2006, of the Gwinnett Hospital System, Inc., formerly known as Gwinnett Health System, Inc. and PROMINA Gwinnett Health System, Inc., Retirement Plan (the “Prior Plan”). As permitted under the Plan document, effective December 31, 2006 (the “freeze date”), the Plan froze for all future retirement benefits. During August 2019, Gwinnett Hospital System, Inc. merged with Northside Hospital, Inc. (the “Plan Sponsor”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Truist Bank (the “Custodian”) serves as the custodian of the Plan, and together with several investment managers, manages the Plan’s investments.

Funding Policy—All contributions to the Plan are made by the Plan Sponsor based on actuarially determined funding requirements of the Plan, and in a manner consistent with the requirements of ERISA. The Plan met the minimum funding requirement of ERISA for the years ended December 31, 2024 and 2023.

Pension Benefits—Eligible employees with one year of service (as defined by the Plan) who had attained age 21 at the freeze date accrued a benefit for each year of service through 2006. The benefit is calculated as the greater of the participant’s benefit under the Plan or the participant’s benefit under the Prior Plan. The benefit calculation under the Plan is expressed as a five-year certain and life annuity beginning at age 65, equal to 1.1% of covered compensation plus 1.70% of compensation in excess of covered compensation, as defined by the Plan. The normal retirement pension benefit under the Prior Plan is equal to a participant’s years of benefit credit service multiplied by 2.0% of a participant’s career average annual earnings. The normal retirement benefit may not exceed the Internal Revenue Code (IRC) Section 415 maximum.

Upon termination of service due to retirement, disability, or death, participants are entitled to their vested termination benefits beginning on their normal retirement date in the form of an annuity. Optional forms of annuity payments are available. In addition to the normal retirement benefits, the Plan, under certain conditions as described in the Plan document, also provides for early retirement benefits. However, vested terminated participants and retirees who have present values of their monthly benefits equal to \$5,000 or less may receive lump-sum distributions.

Vesting—Employees cliff-vest in their accrued benefits after completing five years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting—The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates—The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties—The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risk include global events which could impact the value of investment securities, such as a pandemic or international conflict. 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 financial statements.

No individual investment accounts for more than 10% of total Plan investments as of December 31, 2024. As of December 31, 2023, the PIMCO Long Duration Total Return Fund accounted for 38%, of total Plan investments, the PIMCO Investment Grade Corporate Bond Fund accounted for 45% of total Plan investments, and the Vanguard Total Stock Market Index Fund accounted for 11% of total Plan investments.

The actuarial present value of accumulated plan benefits is 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.

Investment Valuation and Income Recognition—Investments are stated at fair value. Fair value of a financial instrument is the amount 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 4 for description of valuation methods.

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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The Plan's investment committee determines the Plan's valuation policies utilizing information provided by the investment managers, and Custodian.

Payment of Benefits—Benefit payments to participants are recorded when paid.

Expenses—Administrative expenses of the Plan may be paid by the Plan or the Plan Sponsor. Administrative expenses consist of amounts paid to the Custodian for management of the Plan's assets, along with legal, actuarial, and auditing fees applicable to the Plan.

3. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the employees' compensation, and services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability or termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits has been determined by independent consulting actuaries and is the amount that 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, disability, withdrawal, or retirement) between the valuation date and the expected dates of payment.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. The actuarial present value of accumulated plan benefits presented below, as of December 31, 2023, is presented using the beginning of year benefit information date and is measured as of January 1, 2024.

There were no amendments effective January 1 recognized in the below actuarial present value of accumulated plan benefits. Had the valuation been performed as of December 31, there would be no material difference.

The following sets forth information regarding the actuarial present value of accumulated plan benefits as of December 31, 2023:

Vested benefits:	
Active participants	\$ 23,295,025
Terminated vested participants	52,536,314
Retired participants and beneficiaries	<u>120,917,229</u>
Total vested plan benefits	196,748,568
Nonvested benefits	<u>5,224</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u>\$ 196,753,792</u>

The change in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2023, consists of the following:

Actuarial present value of accumulated plan benefits as of December 31, 2022	<u>\$ 204,627,510</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and demographic experience	2,181,246
Interest	9,413,324
Benefits paid	(13,055,984)
Assumption changes	<u>(6,412,304)</u>
Net decrease	<u>(7,873,718)</u>
Actuarial present value of accumulated plan benefits as of December 31, 2023	<u><u>\$ 196,753,792</u></u>

The significant actuarial assumptions used in the December 31, 2023 and 2022, valuations were as follows:

Mortality basis—December 31, 2023 and 2022	Pri-2012 Employee and Healthy Annuitant Mortality Table Table with Generational Projections using Scale MP—2021 Pri-2012 Disabled Retiree Mortality Table with Generational Projections using Scale MP—2021
Interest rate—Rates of retirement	5.20% at December 31, 2023 and 4.75% at December 31, 2022 Scale varies based on age (starting with 5% age 55 to 100% age 70) as of December 31, 2023 and 2022

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.

4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. Fair value of a financial instrument 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. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets;

Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available;

Level 3, which refers to securities valued based on significant unobservable inputs.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies

used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and 2023.

Mutual Funds—Valued at the daily closing price as reported by the funds. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. All mutual funds were disposed of during 2024 and proceeds were used to purchase U.S. government securities.

Exchange-Traded Fund (ETF)—Valued at the end of each trading day at its NAV per share, with the ability to trade throughout the day on a national securities exchange at market prices. ETFs are SEC-registered investment companies that offer investors a way to pool their money in a fund that invests in stocks, bonds, or other assets. In return, investors receive an interest in the fund.

Valued at the closing price reported on the active market on which the individual securities are traded.

Money Market Fund—Valued at the daily closing price as reported by the funds.

Separately Managed Account—This portfolio includes a short-term investment fund and individual U.S. government securities, such as bonds, that is managed on the participant's behalf. Unlike a mutual fund or exchange-traded fund, the plan directly owns the individual securities instead of pooling its assets with other investors. The individual assets of a separately managed account are held in the name of the Plan (the Plan owns the underlying securities) and are considered separately as individual investments for accounting, auditing and financial statement reporting purposes.

Short-term Investment Fund—The fund is a common collective trust. Fair value is determined as the net asset value of units of the funds. The net asset value per share is determined and published and is the basis for current transactions. The funds' primary objective is to operate with a stable net asset value ("NAV") of \$1.00.

U.S. Government Securities — Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, obligations, or securities, the bond, obligation, or security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields for similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote, if available.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2024.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Exchange-traded fund	\$ 16,928,961	\$ -	\$ -	\$ 16,928,961
Money market fund	6,755,056	-	-	6,755,056
Separately managed account:				
Short-term investment fund	827,506	-	-	827,506
U.S. government securities	10,317,573	180,956,951	-	191,274,524
Total	\$ 34,829,096	\$ 180,956,951	\$ -	\$ 215,786,047

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2023.

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 199,672,188	\$ -	\$ -	\$ 199,672,188
Exchange-traded fund	24,717,375	-	-	24,717,375
Money market fund	6,273,967	-	-	6,273,967
Total	\$ 230,663,530	\$ -	\$ -	\$ 230,663,530

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Truist Bank, the custodian of the Plan. Related transactions qualify as exempt party-in-interest transactions. Fees paid for management services were included as a reduction of the return earned on the funds.

6. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated March 20, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. In December 2016, the IRS began publishing a Required Amendments List ("List") for individually designed plans which specifies changes in qualification requirements. The List is published annually and requires plans to be amended for each item on the List, as applicable, to retain its tax-exempt status. The Plan has been amended since receiving the determination letter. However, the Plan Sponsor and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits if the Plan is terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

8. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2025, the date the financial statements are available to be issued. There were no subsequent events that require adjustment to or disclosure in the financial statements.

* * * * *

SUPPLEMENTAL SCHEDULES



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SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
STIF & MONEY MARKET FUNDS							
SHORT TERM INVT US GOVT							
6,748,026.110	FEDERATED HERMES GOVT OBLIGS INSTL #005 1137734	60934N104	6,748,026.11 1.000	3.15 4.43	6,748,026.11 1.00	0.00	22,957.95 298,762.11
827,506.090	FEDERATED HERMES GOVT OBLIGS INSTL #005 1137739	60934N104	827,506.09 1.000	0.39 4.43	827,506.09 1.00	0.00	4,223.55 36,637.00
7,030.120	FEDERATED HERMES GOVT OBLIGS INSTL #005 7947969	60934N104	7,030.12 1.000	0.00 4.43	7,030.12 1.00	0.00	71.24 311.25
7,582,562.320	TOTAL SHORT TERM INVT US GOVT		7,582,562.32	3.54 4.43	7,582,562.32	0.00	27,252.74 335,710.36
7,582,562.320	TOTAL STIF & MONEY MARKET FUNDS		7,582,562.32	3.54 4.43	7,582,562.32	0.00	27,252.74 335,710.36
CASH EQUIVALENTS							
US TREASURY BILLS							
1,515,000.000	UNITED STATES TREASURY BILLS DTD 07/05/2024 DUE 01/02/2025 1137739	912797LR6	1,515,000.00 100.000	0.71 0.00	1,483,659.38 0.98	31,340.62	0.00 0.00
4,050,000.000	UNITED STATES TREASURY BILLS DTD 11/29/2024 DUE 11/28/2025 1137739	912797NL7	3,902,823.00 96.366	1.82 0.00	3,898,479.64 0.96	4,343.36	0.00 0.00
5,000,000.000	UNITED STATES TREASURY BILLS DTD 12/26/2024 DUE 06/26/2025 1137739	912797NW3	4,899,750.00 97.995	2.29 0.00	4,898,200.42 0.98	1,549.58	0.00 0.00
10,565,000.000	TOTAL US TREASURY BILLS		10,317,573.00	4.82 0.00	10,280,339.44	37,233.56	0.00 0.00
10,565,000.000	TOTAL CASH EQUIVALENTS		10,317,573.00	4.82 0.00	10,280,339.44	37,233.56	0.00 0.00
U.S. GOVERNMENT & AGENCY BONDS							

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
US TREASURIES							
5,965,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2013 3.750% 11/15/2043 1137739	912810RD2	5,136,222.90 86.106	2.40 4.36	5,568,187.70 0.93	-431,964.80	29,042.30 223,687.50
5,765,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2014 3.375% 05/15/2044 1137739	912810RG5	4,672,359.55 81.047	2.18 4.17	5,078,379.49 0.88	-406,019.94	25,261.69 194,568.75
5,320,000.000	UNITED STATES TREASURY BONDS DTD 08/15/2015 2.875% 08/15/2045 1137739	912810RN0	3,923,872.40 73.757	1.83 3.90	4,279,275.00 0.80	-355,402.60	57,771.88 152,950.00
4,945,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2016 2.875% 11/15/2046 1137739	912810RU4	3,592,542.50 72.650	1.68 3.96	3,939,581.05 0.80	-347,038.55	18,458.37 142,168.75
4,655,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2017 3.000% 05/15/2047 1137739	912810RX8	3,440,045.00 73.900	1.61 4.06	3,779,823.63 0.81	-339,778.63	18,131.35 139,650.00
4,290,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2018 3.000% 02/15/2048 1137739	912810SA7	3,146,929.50 73.355	1.47 4.09	3,471,548.44 0.81	-324,618.94	48,612.23 128,700.00
3,930,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2019 3.000% 02/15/2049 1137739	912810SF6	2,859,232.20 72.754	1.34 4.12	3,168,716.02 0.81	-309,483.82	44,532.88 117,900.00
3,495,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2020 1.625% 11/15/2050 1137739	912810SS8	1,822,327.95 52.141	0.85 3.12	2,047,851.56 0.59	-225,523.61	7,373.77 56,793.75
7,050,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2020 1.375% 11/15/2040 1137739	912810ST6	4,363,527.00 61.894	2.04 2.22	4,665,392.58 0.66	-301,865.58	12,585.81 96,937.50
3,180,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2021 2.375% 05/15/2051 1137739	912810SX7	1,999,647.60 62.882	0.93 3.78	2,236,682.81 0.70	-237,035.21	9,805.73 75,525.00



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SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
6,750,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2021 2.250% 05/15/2041 1137739	912810SY5	4,790,070.00 70.964	2.24 3.17	5,126,572.27 0.76	-336,502.27	19,718.58 151,875.00
6,405,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2022 2.375% 02/15/2042 1137739	912810TF5	4,559,463.30 71.186	2.13 3.34	4,905,829.69 0.77	-346,366.39	57,457.90 152,118.75
2,855,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2022 2.875% 05/15/2052 1137739	912810TG3	1,996,587.15 69.933	0.93 4.11	2,240,059.77 0.78	-243,472.62	10,656.96 82,081.25
13,855,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2023 3.625% 02/15/2053 1137739	912810TN8	11,257,048.95 81.249	5.25 4.46	12,576,354.30 0.91	-1,319,305.35	189,706.20 502,243.75
11,675,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2023 3.625% 05/15/2053 1137739	912810TR9	9,490,607.50 81.290	4.43 4.46	10,662,558.60 0.91	-1,171,951.10	54,948.29 423,218.75
1,640,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2054 1137739	912810UA4	1,593,424.00 97.160	0.74 4.76	1,696,075.00 1.03	-102,651.00	9,847.93 75,850.00
9,040,000.000	UNITED STATES TREASURY NOTES DTD 12/31/2020 0.625% 12/31/2027 1137739	91282CBB6	8,118,010.40 89.801	3.79 0.70	7,982,743.75 0.88	135,266.65	156.08 56,500.00
10,145,000.000	UNITED STATES TREASURY NOTES DTD 07/31/2021 1.000% 07/31/2028 1137739	91282CCR0	9,031,484.80 89.024	4.22 1.12	8,964,454.88 0.88	67,029.92	42,454.62 101,450.00
9,945,000.000	UNITED STATES TREASURY NOTES DTD 11/15/2021 1.375% 11/15/2031 1137739	91282CDJ7	8,126,656.20 81.716	3.79 1.68	8,298,636.33 0.83	-171,980.13	17,754.02 136,743.75
8,685,000.000	UNITED STATES TREASURY NOTES DTD 11/30/2021 1.250% 11/30/2026 1137739	91282CDK4	8,210,972.70 94.542	3.83 1.32	8,054,658.98 0.93	156,313.72	9,543.96 108,562.50

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
6,680,000.000	UNITED STATES TREASURY NOTES DTD 02/15/2022 1.500% 02/15/2025 1137739	91282CDZ1	6,656,620.00 99.650	3.11 1.51	6,465,770.31 0.97	190,849.69	37,847.28 100,200.00
10,560,000.000	UNITED STATES TREASURY NOTES DTD 06/30/2022 3.250% 06/30/2029 1137739	91282CEV9	10,076,668.80 95.423	4.70 3.41	10,258,875.00 0.97	-182,206.20	948.07 343,200.00
9,895,000.000	UNITED STATES TREASURY NOTES DTD 08/15/2022 2.750% 08/15/2032 1137739	91282CF3	8,775,182.85 88.683	4.10 3.10	9,092,577.34 0.92	-317,394.49	102,781.62 272,112.50
10,750,000.000	UNITED STATES TREASURY NOTES DTD 05/15/2020 0.625% 05/15/2030 1137739	912828ZQ6	8,820,805.00 82.054	4.12 0.76	8,835,996.09 0.82	-15,191.09	8,723.24 67,187.50
7,350,000.000	UNITED STATES TREASURY NOTES DTD 01/31/2020 1.375% 01/31/2025 1137739	912828Z52	7,332,727.50 99.765	3.42 1.38	7,115,144.53 0.97	217,582.97	42,292.46 101,062.50
174,825,000.000	TOTAL US TREASURIES		143,793,035.75	67.10 2.79	150,511,745.12	-6,718,709.37	876,413.22 4,003,287.50
	GOVT STRIPS & ZERO CPNS						
8,745,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 08/15/2007 ZERO CPN 05/15/2037 1137739	912833Y46	4,789,723.95 54.771	2.24 0.00	5,049,537.90 0.58	-259,813.95	0.00 0.00
10,340,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 02/15/2033 1137739	9128334V9	7,050,949.40 68.191	3.29 0.00	7,236,354.35 0.70	-185,404.95	0.00 0.00
9,830,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 02/15/2034 1137739	9128334X5	6,377,998.90 64.883	2.98 0.00	6,585,903.40 0.67	-207,904.50	0.00 0.00

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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
125,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 08/15/2034 1137739	9128334Y3	79,130.00 63.304	0.04 0.00	84,360.00 0.67	-5,230.00	0.00 0.00
9,360,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 08/15/2035 1137739	9128335A4	5,638,557.60 60.241	2.63 0.00	5,863,384.80 0.63	-224,827.20	0.00 0.00
9,225,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 02/15/2036 1137739	9128335B2	5,414,982.75 58.699	2.53 0.00	5,646,807.00 0.61	-231,824.25	0.00 0.00
8,200,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 05/15/2009 ZERO CPN 11/15/2038 1137739	912834DU9	4,134,112.00 50.416	1.93 0.00	4,391,920.00 0.54	-257,808.00	0.00 0.00
7,750,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 11/16/2009 ZERO CPN 11/15/2039 1137739	912834EV6	3,678,460.00 47.464	1.72 0.00	3,939,790.00 0.51	-261,330.00	0.00 0.00
63,575,000.000	TOTAL GOVT STRIPS & ZERO CPNS		37,163,914.60	17.34 0.00	38,798,057.45	-1,634,142.85	0.00 0.00
238,400,000.000	TOTAL U.S. GOVERNMENT & AGENCY BONDS		180,956,950.35	84.44 2.21	189,309,802.57	-8,352,852.22	876,413.22 4,003,287.50
	EQUITY SECURITIES						
	EXCHANGE TRADED FUNDS						
58,414.000	VANGUARD TOTAL STOCK MARKET ETF 7947969	922908769	16,928,961.34 289.810	7.90 1.27	12,911,815.59 221.04	4,017,145.75	0.00 214,613.04
58,414.000	TOTAL EXCHANGE TRADED FUNDS		16,928,961.34	7.90 1.27	12,911,815.59	4,017,145.75	0.00 214,613.04
58,414.000	TOTAL EQUITY SECURITIES		16,928,961.34	7.90 1.27	12,911,815.59	4,017,145.75	0.00 214,613.04

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
MISCELLANEOUS ASSETS							
OTHER RECEIVABLES							
1.000	CLASS ACTION PENDING ANADARKO PETROLEUM ON RCPT OF FINAL PMT 1137734	997001VG4	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING JOHNSON & JOHNSON ON RCPT OF FINAL PMT 1137734	997001VJ8	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
2.000	CLASS ACTION PENDING AMERICAN INTL 2008 ON RCPT OF FINAL PMT 1137734	997001WJ7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
2.000	CLASS ACTION PENDING FANNIE MAE 2008 ON RCPT OF FINAL PMT 1137734	997001W65	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING PFIZER INC ON RCPT OF FINAL PMT 1137734	997001X56	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING AVON PRODUCTS ON RCPT OF FINAL PMT 1137734	997001YG1	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
2.000	CLASS ACTION PENDING CVS ON RCPT OF FINAL PMT 1137734	997001YQ9	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING WEATHERFORD INTL ON RCPT OF FINAL PMT 1137734	997001Y22	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
1.000	CLASS ACTION PENDING JP MORGAN CHASE ON RCPT OF FINAL PMT 1137734	997001ZK1	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING CLIFFS NATURAL RESOURCES ON RCPT OF FINAL PMT 1137734	997001ZV7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING PRUDENTIAL FINANCIALS ON RCPT OF FINAL PMT 1137734	9970011Y8	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING BANK OF AMERICA ON RCPT OF FINAL PMT 1137734	997001151	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
2.000	CLASS ACTION PENDING AMGEN INC ON RCPT OF FINAL PMT 1137734	9970012C5	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING FACEBOOK - AB DATA 2018 ON RCPT OF FINAL PMT 1137734	9970015J7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING MEDTRONIC CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970016F4	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING JP MORGAN- KCC CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970016K3	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
1.000	CLASS ACTION PENDING STATE STREET CORP CLASS ACTION ON RCPT OF FINAL PMT 1137734	997001623	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING APOLLO EDUCATION GROUP CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970017T3	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING CITBANK ADR ON RCPT OF FINAL PMT 1137734	997001748	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING BANK OF NEW YORK MELLON ADR ON RCPT OF FINAL PMT 1137734	997001755	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING STERICYCLE INC ON RCPT OF FINAL PMT 1137734	997001789	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING JP MORGAN CHASE CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970018J4	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING PPG INDUSTRIES CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970018R6	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING COGNIZANT TECH SOLUTIONS CORP ON RCPT OF FINAL PMT 1137734	997002B82	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00



DETAIL OF ASSETS HELD

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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
1.000	CLASS ACTION PENDING FIAT CHRYSLER AUTOMOBILES NV ON RCPT OF FINAL PMT 1137734	997002CJ7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING ALTICE USA INC ON RCPT OF FINAL PMT 1137734	997002CR9	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING NAVIENT CORPORATION ON RCPT OF FINAL PMT 1137734	997002CX6	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
31.000	TOTAL OTHER RECEIVABLES		0.00	0.00 0.00	0.00	0.00	0.00 0.00
31.000	TOTAL MISCELLANEOUS ASSETS		0.00	0.00 0.00	0.00	0.00	0.00 0.00
	PENDING CASH 1137739		-1,493,752.76	-0.70	-1,493,752.76		
256,606,007.320	TOTAL ACCOUNT		214,292,294.25	100.00 2.13	218,590,767.16	-4,298,472.91	903,665.96 4,553,610.90
	CURRENT PERIOD ACCRUED INCOME 1137734		22,957.95		22,957.95		
	CURRENT PERIOD ACCRUED INCOME 1137739		880,636.77		880,636.77		
	CURRENT PERIOD ACCRUED INCOME 7947969		71.24		71.24		
TOTAL VALUE			215,195,960.21		219,494,433.12		



REPORTABLE TRANSACTIONS WORKSHEET

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GWINNETT HEALTH SYS/COMBINED TR

DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
			BEGINNING MARKET VALUE	221,757,450.11		
			COMPARATIVE VALUE (5%)	11,087,872.51		

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE						
1137739	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 01/29/24 B 195,217,307.1500 1.0000		0	-195,217,307 *	195,217,307	
1137739	ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005 02/02/24 S 192,585,714.3300 1.0000		0	192,585,714 *	192,585,714	0
1137739	ISSUE: 722005816 - PIMCO INVESTMENT GRADE CREDIT BD-I 01/26/24 S 11,534,234.7410 8.8900		0	102,539,347 *	103,692,770	-1,153,423
1137739	ISSUE: 72201F623 - PIMCO LONG DURATION TOT R-IS 01/26/24 S 11,892,493.3360 7.1400		0	84,912,402 *	88,004,451	-3,092,048
1137739	ISSUE: 912810TR9 - U.S. TREASURY BONDS 3.625% 5/15/53 02/01/24 B 13,460,000.0000 0.9133		0	-12,292,766 *	12,292,766	
	GRAND TOTAL		0	587,547,536	591,793,008	-4,245,471

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

BROKER: CHASE SECURITIES, INC.

1137739	ISSUE: 912810RNO - U.S. TREASURY BONDS 2.875% 8/15/45 02/01/24 B 5,320,000.0000 0.8044		0	-4,279,275	4,279,275	
1137739	ISSUE: 912810SY5 - U.S. TREASURY BONDS 2.25% 5/15/41 02/01/24 B 6,750,000.0000 0.7595		0	-5,126,572	5,126,572	
1137739	ISSUE: 91282CCRO - U.S. TREASURY NOTES 1% 7/31/28 02/01/24 B 10,145,000.0000 0.8836		0	-8,964,455	8,964,455	
1137739	ISSUE: 91282CDJ7 - U.S. TREASURY NOTES 1.375% 11/15/31 02/01/24 B 9,945,000.0000 0.8345		0	-8,298,636	8,298,636	
1137739	ISSUE: 91282CEV9 - U.S. TREASURY NOTES 3.25% 6/30/29 02/01/24 B 10,560,000.0000 0.9715		0	-10,258,875	10,258,875	



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GWINNETT HEALTH SYS/COMBINED TR

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
1137739	ISSUE: 912828ZQ6 - U.S. TREASURY NOTES 0.625% 5/15/30 02/01/24 B	10,750,000.0000	0.8220	0	-8,835,996	8,835,996	
1137739	ISSUE: 912797JY4 - U.S. TREASURY BILLS 5/28/24 04/02/24 S	540,000.0000	0.9920	0	531,026	531,026	0
1137739	ISSUE: 912810TN8 - U.S. TREASURY BONDS 3.625% 2/15/53 04/02/24 B	990,000.0000	0.8557	0	-847,185	847,185	
1137739	ISSUE: 912797LR6 - U.S. TREASURY BILLS 1/02/25 08/01/24 B	1,515,000.0000	0.9793	0	-1,483,659	1,483,659	
1137739	ISSUE: 912797NW3 - U.S. TREASURY BILLS 6/26/25 12/30/24 B	5,000,000.0000	0.9796	0	-4,898,200	4,898,200	
	SUB-TOTAL			0	53,523,879	53,523,879	0
	BROKER: HSBC SECURITIES, INC.						
1137739	ISSUE: 9128334V9 - U.S. TREASURY STRIPS Z-CPN 2/15/33 02/01/24 B	10,165,000.0000	0.6995	0	-7,110,316	7,110,316	
1137739	ISSUE: 9128334X5 - U.S. TREASURY STRIPS Z-CPN 2/15/34 02/01/24 B	9,830,000.0000	0.6700	0	-6,585,903	6,585,903	
1137739	ISSUE: 912834EV6 - U.S. TREASURY STRIPS Z-CPN 11/15/39 02/01/24 B	7,750,000.0000	0.5084	0	-3,939,790	3,939,790	
	SUB-TOTAL			0	17,636,009	17,636,009	0
	BROKER: MORGAN STANLEY & CO. INC						
1137739	ISSUE: 912810RG5 - U.S. TREASURY BONDS 3.375% 5/15/44 02/01/24 B	5,765,000.0000	0.8809	0	-5,078,379	5,078,379	
1137739	ISSUE: 912810ST6 - U.S. TREASURY BONDS 1.375% 11/15/40 02/01/24 B	7,050,000.0000	0.6618	0	-4,665,393	4,665,393	
1137739	ISSUE: 912810TF5 - U.S. TREASURY BONDS 2.375% 2/15/42 02/01/24 B	6,405,000.0000	0.7659	0	-4,905,830	4,905,830	
1137739	ISSUE: 912810TN8 - U.S. TREASURY BONDS 3.625% 2/15/53 02/01/24 B	11,370,000.0000	0.9119	0	-10,368,019	10,368,019	
1137739	ISSUE: 912810TR9 - U.S. TREASURY BONDS 3.625% 5/15/53 08/01/24 S	1,785,000.0000	0.8872	0	1,583,699	1,630,207	-46,508
1137739	ISSUE: 912797MQ7 - U.S. TREASURY BILLS 12/24/24 08/28/24 B	2,960,000.0000	0.9841	0	-2,912,896	2,912,896	
1137739	ISSUE: 9128334Y3 - U.S. TREASURY STRIPS Z-CPN 8/15/34 09/03/24 B	125,000.0000	0.6749	0	-84,360	84,360	
	SUB-TOTAL			0	29,598,576	29,645,084	-46,508



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	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
BROKER: SALOMON SMITH BARNEY INC/SAL							
1137739	ISSUE: 912810RD2 - U.S. TREASURY BONDS 3.75% 11/15/43 02/01/24 B	5,965,000.0000	0.9335	0	-5,568,188	5,568,188	
1137739	ISSUE: 912810RU4 - U.S. TREASURY BONDS 2.875% 11/15/46 02/01/24 B	4,945,000.0000	0.7967	0	-3,939,581	3,939,581	
1137739	ISSUE: 912810SS8 - U.S. TREASURY BONDS 1.625% 11/15/50 02/01/24 B	3,495,000.0000	0.5859	0	-2,047,852	2,047,852	
1137739	ISSUE: 912810SX7 - U.S. TREASURY BONDS 2.375% 5/15/51 02/01/24 B	3,180,000.0000	0.7034	0	-2,236,683	2,236,683	
1137739	ISSUE: 912810TG3 - U.S. TREASURY BONDS 2.875% 5/15/52 02/01/24 B	2,855,000.0000	0.7846	0	-2,240,060	2,240,060	
1137739	ISSUE: 91282CBB6 - U.S. TREASURY NOTES 0.625% 12/31/27 02/01/24 B	9,040,000.0000	0.8830	0	-7,982,744	7,982,744	
1137739	ISSUE: 91282CDK4 - U.S. TREASURY NOTES 1.25% 11/30/26 02/01/24 B	8,685,000.0000	0.9274	0	-8,054,659	8,054,659	
1137739	ISSUE: 912833Y46 - U.S. TREASURY STRIPS Z-CPN 5/15/37 02/01/24 B	8,745,000.0000	0.5774	0	-5,049,538	5,049,538	
	SUB-TOTAL			0	37,119,305	37,119,305	0
BROKER: JONES TRADING INSTITUTAL SVC							
7947969	ISSUE: 922908769 - VANGUARD TOTAL STOCK MARKET ETF 04/18/24 S	28,315.0000	247.2440	481	7,000,233	6,726,124	274,109
7947969	ISSUE: 922908769 - VANGUARD TOTAL STOCK MARKET ETF 12/03/24 S	23,311.0000	300.3205	544	7,000,227	5,543,438	1,456,789
	SUB-TOTAL			1,025	14,000,460	12,269,562	1,730,898
BROKER: CITADEL SECURITIES INSTITUTION							
1137739	ISSUE: 912810TR9 - U.S. TREASURY BONDS 3.625% 5/15/53 02/01/24 B	13,460,000.0000	0.9133	0	-12,292,766 *	12,292,766	
1137739	ISSUE: 912797JY4 - U.S. TREASURY BILLS 5/28/24 02/01/24 B	5,350,000.0000	0.9834	0	-5,261,090	5,261,090	
1137739	ISSUE: 912810RX8 - U.S. TREASURY BONDS 3% 5/15/47 02/01/24 B	4,655,000.0000	0.8120	0	-3,779,824	3,779,824	
1137739	ISSUE: 912810SA7 - U.S. TREASURY BONDS 3% 2/15/48 02/01/24 B	4,290,000.0000	0.8092	0	-3,471,548	3,471,548	
1137739	ISSUE: 912810SF6 - U.S. TREASURY BONDS 3% 2/15/49 02/01/24 B	3,930,000.0000	0.8063	0	-3,168,716	3,168,716	



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	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
1137739	ISSUE: 91282CDZ1 - U.S. TREASURY NOTES 1.5% 2/15/25 02/01/24 B	6,680,000.0000	0.9679	0	-6,465,770	6,465,770	
1137739	ISSUE: 91282CFF3 - U.S. TREASURY NOTES 2.75% 8/15/32 02/01/24 B	9,895,000.0000	0.9189	0	-9,092,577	9,092,577	
1137739	ISSUE: 912828Z52 - U.S. TREASURY NOTES 1.375% 1/31/25 02/01/24 B	7,350,000.0000	0.9680	0	-7,115,145	7,115,145	
1137739	ISSUE: 9128335A4 - U.S. TREASURY STRIPS Z-CPN 8/15/35 02/01/24 B	9,360,000.0000	0.6264	0	-5,863,385	5,863,385	
1137739	ISSUE: 9128335B2 - U.S. TREASURY STRIPS Z-CPN 2/15/36 02/01/24 B	9,225,000.0000	0.6121	0	-5,646,807	5,646,807	
1137739	ISSUE: 912834DU9 - U.S. TREASURY STRIPS Z-CPN 11/15/38 02/01/24 B	8,200,000.0000	0.5356	0	-4,391,920	4,391,920	
1137739	ISSUE: 912797MR5 - U.S. TREASURY BILLS 12/31/24 09/23/24 B	4,950,000.0000	0.9877	0	-4,889,356	4,889,356	
1137739	ISSUE: 912797MQ7 - U.S. TREASURY BILLS 12/24/24 11/01/24 S	1,285,000.0000	0.9937	0	1,264,551	1,264,551	0
1137739	ISSUE: 912797NL7 - U.S. TREASURY BILLS 11/28/25 12/23/24 B	2,500,000.0000	0.9619	0	-2,404,727	2,404,727	
	SUB-TOTAL			0	75,108,182	75,108,182	0
	GRAND TOTAL			1,025	226,986,411	225,302,021	1,684,390

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 60934N104 - FED HERMES GOVT OBLIGS-INSTL #005

1137734	01/03/24 B	22,686.4600	1.0000	0	-22,686	22,686	
1137734	01/25/24 B	1,714.7800	1.0000	0	-1,715	1,715	
1137734	01/26/24 B	50.6500	1.0000	0	-51	51	
1137734	02/02/24 B	18,549.2700	1.0000	0	-18,549	18,549	
1137734	03/04/24 B	13,207.3300	1.0000	0	-13,207	13,207	
1137734	03/14/24 B	344.5000	1.0000	0	-345	345	
1137734	03/15/24 B	445.6100	1.0000	0	-446	446	
1137734	03/25/24 B	207.0400	1.0000	0	-207	207	
1137734	04/02/24 B	9,855.9500	1.0000	0	-9,856	9,856	
1137734	04/22/24 B	7,000,000.0000	1.0000	0	-7,000,000	7,000,000	
1137734	05/02/24 B	14,305.2100	1.0000	0	-14,305	14,305	



REPORTABLE TRANSACTIONS WORKSHEET

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	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
1137734	05/07/24 B	1,010.6300	1.0000	0	-1,011		1,011
1137734	05/15/24 B	90.1100	1.0000	0	-90		90
1137734	05/30/24 B	1,187.0500	1.0000	0	-1,187		1,187
1137734	05/31/24 B	147.6300	1.0000	0	-148		148
1137734	06/04/24 B	32,042.3300	1.0000	0	-32,042		32,042
1137734	06/13/24 B	5,412.2900	1.0000	0	-5,412		5,412
1137734	06/14/24 B	3,369.3300	1.0000	0	-3,369		3,369
1137734	06/18/24 B	344.3700	1.0000	0	-344		344
1137734	06/20/24 B	208.0600	1.0000	0	-208		208
1137734	06/27/24 B	339.7600	1.0000	0	-340		340
1137734	06/28/24 B	3,776.2600	1.0000	0	-3,776		3,776
1137734	07/02/24 B	27,238.6200	1.0000	0	-27,239		27,239
1137734	07/12/24 B	22.4800	1.0000	0	-22		22
1137734	07/15/24 B	6,118.7800	1.0000	0	-6,119		6,119
1137734	07/16/24 B	1,617.7400	1.0000	0	-1,618		1,618
1137734	08/02/24 B	23,694.5500	1.0000	0	-23,695		23,695
1137734	08/02/24 B	8,624.8900	1.0000	0	-8,625		8,625
1137734	08/29/24 B	2,002.9100	1.0000	0	-2,003		2,003
1137734	09/04/24 B	18,908.6600	1.0000	0	-18,909		18,909
1137734	09/05/24 B	618.9000	1.0000	0	-619		619
1137734	09/06/24 B	13.2100	1.0000	0	-13		13
1137734	09/12/24 B	820.0100	1.0000	0	-820		820
1137734	09/20/24 B	1,177.2600	1.0000	0	-1,177		1,177
1137734	09/24/24 B	214.7300	1.0000	0	-215		215
1137734	10/02/24 B	14,002.5600	1.0000	0	-14,003		14,003
1137734	10/08/24 B	598.8400	1.0000	0	-599		599
1137734	10/11/24 B	663.7300	1.0000	0	-664		664
1137734	10/17/24 B	110.0800	1.0000	0	-110		110
1137734	10/31/24 B	635.3800	1.0000	0	-635		635
1137734	11/04/24 B	8,183.9700	1.0000	0	-8,184		8,184
1137734	11/04/24 B	4,299.6100	1.0000	0	-4,300		4,300
1137734	11/05/24 B	1,535.4000	1.0000	0	-1,535		1,535
1137734	11/06/24 B	170.6000	1.0000	0	-171		171
1137734	12/04/24 B	6,766,339.4100	1.0000	0	-6,766,339		6,766,339
1137734	12/10/24 B	1,073.5300	1.0000	0	-1,074		1,074
1137734	12/11/24 B	31.0000	1.0000	0	-31		31
1137734	12/17/24 B	304.0600	1.0000	0	-304		304
1137734	12/18/24 B	475.1000	1.0000	0	-475		475
1137734	12/20/24 B	732.3800	1.0000	0	-732		732
1137734	12/30/24 B	5,311.9700	1.0000	0	-5,312		5,312
1137739	01/03/24 B	49.2000	1.0000	0	-49		49
1137739	01/29/24 B	195,217,307.1500	1.0000	0	-195,217,307 *		195,217,307
1137739	02/05/24 B	26,661.8100	1.0000	0	-26,662		26,662
1137739	02/15/24 B	668,071.8800	1.0000	0	-668,072		668,072
1137739	04/02/24 B	3,562.2100	1.0000	0	-3,562		3,562
1137739	05/02/24 B	1,056.7600	1.0000	0	-1,057		1,057



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	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
1137739	05/15/24 B	927,571.9000	1.0000	0	-927,572	927,572	
1137739	05/28/24 B	9,694.3700	1.0000	0	-9,694	9,694	
1137739	05/31/24 B	54,281.2500	1.0000	0	-54,281	54,281	
1137739	06/04/24 B	3,256.2700	1.0000	0	-3,256	3,256	
1137739	07/01/24 B	199,850.0000	1.0000	0	-199,850	199,850	
1137739	07/02/24 B	5,202.4700	1.0000	0	-5,202	5,202	
1137739	07/31/24 B	101,256.2500	1.0000	0	-101,256	101,256	
1137739	08/02/24 B	120,227.3900	1.0000	0	-120,227	120,227	
1137739	08/15/24 B	686,015.6300	1.0000	0	-686,016	686,016	
1137739	09/04/24 B	8,864.3700	1.0000	0	-8,864	8,864	
1137739	11/04/24 B	103,333.6700	1.0000	0	-103,334	103,334	
1137739	11/15/24 B	933,143.7800	1.0000	0	-933,144	933,144	
1137739	12/02/24 B	54,281.2500	1.0000	0	-54,281	54,281	
1137739	12/03/24 B	2,982.4100	1.0000	0	-2,982	2,982	
1137739	12/31/24 B	251,649.5800	1.0000	0	-251,650	251,650	
7947969	01/03/24 B	4,696.4800	1.0000	0	-4,696	4,696	
7947969	02/02/24 B	5,093.8100	1.0000	0	-5,094	5,094	
7947969	03/04/24 B	684.6600	1.0000	0	-685	685	
7947969	03/27/24 B	99,176.2100	1.0000	0	-99,176	99,176	
7947969	04/22/24 B	7,000,233.1200	1.0000	0	-7,000,233	7,000,233	
7947969	05/02/24 B	89.2900	1.0000	0	-89	89	
7947969	06/04/24 B	80.3000	1.0000	0	-80	80	
7947969	07/02/24 B	77,139.0800	1.0000	0	-77,139	77,139	
7947969	08/02/24 B	59.6300	1.0000	0	-60	60	
7947969	09/04/24 B	46.5800	1.0000	0	-47	47	
7947969	10/01/24 B	70,761.7900	1.0000	0	-70,762	70,762	
7947969	10/02/24 B	43.8800	1.0000	0	-44	44	
7947969	11/04/24 B	105.8400	1.0000	0	-106	106	
7947969	12/03/24 B	37.9300	1.0000	0	-38	38	
7947969	12/04/24 B	7,000,226.8900	1.0000	0	-7,000,227	7,000,227	
7947969	12/26/24 B	54,791.0200	1.0000	0	-54,791	54,791	
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	SUB-TOTAL OF BUYS # 88			0	227,716,421	227,716,421	
1137734	01/02/24 S	973,444.1100	1.0000	0	973,444	973,444	0
1137734	01/17/24 S	1,010.1900	1.0000	0	1,010	1,010	0
1137734	02/01/24 S	970,959.4700	1.0000	0	970,959	970,959	0
1137734	02/14/24 S	3,885.3900	1.0000	0	3,885	3,885	0
1137734	03/01/24 S	973,628.4100	1.0000	0	973,628	973,628	0
1137734	03/18/24 S	12,007.6400	1.0000	0	12,008	12,008	0
1137734	04/01/24 S	976,467.9900	1.0000	0	976,468	976,468	0
1137734	04/15/24 S	12,165.5800	1.0000	0	12,166	12,166	0
1137734	05/01/24 S	979,164.2000	1.0000	0	979,164	979,164	0
1137734	05/14/24 S	7,805.6400	1.0000	0	7,806	7,806	0
1137734	06/03/24 S	977,476.0600	1.0000	0	977,476	977,476	0
1137734	06/18/24 S	13,316.4100	1.0000	0	13,316	13,316	0



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	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
1137734	06/21/24 S	3,369.3300	1.0000	0	3,369	3,369	0
1137734	07/01/24 S	977,324.4000	1.0000	0	977,324	977,324	0
1137734	07/17/24 S	11,718.1100	1.0000	0	11,718	11,718	0
1137734	08/01/24 S	980,672.4900	1.0000	0	980,672	980,672	0
1137734	08/01/24 S	118,187.6900	1.0000	0	118,188	118,188	0
1137734	08/15/24 S	7,019.1800	1.0000	0	7,019	7,019	0
1137734	08/16/24 S	4,012.1000	1.0000	0	4,012	4,012	0
1137734	09/03/24 S	985,568.1400	1.0000	0	985,568	985,568	0
1137734	09/17/24 S	15,042.1000	1.0000	0	15,042	15,042	0
1137734	10/01/24 S	989,684.2000	1.0000	0	989,684	989,684	0
1137734	10/09/24 S	400,364.0000	1.0000	0	400,364	400,364	0
1137734	10/16/24 S	24,366.9700	1.0000	0	24,367	24,367	0
1137734	10/25/24 S	63,812.2800	1.0000	0	63,812	63,812	0
1137734	10/29/24 S	11,695.2700	1.0000	0	11,695	11,695	0
1137734	11/01/24 S	995,509.1000	1.0000	0	995,509	995,509	0
1137734	11/18/24 S	10,524.9300	1.0000	0	10,525	10,525	0
1137734	11/20/24 S	102,356.9300	1.0000	0	102,357	102,357	0
1137734	12/02/24 S	763,368.6400	1.0000	0	763,369	763,369	0
1137734	12/26/24 S	26,211.3600	1.0000	0	26,211	26,211	0
1137734	12/31/24 S	29.9800	1.0000	0	30	30	0
1137739	02/02/24 S	192,585,714.3300	1.0000	0	192,585,714 *	192,585,714	0
1137739	03/04/24 S	2,797,137.1800	1.0000	0	2,797,137	2,797,137	0
1137739	04/03/24 S	316,243.2400	1.0000	0	316,243	316,243	0
1137739	08/29/24 S	2,895.6700	1.0000	0	2,896	2,896	0
1137739	09/04/24 S	1,574,494.5900	1.0000	0	1,574,495	1,574,495	0
1137739	09/24/24 S	4,355.7600	1.0000	0	4,356	4,356	0
1137739	10/02/24 S	551,351.0000	1.0000	0	551,351	551,351	0
1137739	12/24/24 S	729,726.8800	1.0000	0	729,727	729,727	0
7947969	02/05/24 S	1,149,643.5500	1.0000	0	1,149,644	1,149,644	0
7947969	04/02/24 S	89,560.3700	1.0000	0	89,560	89,560	0
7947969	04/22/24 S	7,000,000.0000	1.0000	0	7,000,000	7,000,000	0
7947969	07/03/24 S	84,925.5800	1.0000	0	84,926	84,926	0
7947969	10/08/24 S	71,444.6300	1.0000	0	71,445	71,445	0
7947969	12/04/24 S	7,000,000.0000	1.0000	0	7,000,000	7,000,000	0
7947969	12/31/24 S	58,165.0000	1.0000	0	58,165	58,165	0
	SUB-TOTAL OF SALES # 47			0	226,407,824	226,407,824	0
	SUB-TOTAL			0	454,124,245	454,124,245	0
	ISSUE: 722005816 - PIMCO INVESTMENT GRADE CREDIT BD-I						
1137739	01/26/24 S	11,534,234.7410	8.8900	0	102,539,347 *	103,692,770	-1,153,423



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DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS	
SUB-TOTAL OF SALES # 1			0	102,539,347	103,692,770	-1,153,423	
SUB-TOTAL			0	102,539,347	103,692,770	-1,153,423	
ISSUE: 72201F623 - PIMCO LONG DURATION TOT R-IS							
1137739	01/26/24 S	11,892,493.3360	7.1400	0	84,912,402 *	88,004,451	-3,092,048
SUB-TOTAL OF SALES # 1			0	84,912,402	88,004,451	-3,092,048	
SUB-TOTAL			0	84,912,402	88,004,451	-3,092,048	
ISSUE: 912810TN8 - U.S. TREASURY BONDS 3.625% 2/15/53							
1137739	02/01/24 B	11,370,000.0000	0.9119	0	-10,368,019	10,368,019	
1137739	04/02/24 B	990,000.0000	0.8557	0	-847,185	847,185	
1137739	09/03/24 B	1,495,000.0000	0.9105	0	-1,361,151	1,361,151	
SUB-TOTAL OF BUYS # 3			0	12,576,355	12,576,355		
SUB-TOTAL			0	12,576,355	12,576,355	0	
ISSUE: 912810TR9 - U.S. TREASURY BONDS 3.625% 5/15/53							
1137739	02/01/24 B	13,460,000.0000	0.9133	0	-12,292,766 *	12,292,766	
SUB-TOTAL OF BUYS # 1			0	12,292,766	12,292,766		
1137739	08/01/24 S	1,785,000.0000	0.8872	0	1,583,699	1,630,207	-46,508
SUB-TOTAL OF SALES # 1			0	1,583,699	1,630,207	-46,508	
SUB-TOTAL			0	13,876,465	13,922,973	-46,508	
ISSUE: 922908769 - VANGUARD TOTAL STOCK MARKET ETF							
7947969	02/01/24 B	4,729.0000	243.1000	24	-1,149,644	1,149,644	
7947969	03/28/24 B	345.0000	259.9000	2	-89,667	89,667	
7947969	07/02/24 B	315.0000	269.6000	2	-84,926	84,926	
7947969	10/07/24 B	255.0000	280.1700	1	-71,445	71,445	
7947969	12/30/24 B	200.0000	290.8200	1	-58,165	58,165	



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	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
	SUB-TOTAL OF BUYS # 5			30	1,453,847	1,453,847	
7947969	04/18/24 S	28,315.0000	247.2440	481	7,000,233	6,726,124	274,109
7947969	12/03/24 S	23,311.0000	300.3205	544	7,000,227	5,543,438	1,456,789
	SUB-TOTAL OF SALES # 2			1,025	14,000,460	12,269,562	1,730,898
	SUB-TOTAL			1,055	15,454,307	13,723,409	1,730,898
	GRAND TOTAL			1,055	683,483,121	686,044,203	-2,561,081

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

BROKER: CITADEL SECURITIES INSTITUTION

1137739	ISSUE: 912797JY4 - U.S. TREASURY BILLS 5/28/24 02/01/24 B	5,350,000.0000	0.9834	0	-5,261,090	5,261,090	
1137739	ISSUE: 912810RX8 - U.S. TREASURY BONDS 3% 5/15/47 02/01/24 B	4,655,000.0000	0.8120	0	-3,779,824	3,779,824	
1137739	ISSUE: 912810SA7 - U.S. TREASURY BONDS 3% 2/15/48 02/01/24 B	4,290,000.0000	0.8092	0	-3,471,548	3,471,548	
1137739	ISSUE: 912810SF6 - U.S. TREASURY BONDS 3% 2/15/49 02/01/24 B	3,930,000.0000	0.8063	0	-3,168,716	3,168,716	
1137739	ISSUE: 912810TR9 - U.S. TREASURY BONDS 3.625% 5/15/53 02/01/24 B	13,460,000.0000	0.9133	0	-12,292,766 *	12,292,766	
1137739	ISSUE: 91282CDZ1 - U.S. TREASURY NOTES 1.5% 2/15/25 02/01/24 B	6,680,000.0000	0.9679	0	-6,465,770	6,465,770	
1137739	ISSUE: 91282CFF3 - U.S. TREASURY NOTES 2.75% 8/15/32 02/01/24 B	9,895,000.0000	0.9189	0	-9,092,577	9,092,577	
1137739	ISSUE: 912828Z52 - U.S. TREASURY NOTES 1.375% 1/31/25 02/01/24 B	7,350,000.0000	0.9680	0	-7,115,145	7,115,145	
1137739	ISSUE: 9128335A4 - U.S. TREASURY STRIPS Z-CPN 8/15/35 02/01/24 B	9,360,000.0000	0.6264	0	-5,863,385	5,863,385	
1137739	ISSUE: 9128335B2 - U.S. TREASURY STRIPS Z-CPN 2/15/36 02/01/24 B	9,225,000.0000	0.6121	0	-5,646,807	5,646,807	



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	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
1137739	ISSUE: 912834DU9 - U.S. TREASURY STRIPS Z-CPN 11/15/38 02/01/24 B	8,200,000.0000	0.5356	0	-4,391,920	4,391,920	
1137739	ISSUE: 912797MR5 - U.S. TREASURY BILLS 12/31/24 09/23/24 B	4,950,000.0000	0.9877	0	-4,889,356	4,889,356	
1137739	ISSUE: 912797MQ7 - U.S. TREASURY BILLS 12/24/24 11/01/24 S	1,285,000.0000	0.9937	0	1,264,551	1,264,551	0
1137739	ISSUE: 912797NL7 - U.S. TREASURY BILLS 11/28/25 12/23/24 B	2,500,000.0000	0.9619	0	-2,404,727	2,404,727	
	SUB-TOTAL			0	75,108,182	75,108,182	0
	GRAND TOTAL			0	75,108,182	75,108,182	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

D I S C L A I M E R S

THESE WORKSHEETS ARE PROVIDED TO ASSIST WITH THE PREPARATION OF IRS FORM 5500, SCHEDULE H. THE WORKSHEETS PRESENT ASSET AND TRANSACTION ACTIVITY MAPPED TO SCHEDULE H REPORTING ITEMS FROM THE ACCOUNTING SYSTEM; HOWEVER, THE WORKSHEETS HAVE NOT BEEN AUDITED AND ARE NOT CERTIFIED BY TRUIST. PERSONS PREPARING SCHEDULE H ARE RESPONSIBLE FOR THE ACCURACY OF INFORMATION REPORTED THEREON.



Gwinnett Hospital System, Inc. Retirement Plan

EIN / PN 58-1954432 / 003

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions and Statutory Limits

EFFECTIVE DATE

The effective date of the plan was September 1, 1989. The most recent restated plan was effective January 1, 2013. The plan was last amended effective February 1, 2017. Benefit Accruals were frozen as of December 31, 2006.

PLAN YEAR

January 1 to December 31.

PARTICIPATION

Attainment of age 21 and completion of 1,000 hours of service in a 12-month period. No new employees may participate for plan years beginning on or after January 1, 2007.

VESTING

A Participant will be vested in his or her Accrued Benefit based on the following schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
0 to 5 years	0%
5 or more years	100%

CREDITED SERVICE

All years of service during which an Employee received at least 1,000 hours of service. Effective December 31, 2006 there is no further accrual benefit service.

EARNINGS

Total cash compensation paid during plan year plus any deferrals, earnings after December 31, 2006 are not considered.

HIGHEST AVERAGE EARNINGS

The average of a Participant's Compensation during the highest five consecutive Plan Years prior to the earlier of December 31, 2006 or their termination of employment.

ACCRUED BENEFIT

The Normal Retirement Benefit is the greater of (a) and (b).

- (a) 1.1% Highest Average Earnings up to the participant's covered compensation plus 1.7% of Highest Average Earnings in excess of the participant's covered compensation for each year of Credited Service up to a maximum of 25 years.
- (b) Accrued benefit on December 31, 1996 under the applicable prior benefit formula.

For participants with 15 years of vesting service or age 55 and 10 years of vesting service as of December 31, 1996, 2.0% of Highest Average Earnings for all years of Credited Service.



Gwinnett Hospital System, Inc. Retirement Plan
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ACTUARIAL EQUIVALENCE

For other than lump sum calculations: Actuarial Equivalence is based on UP 1984 Mortality Table and an annual interest rate of 7.5%.

For lump sum calculations: "Applicable mortality table" prescribed by the Secretary of the Treasury and using the annual interest rate on the 30-year Treasury securities for the month of November immediately preceding the first day of the plan year.

NORMAL RETIREMENT DATE

The later of age 65 and fifth anniversary of plan participation.

NORMAL RETIREMENT BENEFIT

The Accrued Benefit payable at Normal Retirement Date.

EARLY RETIREMENT ELIGIBILITY

The first day of the month coincident with or next following attainment of age 55 and completion of 10 years of service.

EARLY RETIREMENT BENEFIT

The early retirement benefit is computed in the same manner as the normal retirement benefit. The early retirement benefit shall equal his or her Accrued Benefit, reduced by the following percentages:

- a. 6 2/3% per year for each of the first five years (prorated for fractional years); and
- b. 3 1/3% per year for each additional year which precedes the Participant's Normal Retirement Date (prorated for fractional years).

LATE RETIREMENT ELIGIBILITY

A Participant may continue employment beyond Normal Retirement Date.

LATE RETIREMENT BENEFIT

The benefit payable at a late retirement date will be actuarially increased to reflect payment timing.

DEFERRED VESTED ELIGIBILITY

If a Participant terminates employment after completion of five (5) Years of Vesting Service, the Participant is entitled to receive their pension at age sixty-five (65). Payments may commence as early as age 55 if the Participant had completed 10 years of service upon termination.



Gwinnett Hospital System, Inc. Retirement Plan

EIN / PN 58-1954432 / 003

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions and Statutory Limits

DEFERRED VESTED BENEFIT

The deferred vested retirement benefit will be the frozen Accrued Benefit. The deferred vested retirement benefit shall be reduced if payments commence prior to Normal Retirement Date.

VESTING SERVICE

One Year of Vesting Service is earned for each calendar year the Employee completes 1,000 hours of service.

DISABILITY BENEFIT

The disability benefit will be payable from the first day of the month coincident with or next following the date of determination of disability. The Participant can instead elect to commence the benefit on the first day of any month from date of determination of disability to Normal Retirement Date.

DEATH BENEFIT

The spouse of a Participant who dies while eligible for vested benefit is entitled to the benefit that the spouse would have received as if the Participant had terminated employment on his date of death, survived to his earliest retirement date, retired on his earliest retirement date and elected a 50% joint and survivor annuity, and died immediately after such election.

BENEFIT FORM

The normal form for is a life annuity with five years of payments guaranteed.

Participants may elect a Single Life Annuity, 50%, 66 2/3%, 75%, or 100% Joint and Survivor Annuity, or 5, 10, or 15 Year Certain & Life Annuity. Some options are only available to participants depending on service history.

CREDITED SERVICE DEFINITION

All years of service where a year of service is calculated as defined in the plan according to the "1,000 hour" rule. Effective December 31, 2006, credited service accruals cease. Credited service is used in the calculation of pension benefit.

VESTING SERVICE DEFINITION

All years of service where a year of service is calculated as defined in the plan according to the "1,000 hour" rule. Although credited service accruals cease December 31, 2006, vesting service continues to accrue to the participant's date of termination.

COVERED COMPENSATION

One Year of Vesting Service is earned for each calendar year the Employee completes 1,000 hours of service.

PAYMENT OF SMALL AMOUNTS

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed \$5,000.



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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
STIF & MONEY MARKET FUNDS							
SHORT TERM INVT US GOVT							
6,748,026.110	FEDERATED HERMES GOVT OBLIGS INSTL #005 1137734	60934N104	6,748,026.11 1.000	3.15 4.43	6,748,026.11 1.00	0.00	22,957.95 298,762.11
827,506.090	FEDERATED HERMES GOVT OBLIGS INSTL #005 1137739	60934N104	827,506.09 1.000	0.39 4.43	827,506.09 1.00	0.00	4,223.55 36,637.00
7,030.120	FEDERATED HERMES GOVT OBLIGS INSTL #005 7947969	60934N104	7,030.12 1.000	0.00 4.43	7,030.12 1.00	0.00	71.24 311.25
7,582,562.320	TOTAL SHORT TERM INVT US GOVT		7,582,562.32	3.54 4.43	7,582,562.32	0.00	27,252.74 335,710.36
7,582,562.320	TOTAL STIF & MONEY MARKET FUNDS		7,582,562.32	3.54 4.43	7,582,562.32	0.00	27,252.74 335,710.36
CASH EQUIVALENTS							
US TREASURY BILLS							
1,515,000.000	UNITED STATES TREASURY BILLS DTD 07/05/2024 DUE 01/02/2025 1137739	912797LR6	1,515,000.00 100.000	0.71 0.00	1,483,659.38 0.98	31,340.62	0.00 0.00
4,050,000.000	UNITED STATES TREASURY BILLS DTD 11/29/2024 DUE 11/28/2025 1137739	912797NL7	3,902,823.00 96.366	1.82 0.00	3,898,479.64 0.96	4,343.36	0.00 0.00
5,000,000.000	UNITED STATES TREASURY BILLS DTD 12/26/2024 DUE 06/26/2025 1137739	912797NW3	4,899,750.00 97.995	2.29 0.00	4,898,200.42 0.98	1,549.58	0.00 0.00
10,565,000.000	TOTAL US TREASURY BILLS		10,317,573.00	4.82 0.00	10,280,339.44	37,233.56	0.00 0.00
10,565,000.000	TOTAL CASH EQUIVALENTS		10,317,573.00	4.82 0.00	10,280,339.44	37,233.56	0.00 0.00
U.S. GOVERNMENT & AGENCY BONDS							

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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
US TREASURIES							
5,965,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2013 3.750% 11/15/2043 1137739	912810RD2	5,136,222.90 86.106	2.40 4.36	5,568,187.70 0.93	-431,964.80	29,042.30 223,687.50
5,765,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2014 3.375% 05/15/2044 1137739	912810RG5	4,672,359.55 81.047	2.18 4.17	5,078,379.49 0.88	-406,019.94	25,261.69 194,568.75
5,320,000.000	UNITED STATES TREASURY BONDS DTD 08/15/2015 2.875% 08/15/2045 1137739	912810RN0	3,923,872.40 73.757	1.83 3.90	4,279,275.00 0.80	-355,402.60	57,771.88 152,950.00
4,945,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2016 2.875% 11/15/2046 1137739	912810RU4	3,592,542.50 72.650	1.68 3.96	3,939,581.05 0.80	-347,038.55	18,458.37 142,168.75
4,655,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2017 3.000% 05/15/2047 1137739	912810RX8	3,440,045.00 73.900	1.61 4.06	3,779,823.63 0.81	-339,778.63	18,131.35 139,650.00
4,290,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2018 3.000% 02/15/2048 1137739	912810SA7	3,146,929.50 73.355	1.47 4.09	3,471,548.44 0.81	-324,618.94	48,612.23 128,700.00
3,930,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2019 3.000% 02/15/2049 1137739	912810SF6	2,859,232.20 72.754	1.34 4.12	3,168,716.02 0.81	-309,483.82	44,532.88 117,900.00
3,495,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2020 1.625% 11/15/2050 1137739	912810SS8	1,822,327.95 52.141	0.85 3.12	2,047,851.56 0.59	-225,523.61	7,373.77 56,793.75
7,050,000.000	UNITED STATES TREASURY BONDS DTD 11/15/2020 1.375% 11/15/2040 1137739	912810ST6	4,363,527.00 61.894	2.04 2.22	4,665,392.58 0.66	-301,865.58	12,585.81 96,937.50
3,180,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2021 2.375% 05/15/2051 1137739	912810SX7	1,999,647.60 62.882	0.93 3.78	2,236,682.81 0.70	-237,035.21	9,805.73 75,525.00



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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
6,750,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2021 2.250% 05/15/2041 1137739	912810SY5	4,790,070.00 70.964	2.24 3.17	5,126,572.27 0.76	-336,502.27	19,718.58 151,875.00
6,405,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2022 2.375% 02/15/2042 1137739	912810TF5	4,559,463.30 71.186	2.13 3.34	4,905,829.69 0.77	-346,366.39	57,457.90 152,118.75
2,855,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2022 2.875% 05/15/2052 1137739	912810TG3	1,996,587.15 69.933	0.93 4.11	2,240,059.77 0.78	-243,472.62	10,656.96 82,081.25
13,855,000.000	UNITED STATES TREASURY BONDS DTD 02/15/2023 3.625% 02/15/2053 1137739	912810TN8	11,257,048.95 81.249	5.25 4.46	12,576,354.30 0.91	-1,319,305.35	189,706.20 502,243.75
11,675,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2023 3.625% 05/15/2053 1137739	912810TR9	9,490,607.50 81.290	4.43 4.46	10,662,558.60 0.91	-1,171,951.10	54,948.29 423,218.75
1,640,000.000	UNITED STATES TREASURY BONDS DTD 05/15/2024 4.625% 05/15/2054 1137739	912810UA4	1,593,424.00 97.160	0.74 4.76	1,696,075.00 1.03	-102,651.00	9,847.93 75,850.00
9,040,000.000	UNITED STATES TREASURY NOTES DTD 12/31/2020 0.625% 12/31/2027 1137739	91282CBB6	8,118,010.40 89.801	3.79 0.70	7,982,743.75 0.88	135,266.65	156.08 56,500.00
10,145,000.000	UNITED STATES TREASURY NOTES DTD 07/31/2021 1.000% 07/31/2028 1137739	91282CCR0	9,031,484.80 89.024	4.22 1.12	8,964,454.88 0.88	67,029.92	42,454.62 101,450.00
9,945,000.000	UNITED STATES TREASURY NOTES DTD 11/15/2021 1.375% 11/15/2031 1137739	91282CDJ7	8,126,656.20 81.716	3.79 1.68	8,298,636.33 0.83	-171,980.13	17,754.02 136,743.75
8,685,000.000	UNITED STATES TREASURY NOTES DTD 11/30/2021 1.250% 11/30/2026 1137739	91282CDK4	8,210,972.70 94.542	3.83 1.32	8,054,658.98 0.93	156,313.72	9,543.96 108,562.50

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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
6,680,000.000	UNITED STATES TREASURY NOTES DTD 02/15/2022 1.500% 02/15/2025 1137739	91282CDZ1	6,656,620.00 99.650	3.11 1.51	6,465,770.31 0.97	190,849.69	37,847.28 100,200.00
10,560,000.000	UNITED STATES TREASURY NOTES DTD 06/30/2022 3.250% 06/30/2029 1137739	91282CEV9	10,076,668.80 95.423	4.70 3.41	10,258,875.00 0.97	-182,206.20	948.07 343,200.00
9,895,000.000	UNITED STATES TREASURY NOTES DTD 08/15/2022 2.750% 08/15/2032 1137739	91282CF3	8,775,182.85 88.683	4.10 3.10	9,092,577.34 0.92	-317,394.49	102,781.62 272,112.50
10,750,000.000	UNITED STATES TREASURY NOTES DTD 05/15/2020 0.625% 05/15/2030 1137739	912828ZQ6	8,820,805.00 82.054	4.12 0.76	8,835,996.09 0.82	-15,191.09	8,723.24 67,187.50
7,350,000.000	UNITED STATES TREASURY NOTES DTD 01/31/2020 1.375% 01/31/2025 1137739	912828Z52	7,332,727.50 99.765	3.42 1.38	7,115,144.53 0.97	217,582.97	42,292.46 101,062.50
174,825,000.000	TOTAL US TREASURIES		143,793,035.75	67.10 2.79	150,511,745.12	-6,718,709.37	876,413.22 4,003,287.50
	GOVT STRIPS & ZERO CPNS						
8,745,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 08/15/2007 ZERO CPN 05/15/2037 1137739	912833Y46	4,789,723.95 54.771	2.24 0.00	5,049,537.90 0.58	-259,813.95	0.00 0.00
10,340,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 02/15/2033 1137739	9128334V9	7,050,949.40 68.191	3.29 0.00	7,236,354.35 0.70	-185,404.95	0.00 0.00
9,830,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 02/15/2034 1137739	9128334X5	6,377,998.90 64.883	2.98 0.00	6,585,903.40 0.67	-207,904.50	0.00 0.00

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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
125,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 08/15/2034 1137739	9128334Y3	79,130.00 63.304	0.04 0.00	84,360.00 0.67	-5,230.00	0.00 0.00
9,360,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 08/15/2035 1137739	9128335A4	5,638,557.60 60.241	2.63 0.00	5,863,384.80 0.63	-224,827.20	0.00 0.00
9,225,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 02/15/2006 ZERO CPN 02/15/2036 1137739	9128335B2	5,414,982.75 58.699	2.53 0.00	5,646,807.00 0.61	-231,824.25	0.00 0.00
8,200,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 05/15/2009 ZERO CPN 11/15/2038 1137739	912834DU9	4,134,112.00 50.416	1.93 0.00	4,391,920.00 0.54	-257,808.00	0.00 0.00
7,750,000.000	UNITED STATES TREASURY STRIPS STRIPPED COUPON DTD 11/16/2009 ZERO CPN 11/15/2039 1137739	912834EV6	3,678,460.00 47.464	1.72 0.00	3,939,790.00 0.51	-261,330.00	0.00 0.00
63,575,000.000	TOTAL GOVT STRIPS & ZERO CPNS		37,163,914.60	17.34 0.00	38,798,057.45	-1,634,142.85	0.00 0.00
238,400,000.000	TOTAL U.S. GOVERNMENT & AGENCY BONDS		180,956,950.35	84.44 2.21	189,309,802.57	-8,352,852.22	876,413.22 4,003,287.50
	EQUITY SECURITIES						
	EXCHANGE TRADED FUNDS						
58,414.000	VANGUARD TOTAL STOCK MARKET ETF 7947969	922908769	16,928,961.34 289.810	7.90 1.27	12,911,815.59 221.04	4,017,145.75	0.00 214,613.04
58,414.000	TOTAL EXCHANGE TRADED FUNDS		16,928,961.34	7.90 1.27	12,911,815.59	4,017,145.75	0.00 214,613.04
58,414.000	TOTAL EQUITY SECURITIES		16,928,961.34	7.90 1.27	12,911,815.59	4,017,145.75	0.00 214,613.04

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
MISCELLANEOUS ASSETS							
OTHER RECEIVABLES							
1.000	CLASS ACTION PENDING ANADARKO PETROLEUM ON RCPT OF FINAL PMT 1137734	997001VG4	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING JOHNSON & JOHNSON ON RCPT OF FINAL PMT 1137734	997001VJ8	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
2.000	CLASS ACTION PENDING AMERICAN INTL 2008 ON RCPT OF FINAL PMT 1137734	997001WJ7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
2.000	CLASS ACTION PENDING FANNIE MAE 2008 ON RCPT OF FINAL PMT 1137734	997001W65	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING PFIZER INC ON RCPT OF FINAL PMT 1137734	997001X56	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING AVON PRODUCTS ON RCPT OF FINAL PMT 1137734	997001YG1	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
2.000	CLASS ACTION PENDING CVS ON RCPT OF FINAL PMT 1137734	997001YQ9	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00
1.000	CLASS ACTION PENDING WEATHERFORD INTL ON RCPT OF FINAL PMT 1137734	997001Y22	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00 0.00

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
1.000	CLASS ACTION PENDING JP MORGAN CHASE ON RCPT OF FINAL PMT 1137734	997001ZK1	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING CLIFFS NATURAL RESOURCES ON RCPT OF FINAL PMT 1137734	997001ZV7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING PRUDENTIAL FINANCIALS ON RCPT OF FINAL PMT 1137734	9970011Y8	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING BANK OF AMERICA ON RCPT OF FINAL PMT 1137734	997001151	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
2.000	CLASS ACTION PENDING AMGEN INC ON RCPT OF FINAL PMT 1137734	9970012C5	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING FACEBOOK - AB DATA 2018 ON RCPT OF FINAL PMT 1137734	9970015J7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING MEDTRONIC CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970016F4	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING JP MORGAN- KCC CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970016K3	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00

GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
1.000	CLASS ACTION PENDING STATE STREET CORP CLASS ACTION ON RCPT OF FINAL PMT 1137734	997001623	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING APOLLO EDUCATION GROUP CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970017T3	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING CITBANK ADR ON RCPT OF FINAL PMT 1137734	997001748	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING BANK OF NEW YORK MELLON ADR ON RCPT OF FINAL PMT 1137734	997001755	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING STERICYCLE INC ON RCPT OF FINAL PMT 1137734	997001789	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING JP MORGAN CHASE CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970018J4	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING PPG INDUSTRIES CLASS ACTION ON RCPT OF FINAL PMT 1137734	9970018R6	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING COGNIZANT TECH SOLUTIONS CORP ON RCPT OF FINAL PMT 1137734	997002B82	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00



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GWINNETT HEALTH SYS/COMBINED TR

SHARES PAR VALUE	ASSET DESCRIPTION	CUSIP NUMBER MOODYS	MARKET VALUE MARKET PRICE	% MKT YLD MKT	COST UNIT COST	UNREALIZED GAIN/LOSS	ACCRUED INCOME EST ANN INCOME
1.000	CLASS ACTION PENDING FIAT CHRYSLER AUTOMOBILES NV ON RCPT OF FINAL PMT 1137734	997002CJ7	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING ALTICE USA INC ON RCPT OF FINAL PMT 1137734	997002CR9	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
1.000	CLASS ACTION PENDING NAVIENT CORPORATION ON RCPT OF FINAL PMT 1137734	997002CX6	0.00 0.000	0.00 0.00	0.00 0.00	0.00	0.00
31.000	TOTAL OTHER RECEIVABLES		0.00	0.00 0.00	0.00	0.00	0.00 0.00
31.000	TOTAL MISCELLANEOUS ASSETS		0.00	0.00 0.00	0.00	0.00	0.00 0.00
	PENDING CASH 1137739		-1,493,752.76	-0.70	-1,493,752.76		
256,606,007.320	TOTAL ACCOUNT		214,292,294.25	100.00 2.13	218,590,767.16	-4,298,472.91	903,665.96 4,553,610.90
	CURRENT PERIOD ACCRUED INCOME 1137734		22,957.95		22,957.95		
	CURRENT PERIOD ACCRUED INCOME 1137739		880,636.77		880,636.77		
	CURRENT PERIOD ACCRUED INCOME 7947969		71.24		71.24		
TOTAL VALUE			215,195,960.21		219,494,433.12		

Gwinnett Hospital System, Inc. Retirement Plan
 EIN / PN 58-1954432 / 003
 Schedule SB, Line 26a - Schedule of Active Participant Data

Completed years of credited service as of January 1, 2024

Attained age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	4	-	-	-	-	-	-	-	-	4
40 to 44	-	30	6	-	-	-	-	-	-	-	36
45 to 49	-	37	32	3	-	-	-	-	-	-	72
50 to 54	-	64	60	21	-	-	-	-	-	-	145
55 to 59	-	71	70	24	4	7	-	-	-	-	176
60 to 64	-	68	74	24	17	10	2	-	-	-	195
65 to 69	-	16	20	11	6	1	-	-	-	-	54
70 & over	-	7	-	1	2	-	-	-	-	-	10
Total	-	297	262	84	29	18	2	-	-	-	692



Gwinnett Hospital System, Inc. Retirement Plan
 EIN / PN 58-1954432 / 003
 Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
 Actuarial Assumptions and Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the September immediately preceding the valuation year.

Economic Assumptions

	Funding Target		PBGC Funding Target
	with stabilization	without stabilization	
First segment rate (years 0 to 4):	4.75%	3.62%	5.01%
Second segment rate (years 5 to 19):	4.87%	4.46%	5.13%
Third segment rate (years 20 and after):	5.59%	4.52%	5.15%
Effective interest rate (current year):	5.10%	4.43%	N/A

ASC 960 discount rate (current year): 5.20%

The interest rates listed above are compounded annually.



Gwinnett Hospital System, Inc. Retirement Plan
EIN / PN 58-1954432 / 003
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Actuarial Assumptions and Methods

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

Active Participants: see Exhibit A.

Terminated Vested Participants: if eligible for early commencement, see Exhibit B; otherwise, age 65.

WITHDRAWAL

The withdrawal decrement assumptions are summarized in Exhibit C.

DISABILITY

The disability decrement assumptions are summarized in Exhibit D.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

These demographic assumptions are reviewed periodically and consider actual plan experience and anticipated experience. These assumptions are based on an experience study performed in 2024.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2024 Generational Mortality Table, as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, the PRI-2012 fully generational mortality projected with scale MP-2021 was used.

MARITAL STATUS

75% of male employees and 70% of female employees are assumed to be married; husbands are assumed to be three years older than wives.

DECREMENT TIMING

Decrements are assumed to occur as of the beginning of the year.

Other Assumptions

FORM OF PAYMENT

It is assumed that 50% of participants elect the Single Life Annuity, 10% elect the 5-Year Certain and Life Annuity, 5% elect the 10-Year Certain and Life Annuity, 15% elect the 50% Joint and Survivor Annuity, 5% elect the 75% Joint and Survivor Annuity, and 15% elect the 100% Joint and Survivor Annuity.

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is \$345,000 for 2024.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$275,000 for 2024.



Gwinnett Hospital System, Inc. Retirement Plan
EIN / PN 58-1954432 / 003
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Actuarial Assumptions and Methods

EXPENSES

Assumed expenses are \$400,364 for 2024. The assumed expenses are based on the anticipated PBGC premiums for the current plan year. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses assumed to be paid out of the trust and does not include investment-related expenses or any other non-administrative expenses.

Changes from Prior Year and Rationale for Changes

The retirement rates, termination rates, terminated vested benefit commencement age, and percent married assumptions were updated due to an experience study analysis performed in 2024. The ASC 960 discount rate has changed from 4.75% in 2023 to 5.20% in 2024 to reflect the Expected Long Term Rate of Return on Plan Assets.

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2024.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.



Gwinnett Hospital System, Inc. Retirement Plan
EIN / PN 58-1954432 / 003
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Actuarial Assumptions and Methods

ASC 960 cost method

The method used to calculate the ASC 960 present value of accumulated plan benefits is the traditional unit credit cost method. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The present value of the accrued benefit is calculated using the applicable ASC 960 assumptions.

Changes in Method from Prior Year and Rationale for Changes

None.



Gwinnett Hospital System, Inc. Retirement Plan
EIN / PN 58-1954432 / 003
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods
Actuarial Assumptions and Methods

Exhibit A - Retirement Rates

<u>Age</u>	<u>Rate</u>
55 to 58	5%
59 to 60	7%
61 to 63	10%
64	25%
65	35%
66 to 67	30%
68	40%
69	20%
70 to 73	30%
74	60%
75+	100%

Exhibit B - Terminated Vested Benefit Commencement Age

<u>Age</u>	<u>Rate</u>
55	5%
56 to 59	0%
60	5%
61	0%
62	10%
63 to 64	5%
65	70%
66 to 69	50%
70+	100%

Exhibit C - Withdrawal Rates

<u>Age</u>	<u>Rate</u>
20 to 54	6.00%
55 to 64	12.50%
65+	0.00%



Gwinnett Hospital System, Inc. Retirement Plan

EIN / PN 58-1954432 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Exhibit D - Disability Rates

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
21	0.03%	0.03%	45	0.16%	0.24%
22	0.03%	0.03%	46	0.18%	0.27%
23	0.03%	0.03%	47	0.21%	0.30%
24	0.03%	0.03%	43	0.25%	0.33%
25	0.03%	0.03%	43	0.28%	0.36%
26	0.03%	0.03%	50	0.33%	0.40%
27	0.03%	0.03%	51	0.39%	0.44%
28	0.03%	0.04%	52	0.46%	0.49%
29	0.03%	0.04%	53	0.53%	0.54%
30	0.03%	0.04%	54	0.61%	0.59%
31	0.03%	0.05%	55	0.69%	0.64%
32	0.03%	0.05%	56	0.77%	0.69%
33	0.03%	0.06%	57	0.86%	0.74%
34	0.03%	0.06%	53	0.95%	0.80%
35	0.04%	0.07%	59	1.05%	0.85%
36	0.04%	0.08%	80	1.15%	0.90%
37	0.05%	0.09%	61	1.26%	0.96%
33	0.06%	0.10%	62	1.38%	1.01%
39	0.07%	0.12%	63	1.51%	1.05%
40	0.08%	0.13%	64	1.64%	1.09%
41	0.09%	0.15%	65+	0.00 %	0.00%
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Gwinnett Hospital System, Inc. Retirement Plan
EIN / PN 58-1954432 / 003
Schedule SB, Line 24 - Change in Actuarial Assumptions

RATIONALE FOR CHANGE IN DEMOGRAPHIC ASSUMPTIONS

The retirement rates, termination rates, terminated vested benefit commencement age and percent married assumptions were updated due to an experience study performed in 2024.

Gwinnett Hospital System, Inc. Retirement Plan

EIN / PN 58-1954432 / 003

Schedule SB, Line 26b - Schedule of Projection of Expected Benefit Payments

PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	242,316	523,027	11,570,275	12,335,618
2025	479,574	1,025,287	11,336,106	12,840,967
2026	694,634	1,497,984	11,085,246	13,277,865
2027	901,042	1,922,900	10,800,130	13,624,071
2028	1,100,401	2,311,763	10,497,401	13,909,565
2029	1,259,387	2,702,266	10,173,151	14,134,804
2030	1,401,149	3,048,456	9,836,337	14,285,942
2031	1,530,189	3,322,026	9,477,876	14,330,091
2032	1,642,780	3,568,426	9,098,549	14,309,755
2033	1,736,080	3,809,215	8,699,391	14,244,685
2034	1,813,494	3,985,995	8,284,155	14,083,644
2035	1,880,386	4,164,174	7,851,523	13,896,084
2036	1,928,400	4,308,040	7,400,073	13,636,513
2037	1,962,299	4,406,351	6,943,433	13,312,083
2038	1,979,043	4,442,927	6,475,088	12,897,058
2039	1,983,491	4,471,783	6,009,025	12,464,299
2040	1,977,504	4,464,863	5,542,923	11,985,291
2041	1,960,867	4,436,527	5,079,873	11,477,268
2042	1,933,121	4,388,952	4,623,586	10,945,659
2043	1,893,479	4,323,030	4,177,750	10,394,259
2044	1,845,257	4,229,946	3,746,007	9,821,209
2045	1,788,305	4,120,755	3,331,875	9,240,936
2046	1,724,504	3,997,051	2,938,589	8,660,144
2047	1,655,526	3,857,493	2,569,073	8,082,092
2048	1,578,416	3,701,439	2,225,833	7,505,688
2049	1,496,518	3,529,835	1,910,860	6,937,212
2050	1,411,043	3,344,749	1,625,515	6,381,307
2051	1,322,158	3,149,450	1,370,411	5,842,019
2052	1,230,801	2,947,082	1,145,424	5,323,307
2053	1,138,391	2,739,563	949,729	4,827,682
2054	1,046,230	2,529,392	781,876	4,357,497
2055	955,266	2,322,734	639,905	3,917,905
2056	866,453	2,115,289	521,460	3,503,201
2057	780,612	1,912,689	423,940	3,117,241
2058	698,515	1,717,211	344,657	2,760,382
2059	620,782	1,530,761	280,947	2,432,489
2060	547,860	1,354,646	230,272	2,132,779
2061	480,089	1,190,355	190,291	1,860,735
2062	417,683	1,038,600	158,917	1,615,200
2063	360,734	899,832	134,344	1,394,911
2064	309,222	774,155	115,061	1,198,439
2065	263,024	661,382	99,842	1,024,249
2066	221,949	561,275	87,711	870,935
2067	185,754	474,862	77,917	738,532
2068	154,149	397,527	69,897	621,573
2069	126,806	330,440	63,239	520,486
2070	103,372	272,695	57,640	433,707
2071	83,478	223,374	52,880	359,731
2072	66,758	181,497	48,795	297,049
2073	52,853	146,362	45,260	244,476

Gwinnett Hospital System, Inc. Retirement Plan

EIN / PN 58-1954432 / 003

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

Age (a)	Rate (b)	Weight (c)	Product (d) = (a) x (b) x (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	7.00%	0.8145	3.36
60	7.00%	0.7575	3.18
61	10.00%	0.7045	4.30
62	10.00%	0.6340	3.93
63	10.00%	0.5706	3.59
64	25.00%	0.5136	8.22
65	35.00%	0.3852	8.76
66	30.00%	0.2504	4.96
67	30.00%	0.1753	3.52
68	40.00%	0.1227	3.34
69	20.00%	0.0736	1.02
70	30.00%	0.0589	1.24
71	30.00%	0.0412	0.88
72	30.00%	0.0289	0.62
73	30.00%	0.0202	0.44
74	60.00%	0.0141	0.63
75	100.00%	0.0057	0.42
		Weighted Average	62.88

EXTENSION GRANTED TO 10/15/2025

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**

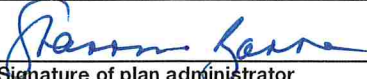
- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN</p>	<p>1b Three-digit plan number (PN) ▶ 003</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTHSIDE HOSPITAL, INC. 1000 JOHNSON FERRY ROAD NE ATLANTA GA 30342-1611</p>	<p>1c Effective date of plan 09/01/1989</p> <p>2b Employer Identification Number (EIN) 58-1954432</p> <p>2c Plan Sponsor's telephone number 404-851-8000</p> <p>2d Business code (see instructions) 622000</p>

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

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

SIGN HERE		10.15.25	SHANNON BANNA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	3,964
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	692
a (2) Total number of active participants at the end of the plan year	6a(2)	737
b Retired or separated participants receiving benefits	6b	1,333
c Other retired or separated participants entitled to future benefits	6c	1,671
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3,741
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	166
f Total. Add lines 6d and 6e	6f	3,907
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	1
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 1 I

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

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

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

1/1/24 THROUGH 12/31/24

ACCOUNT C110679

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GWINNETT HEALTH SYS/COMBINED TR

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
		SUB-TOTAL OF BUYS # 5		30	1,453,847	1,453,847	
7947969	04/18/24 S	28,315.0000	247.2440	481	7,000,233	6,726,124	274,109
7947969	12/03/24 S	23,311.0000	300.3205	544	7,000,227	5,543,438	1,456,789
		SUB-TOTAL OF SALES # 2		1,025	14,000,460	12,269,562	1,730,898
		SUB-TOTAL		1,055	15,454,307	13,723,409	1,730,898
		GRAND TOTAL		1,055	683,483,121	686,044,203	-2,561,081

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

BROKER: CITADEL SECURITIES INSTITUTION

1137739	ISSUE: 912797JY4 - U.S. TREASURY BILLS 5/28/24 02/01/24 B	5,350,000.0000	0.9834	0	-5,261,090	5,261,090	
1137739	ISSUE: 912810RX8 - U.S. TREASURY BONDS 3% 5/15/47 02/01/24 B	4,655,000.0000	0.8120	0	-3,779,824	3,779,824	
1137739	ISSUE: 912810SA7 - U.S. TREASURY BONDS 3% 2/15/48 02/01/24 B	4,290,000.0000	0.8092	0	-3,471,548	3,471,548	
1137739	ISSUE: 912810SF6 - U.S. TREASURY BONDS 3% 2/15/49 02/01/24 B	3,930,000.0000	0.8063	0	-3,168,716	3,168,716	
1137739	ISSUE: 912810TR9 - U.S. TREASURY BONDS 3.625% 5/15/53 02/01/24 B	13,460,000.0000	0.9133	0	-12,292,766 *	12,292,766	
1137739	ISSUE: 91282CDZ1 - U.S. TREASURY NOTES 1.5% 2/15/25 02/01/24 B	6,680,000.0000	0.9679	0	-6,465,770	6,465,770	
1137739	ISSUE: 91282CFF3 - U.S. TREASURY NOTES 2.75% 8/15/32 02/01/24 B	9,895,000.0000	0.9189	0	-9,092,577	9,092,577	
1137739	ISSUE: 912828Z52 - U.S. TREASURY NOTES 1.375% 1/31/25 02/01/24 B	7,350,000.0000	0.9680	0	-7,115,145	7,115,145	
1137739	ISSUE: 9128335A4 - U.S. TREASURY STRIPS Z-CPN 8/15/35 02/01/24 B	9,360,000.0000	0.6264	0	-5,863,385	5,863,385	
1137739	ISSUE: 9128335B2 - U.S. TREASURY STRIPS Z-CPN 2/15/36 02/01/24 B	9,225,000.0000	0.6121	0	-5,646,807	5,646,807	



REPORTABLE TRANSACTIONS WORKSHEET

1/1/24 THROUGH 12/31/24

ACCOUNT C110679

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GWINNETT HEALTH SYS/COMBINED TR

	DATE BOUGHT/SOLD	SHARES PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ERISA COST	ERISA COST GAIN/LOSS
1137739	ISSUE: 912834DU9 - U.S. TREASURY STRIPS Z-CPN 11/15/38 02/01/24 B	8,200,000.0000	0.5356	0	-4,391,920	4,391,920	
1137739	ISSUE: 912797MR5 - U.S. TREASURY BILLS 12/31/24 09/23/24 B	4,950,000.0000	0.9877	0	-4,889,356	4,889,356	
1137739	ISSUE: 912797MQ7 - U.S. TREASURY BILLS 12/24/24 11/01/24 S	1,285,000.0000	0.9937	0	1,264,551	1,264,551	0
1137739	ISSUE: 912797NL7 - U.S. TREASURY BILLS 11/28/25 12/23/24 B	2,500,000.0000	0.9619	0	-2,404,727	2,404,727	
	SUB-TOTAL			0	75,108,182	75,108,182	0
	GRAND TOTAL			0	75,108,182	75,108,182	0

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

D I S C L A I M E R S

THESE WORKSHEETS ARE PROVIDED TO ASSIST WITH THE PREPARATION OF IRS FORM 5500, SCHEDULE H. THE WORKSHEETS PRESENT ASSET AND TRANSACTION ACTIVITY MAPPED TO SCHEDULE H REPORTING ITEMS FROM THE ACCOUNTING SYSTEM; HOWEVER, THE WORKSHEETS HAVE NOT BEEN AUDITED AND ARE NOT CERTIFIED BY TRUIST. PERSONS PREPARING SCHEDULE H ARE RESPONSIBLE FOR THE ACCURACY OF INFORMATION REPORTED THEREON.

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 GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NORTHSIDE HOSPITAL, INC.	D Employer Identification Number (EIN) 58-1954432	
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	230,690,962
	b Actuarial value	2b	247,433,157
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,685	121,565,988
	b For terminated vested participants	1,587	51,780,271
	c For active participants	692	23,093,877
	d Total	3,964	196,440,136
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	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	5.10%
6	Target normal cost		
	a Present value of current plan year accruals	6a	0
	b Expected plan-related expenses	6b	400,364
	c Target normal cost	6c	400,364

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	James Pinkerton <i>JP</i> Signature of actuary	<u>09/26/2025</u> Date
	<u>James Pinkerton</u> Type or print name of actuary	<u>2306373</u> Most recent enrollment number
	<u>October Three Consulting LLC</u> Firm name	<u>312-878-2352</u> Telephone number (including area code)
	<u>233 S. Wacker Drive Suite 8350 Chicago IL 60606</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 V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
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 400,364
b Excess assets, if applicable, but not greater than line 31a				31b 400,364
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 0
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				