Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1986

2a Plan sponsor's name (employer, if for a single-employer plan)
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)
NORTHEAST GEORGIA HEALTH SYSTEM, INC.

743 SPRING STREET
GAINESVILLE, GA 30501

2b Employer Identification Number (EIN) 58-1694090

2c Plan Sponsor's telephone number 770-219-7644

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2026	MIKE FOSTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1855
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)**	674
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	622
b	Retired or separated participants receiving benefits	**6b**	843
c	Other retired or separated participants entitled to future benefits	**6c**	303
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1768
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	54
f	Total. Add lines **6d** and **6e**.	**6f**	1822
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)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I 3F 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NORTHEAST GEORGIA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
58-1694090

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	315472683
b Actuarial value	**2b**	309982110

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	838	144110352	144110352
b For terminated vested participants	343	16874253	16874253
c For active participants	674	53734802	59166984
d Total	1855	214719407	220151589

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**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	586796
c Target normal cost	**6c**	586796

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

10/13/2026
Date

JEFFREY C. BAKER
Type or print name of actuary

26-07604
Most recent enrollment number

MILLIMAN, INC.
Firm name

404-254-6730
Telephone number (including area code)

3424 PEACHTREE ROAD NE, SUITE 1900
ATLANTA, GA 30326
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	19638908
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	19638908
10	Interest on line 9 using prior year's actual return of 6.68 %	0	1311879
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.22 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20950787

Part III Funding Percentages

14	Funding target attainment percentage	14	131.28 %
15	Adjusted funding target attainment percentage	15	140.80 %
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	130.80 %
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)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ 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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ 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**	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**	586796
b Excess assets, if applicable, but not greater than line 31a	**31b**	586796

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

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

A Name of plan
NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST GEORGIA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
58-1694090

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WILLIS INVESTMENT COUNSEL, INC.

58-1396624

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	461709	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	410806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 71	BROKERAGE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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(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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST GEORGIA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
58-1694090

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5102	6056
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14700363	11903048
(2) U.S. Government securities	1c(2)	19691711	16633120
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	33421972	34830735
(B) All other	1c(3)(B)	21389395	21996164
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	225573674	238994895
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	314782217	324364018
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	314782217	324364018

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	213606	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	2222606	
(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)		2436212
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2541084	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2541084
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	55575056	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	56341883	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-766827
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	20403002	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		20403002

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		24613471
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13961762	
(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)		13961762
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)	461709	
(6) Bank or trust company trustee/custodial fees	2i(6)	410806	
(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)	197393	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1069908
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		15031670
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9581801
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: PYA, P.C. **(2)** EIN: 62-1217792

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589296.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHEAST GEORGIA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
58-1694090

Part I Distributions

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

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

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

EIN(s): 94-1687665

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... 3 | 20

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☐ No ☒ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) 6a

b Enter the amount contributed by the employer to the plan for this plan year 6b

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) 6c

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 74.00 % Private Equity: 0.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 17.00 %
High-Yield Debt: 0.00 % Real Assets: 0.00 % Cash or Cash Equivalents: 9.00 % Other: 0.00 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

PYA ACCOUNTANTS & ADVISORS

Financial Statements and Supplemental Schedules

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

Years Ended December 31, 2025 and 2024

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

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Years Ended December 31, 2025 and 2024

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PYA | ACCOUNTANTS & ADVISORS

INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements (modified cash basis) of the Northeast Georgia Health System, Inc. and Affiliated Companies Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2025 and 2024; the related statements of changes in net assets available for benefits – modified cash basis for the years then ended; and the related notes to the financial statements.

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

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

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with the cash basis of accounting described in Note B.

PYA, P.C.
945 East Paces Ferry Road, NE, Suite 2100, Atlanta, GA 30326
pyapc.com

HLB WE ARE AN INDEPENDENT MEMBER OF THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

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

Basis for Opinion

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

Emphasis of Matter – Basis of Accounting

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with the modified cash basis of accounting described in Note B.

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

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets Held at Year End and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

PYA, P.C.

Atlanta, Georgia
October 7, 2026

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

Statements of Net Assets Available for Benefits

	December 31, 2025	December 31, 2024
ASSETS		
Cash and cash equivalents	**$ 11,909,104**	$ 14,705,465
Investments, at fair value:		
U.S. Treasury securities	**16,633,120**	19,691,711
Bonds	**56,826,899**	54,811,367
Common stocks, net of covered call options	**238,994,895**	225,573,674
NET ASSETS AVAILABLE FOR BENEFITS	**$ 324,364,018**	$ 314,782,217

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

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31,	
	2025	***2024***
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ 19,636,175**	$ 15,504,381
Interest and dividends	**4,977,296**	5,148,371
TOTAL ADDITIONS	**24,613,471**	20,652,752
Deductions from net assets attributed to:		
Benefits paid	**13,961,762**	13,818,841
Administrative and investment advisory fees	**1,069,908**	1,036,959
TOTAL DEDUCTIONS	**15,031,670**	14,855,800
NET INCREASE	**9,581,801**	5,796,952
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	**314,782,217**	308,985,265
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	**$ 324,364,018**	$ 314,782,217

See Accompanying Notes to Financial Statements.

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

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

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

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

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

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

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

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

- The "pre-2006 base benefit" is equal to 1.0% of final average earnings as of December 31, 2005, multiplied by the participant's years of benefit service prior to January 1, 2006.

- The "pre-2006 excess benefit" is equal to .65% of final average earnings as of December 31, 2005, in excess of covered compensation multiplied by years of benefit service prior to January 1, 2006, up to 35 years.

- The "post-2005 benefit" is equal to 1.0% of aggregate earnings for years and months of benefit service after January 1, 2006.

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

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

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

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

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

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

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

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

- An immediate lump-sum cash amount equal to his contributions (participant contributions were no longer required effective January 1, 1991) with interest to date of termination if the participant has not completed five years of vesting service.

- A deferred retirement benefit commencing on normal retirement date equal to the accrued benefit as of date of termination of employment if the participant has completed five years of vesting service.

- If the participant has completed ten years of vesting service, he may elect to have his benefit commence at any time after age 55 on an actuarially reduced basis.

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

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

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

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

Plan Restatement: The Plan, originally effective as of February 9, 1970, is amended and restated in its entirety, effective January 1, 2016. The Plan, as amended and restated, is intended to qualify as a defined benefit pension plan under Internal Revenue Code Section 401(a). The Plan is maintained for the exclusive benefit of eligible employees and their beneficiaries. Except as otherwise specifically provided in the amended and restated Plan, the rights of any person who did not have an hour of service under the Plan on or after January 1, 2016, shall generally be determined in accordance with the terms of the Plan as in effect on the date for which he or she

was last credited with an hour of service. Notwithstanding any other provision of the Plan to the contrary, a participant's vested interest in his or her accrued benefit under the Plan on and after the effective date, which is January 1, 2016, shall not be less than his or her vested interest in the accrued benefit on the day immediately preceding the effective date.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold during the year as well as held at year end.

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

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

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

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

NOTE C--INFORMATION CERTIFIED BY THE TRUSTEE

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

- The investments as shown in the accompanying Statements of Net Assets Available for Benefits – modified cash basis of $324,364,018 and $314,782,217, as of December 31, 2025 and 2024, respectively.

- Net investment earnings as shown in the accompanying Statements of Changes in Net Assets Available for Benefits – modified cash basis of $24,613,471 and $20,652,752 for the years ended December 31, 2025 and 2024, respectively.

- All investment-related information in the accompanying supplemental Schedule H, Line 4i – Schedule of Assets Held at Year End and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2025.

NOTE D--FAIR VALUE MEASUREMENTS

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

- *Level 1:* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- *Level 2:* Inputs to the valuation methodology include:

    - Quoted prices for similar assets and liabilities in active markets;
    - Quoted prices for identical or similar assets and liabilities in inactive markets;
    - Inputs other than quoted prices that are observable for the asset or liability; and
    - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

- *Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the valuation hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The investment valuation methods described below may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan administrator believes the Plan's valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

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

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

Common Stock Portfolio Held by Merrill Lynch and Managed by Willis Investment Counsel: The Plan has invested in a separate common stock portfolio held by Merrill Lynch and managed by Willis Investment Counsel. The portfolio aims to compound capital by maintaining lower downside absorption (during down markets) while layering in higher-than-average dividend yields and covered call option premiums, with principal upside potential from long equity positions. The strategy is structured to generate attractive risk-adjusted returns across most market environments. Absent positions being called, equity turnover is modest; however, option turnover can be significant. Generally, the strategy invests in a diversified portfolio of more than 50 U.S.-traded common equities with covered call options written against most or all of the underlying equities. Holdings are generally higher quality, attractively priced large-cap companies, carrying lower betas and have a history of paying a dividend with the ability to maintain or grow the dividend. The strategy targets a lower net exposure than the overall market over complete cycles. The strategy maintains sector diversification to the extent that dividend and valuation thresholds are met and option alternatives are available; each stock generally accounts for less than 3% of the portfolio value.

The following table sets forth by level within the fair value hierarchy the Plan's assets at fair value as of December 31, 2025 and 2024:

	Quoted Prices in Active Markets (Level 1)	*Significant Other Observable Inputs (Level 2)*	*Significant Unobservable Inputs (Level 3)*	*Total*
Assets as of December 31, 2025				
Cash and cash equivalents	$ 11,909,104	$ -	$ -	$ 11,909,104
U.S. Treasury securities	16,633,120	-	-	16,633,120
Bonds	-	56,826,899	-	56,826,899
Common stocks, net of covered call options	238,994,895	-	-	238,994,895
Total assets at fair value	$ 267,537,119	$ 56,826,899	$ -	$ 324,364,018
Assets as of December 31, 2024				
Cash and cash equivalents	$ 14,705,465	$ -	$ -	$ 14,705,465
U.S. Treasury securities	19,691,711	-	-	19,691,711
Bonds	-	54,811,367	-	54,811,367
Common stocks, net of covered call options	225,573,674	-	-	225,573,674
Total assets at fair value	$ 259,970,850	$ 54,811,367	$ -	$ 314,782,217

NOTE E--ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The following represents a summary of the accumulated Plan benefits as of the actuarial valuation on January 1, 2025:

Changes in accumulated Plan benefits:	
Actuarial present value of accumulated Plan benefits as of January 1, 2024	$ 196,582,993
Reduction in discount period	12,336,237
Benefits payments	(13,806,813)
Actuarial gain/loss	1,490,477
Actuarial present value of accumulated Plan benefits as of January 1, 2025	$ 196,602,894
Accumulated Plan benefits:	
Vested benefits:	
Participants receiving benefits	$ 131,876,706
Terminated vested participants	14,509,785
Active participants	45,364,070
Nonvested benefits	4,852,333
	$ 196,602,894

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

under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

The actuarial present value of accumulated Plan benefits is determined by an actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2025, are as follows:

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

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

Retirement Age:

Age	***Retirement Rate 2025 - Active***	***Age***	***Retirement Rate 2025 - Terminated***
55-59	5%	55-60	5%
60-62	20%	61-62	20%
63	15%	63	15%
64	25%	64	25%
65	40%	65	100%
66-67	50%	66-67	100%
68 & Older	100%	68 & Older	100%

Age	***Retirement Rate 2024 - Active***	***Age***	***Retirement Rate 2024 - Terminated***
55-59	5%	55-60	5%
60-62	20%	61-62	20%
63	15%	63	15%
64	25%	64	25%

Age	*Retirement Rate 2024 - Active*	*Age*	*Retirement Rate 2024 - Terminated*
65	40%	65	100%
66-67	50%	66-67	100%
68 & Older	100%	68 & Older	100%

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

Life Annuity	100%

The interest rates and mortality rates for ERISA minimum funding and the interest rates and mortality rates for maximum deductible contribution and PBGC premiums were updated as required by statute. All other significant actuarial assumptions outlined above were unchanged from the 2024 valuation. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

NOTE F--PRIORITIES UNDER PLAN TERMINATION

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

- Benefits attributable to employee contributions, taking into account those paid out before termination.

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

- Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).

- All other vested benefits (that is, vested benefits not insured by the PBGC).
- All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling, which is adjusted periodically, exists on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2025 and 2024, the ceilings are $7,432 and $7,108, respectively. The ceilings apply to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE G--FUNDING POLICY

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

There were no minimum funding requirements to comply with ERISA, the PPA, and the WRERA at January 1, 2025 and 2024. NGHS elected to make no contributions to the trust in 2025 or 2024.

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

NOTE H--INCOME TAX STATUS

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

Generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable authorities. The Plan administrator has evaluated the tax positions taken by the Plan and determined there are no uncertain tax positions as of December 31, 2025 or 2024, that would require recognition or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE I--RISKS AND UNCERTAINTIES

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

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

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

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

During the year ended December 31, 2025, the Plan paid fees of approximately $460,000 to WIC and $411,000 to Bank of America. During the year ended December 31, 2024, the Plan paid fees of approximately $450,000 to WIC and $394,000 to Bank of America.

NOTE K--SUBSEQUENT EVENTS

Subsequent events have been evaluated through the date of the Independent Auditor’s Report, which is the date the financial statements were available to be issued. During this period, management did not note any material recognizable subsequent events that required recognition or disclosure in the December 31, 2025, financial statements.

Supplemental Schedules

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*		*(d) Cost*	*(e) Current Value*
Cash and cash equivalents					
	Cash held by trustee	Cash		$ 6,056	$ 6,056
	Dreyfus Government Cash Management	Money Market		7,343,068	7,343,068
	BLF Fedfund Cash Reserve	Money Market		4,559,980	4,559,980
		TOTAL CASH AND CASH EQUIVALENTS		$ 11,909,104	$ 11,909,104
U.S. Treasury securities					
	United States Treasury bills	3/12/2026		$ 16,430,440	$ 16,633,120
		TOTAL U.S. TREASURY SECURITIES		$ 16,430,440	$ 16,633,120
Bonds					
	Corporate Bonds:				
	AT&T Inc.	6/1/2028	6.38%	$ 526,695	$ 519,750
	AT&T Inc.	1/15/2026	3.88%	1,004,520	999,790
	Altria Group Inc.	2/14/2026	4.40%	493,815	484,981
	American Electric Power Co.	11/13/2027	3.20%	514,743	532,499
	AutoZone Inc.	4/21/2026	3.13%	488,365	503,591
	AutoZone Inc.	6/1/2027	3.75%	277,943	248,913
	BP Capital Markets America Inc.	11/6/2028	4.23%	150,642	130,835
	Bristol Myers Squibb Co.	2/27/2027	3.25%	482,669	502,440
	Burlington North Santa FE	8/1/2028	6.70%	419,627	365,487
	Cisco Systems Inc.	2/26/2034	5.05%	1,479,030	1,543,575
	Clorox Company	10/1/2027	3.10%	1,015,360	986,740
	Clorox Company	5/1/2032	4.60%	422,375	454,046
	Comcast Corp.	2/1/2030	2.65%	617,785	660,660
	Chubb Holdings Inc.	5/3/2026	3.35%	395,375	399,248
	Deere & Co	5/15/2030	8.10%	1,399,740	1,149,600
	Duke Energy Corp.	9/1/2026	2.65%	695,550	743,603
	Emerson Electric Co.	10/15/2026	0.88%	1,457,820	1,466,670
	FactSet Research Systems	3/1/2027	2.90%	435,209	467,828
	Forti Net Inc.	3/15/2031	2.20%	1,514,280	1,343,250
	General Dynamics CS Corp.	4/1/2030	3.63%	913,464	785,176
	Home Depot Inc.	12/16/2036	5.88%	1,067,820	1,084,410
	Home Depot Inc.	6/15/2029	2.95%	561,000	483,810
	Intel Corp.	3/25/2030	3.90%	1,012,495	833,238
	International Business Machines Corp.	8/1/2027	6.22%	731,221	601,582
	International Business Machines Corp.	5/15/2029	3.50%	465,460	490,410
	JP Morgan Chase & Co. GLB	5/1/2028	Var	499,555	497,180

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*		*(d) Cost*	*(e) Current Value*
	Keysight Technologies	10/30/2029	3.00%	860,240	958,490
	Kroger Co.	4/1/2031	7.50%	397,226	399,091
	Kroger Co.	10/15/2026	2.65%	640,506	593,934
	Laboratory Corp of America	6/1/2026	1.55%	438,075	494,840
	Lehman Brothers	1/3/2017	0.00%	76,273	-
	Lockheed Martin	9/1/2036	6.15%	507,405	556,300
	Lockheed Martin	1/15/2026	3.55%	1,091,381	949,889
	Lowes Company	2/15/2028	6.88%	579,075	453,372
	Lowes Company	5/3/2027	3.10%	385,975	395,568
	Marsh & McLennan Cos Inc.	3/14/2026	3.75%	1,447,500	1,498,695
	Mastercard Inc.	11/21/2026	2.95%	914,935	829,456
	Mastercard Inc.	3/9/2033	4.85%	508,280	513,975
	Mastercard Inc.	1/15/2032	4.35%	450,202	462,282
	McDonald's Corp.	3/1/2027	3.50%	1,027,855	995,400
	Merrick & Co. Inc.	6/24/2030	1.45%	1,449,135	1,341,315
	Nike Inc.	3/27/2027	2.75%	1,623,765	1,483,110
	Northwestern Trust Corp.	5/3/2029	3.15%	998,055	973,720
	Northwestern Trust Corp.	5/1/2030	1.95%	413,369	475,629
	PepsiCo Inc.	2/25/2031	1.40%	1,257,540	1,314,810
	Pfizer Inc.	3/15/2029	3.45%	1,089,101	1,047,556
	Phillips Petroleum	3/30/2029	7.00%	846,045	834,942
	Proctor & Gamble	1/15/2026	6.45%	961,635	860,671
	Quest Diagnostics, Inc.	6/30/2030	2.95%	514,171	454,109
	Quest Diagnostics, Inc.	6/30/2031	2.80%	853,480	920,060
	Ross Stores Inc.	4/15/2031	1.88%	397,532	418,366
	State Street Corp Glb	1/24/2030	2.40%	590,937	541,673
	Sysco Corp Glb	7/15/2026	3.30%	999,015	996,480
	Target Corp.	2/15/2030	2.35%	762,553	851,232
	Target Corp.	9/15/2032	4.50%	226,917	247,421
	Target Corp.	9/15/2034	4.50%	542,920	554,439
	Texas Instruments	3/14/2033	4.90%	1,503,210	1,547,475
	Tractor Supply Co.	11/1/2030	1.75%	1,281,718	1,239,952
	United States Parcel Service	4/1/2030	4.45%	471,864	407,144
	United Technologies Corp.	8/1/2028	6.70%	1,198,986	953,658
	Valero Energy Corp Glb	9/15/2026	3.40%	1,192,803	1,194,276
	Verizon Communications	3/16/2027	4.13%	983,775	887,106
	WMX Technologies Inc.	8/1/2026	7.10%	1,963,635	1,525,590

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*		*(d) Cost*	*(e) Current Value*
	Walmart Stores	2/15/2030	7.55%	1,021,289	739,759
	Walmart Inc.	4/28/2035	4.90%	722,169	719,614
	Waste Management Inc.	2/15/2034	4.88%	365,656	400,082
	Wyeth Company	2/15/2036	6.00%	515,130	541,585
	Xcel Energy Inc.	12/1/2029	2.60%	775,432	690,165
	Zoetis Inc.	5/15/2030	2.00%	1,208,887	1,331,135
		TOTAL CORPORATE BONDS		$ 55,098,210	$ 52,873,678
	Foreign Bonds:				
	BHP Finance LTD	3/1/2026	6.42%	$ 578,750	$ 501,935
	Conoco Funding Co.	10/15/2031	7.25%	960,407	967,071
	GlaxoSmithKline Capital	6/1/2029	3.38%	1,156,115	981,140
	Medtronic Global Holdings	3/30/2033	4.50%	1,467,660	1,503,075
		TOTAL FOREIGN BONDS		4,162,932	3,953,221
		TOTAL BONDS		$ 59,261,142	$ 56,826,899
Common Stocks - Trusteed by Bank of America (BOA)					
	Medtronic Plc Shs	33,025 shares	Common Stock	$ 2,649,425	$ 3,172,382
	Chubb Ltd	12,620 shares	Common Stock	1,690,327	3,938,954
	AFLAC Inc.	30,434 shares	Common Stock	733,594	3,355,957
	Amer Express Company	12,919 shares	Common Stock	1,058,034	4,779,384
	Adobe Inc.	8,383 shares	Common Stock	3,060,663	2,933,966
	Applied Material Inc.	14,971 shares	Common Stock	1,868,225	3,847,397
	Caterpillar Inc Del	9,786 shares	Common Stock	1,094,375	5,606,106
	Cisco Systems Inc. Com	82,325 shares	Common Stock	1,883,407	6,341,495
	ConocoPhillips	24,107 shares	Common Stock	1,086,451	2,256,656
	Exxon Mobil Corp Com	23,325 shares	Common Stock	1,570,914	2,806,931
	FactSet Resh Sys Inc.	4,545 shares	Common Stock	2,211,012	1,318,914
	Fortinet Inc.	37,914 shares	Common Stock	1,864,378	3,010,751
	Generac Holdings Inc.	23,007 shares	Common Stock	3,261,993	3,137,465
	Hershey Co.	12,605 shares	Common Stock	2,424,116	2,293,858
	Home Depot Inc.	7,984 shares	Common Stock	2,301,636	2,747,294
	Intel Corp	74,714 shares	Common Stock	2,440,292	2,756,947
	Johnson&Johnson	30,180 shares	Common Stock	2,667,116	6,245,751
	Keysight Technologies	18,027 shares	Common Stock	2,694,167	3,662,906
	LabCorp Holdings Inc	17,601 shares	Common Stock	2,252,056	4,415,738
	Mastercard Inc.	4,890 shares	Common Stock	1,568,702	2,791,603
	Microsoft Corp	9,893 shares	Common Stock	812,657	4,784,453

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*	*(d) Cost*	*(e) Current Value*
	Nvidia	21,771 shares Common Stock	376,822	4,060,292
	PepsiCo Inc.	13,835 shares Common Stock	1,475,611	1,985,599
	Pfizer Inc.	133,708 shares Common Stock	3,843,045	3,329,329
	Reinsurance Group America	13,430 shares Common Stock	1,347,896	2,732,468
	Ross Stores Inc.	14,951 shares Common Stock	1,535,851	2,693,273
	Texas Instruments	17,176 shares Common Stock	2,213,864	2,979,864
	Tractor Supply Company	40,826 shares Common Stock	816,487	2,041,708
	United Parcel Svc	23,121 shares Common Stock	3,177,237	2,293,372
	Alphabet Inc.	11,262 shares Common Stock	949,405	3,525,006
	Waters Corp	7,423 shares Common Stock	2,102,693	2,819,478
	Lockheed Martin Corp.	7,104 shares Common Stock	2,722,279	3,435,992
	Accenture PLC	15,294 shares Common Stock	3,307,584	4,103,380
	Paychex Inc.	23,519 shares Common Stock	1,811,062	2,638,361
	Shell PLC	15,047 shares Common Stock	753,305	1,105,654
	3M Co	12,753 shares Common Stock	1,588,781	2,041,755
	Zoetis Inc.	22,332 shares Common Stock	3,557,982	2,809,812
	Sherwin Williams	4,748 shares Common Stock	1,649,031	1,538,494
	Eli Lilly & Co	4,282 shares Common Stock	3,076,529	4,601,780
	W. W. Grainger Inc.	3,326 shares Common Stock	3,385,527	3,356,100
	Hubbell Inc.	5,079 shares Common Stock	2,177,605	2,255,635
	Meta Platforms Inc.	3,332 shares Common Stock	2,382,211	2,199,420
		TOTAL BOA COMMON STOCKS	$ 85,444,347	$ 134,751,680
Equity Investment Portfolio Held by Willis Investment Counsel (WIC), net of covered call options				
	Abbott Labs	17,127 shares Common Stock	$ 2,236,475	$ 2,161,242
	Accenture PLC	9,207 shares Common Stock	1,772,082	2,476,410
	Aflac Inc.	16,335 shares Common Stock	759,917	1,807,630
	American Electric Power Co. Inc.	18,612 shares Common Stock	1,646,270	2,164,368
	Apple Inc.	9,504 shares Common Stock	1,367,822	2,430,796
	AT&T Inc.	92,169 shares Common Stock	2,243,175	2,310,873
	Automatic Data Processing Inc.	7,524 shares Common Stock	1,265,430	1,953,388
	BHP Group LTD	34,848 shares Common Stock	2,297,888	2,035,665
	Caterpillar Inc.	4,059 shares Common Stock	671,288	1,958,267
	Chevron Corp.	8,613 shares Common Stock	1,205,392	1,323,879
	Chubb LTD	9,108 shares Common Stock	1,306,837	2,773,364
	Cisco Sys Inc.	43,164 shares Common Stock	1,911,142	3,252,152
	Clorox Co.	20,592 shares Common Stock	3,630,066	2,094,736
	ConocoPhillips	13,167 shares Common Stock	910,872	1,243,530
	Darden Restaurants Inc.	9,108 shares Common Stock	1,384,042	1,691,944
	Deere & Co.	2,970 shares Common Stock	505,722	1,389,990
	Duke Energy	13,662 shares Common Stock	1,243,820	1,616,699

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*	*(d) Cost*	*(e) Current Value*
	Eaton Corporation	6,831 shares Common Stock	1,227,195	2,192,659
	Emerson Electric Co.	12,474 shares Common Stock	947,042	1,662,822
	Exxon Mobile Corp.	11,187 shares Common Stock	1,264,690	1,336,338
	General Dynamics Corp.	4,455 shares Common Stock	672,667	1,482,810
	Genuine Parts Co.	11,979 shares Common Stock	1,087,017	1,479,636
	Hershey Co.	11,385 shares Common Stock	2,057,508	2,091,945
	Home Depot Inc.	6,138 shares Common Stock	1,652,929	2,130,909
	Johnson & Johnson	20,790 shares Common Stock	3,015,911	4,157,547
	JP Morgan Chase & Co.	6,732 shares Common Stock	871,727	2,073,796
	Kenvue Inc.	62,964 shares Common Stock	1,287,363	1,096,464
	Kimberly-Clark Corp.	17,919 shares Common Stock	2,316,503	1,822,029
	Lockheed Martin Corp.	6,237 shares Common Stock	2,848,851	3,017,586
	Lowes Inc.	7,227 shares Common Stock	1,247,268	1,750,132
	McDonalds Corp.	7,029 shares Common Stock	1,988,183	2,151,210
	Medtronic PLC	24,453 shares Common Stock	2,381,397	2,330,511
	Merck & Co. Inc.	23,958 shares Common Stock	1,839,952	2,440,272
	Microsoft Corp.	6,138 shares Common Stock	1,055,045	2,926,964
	Paychex Inc.	19,701 shares Common Stock	1,633,793	2,230,877
	PepsiCo Inc.	15,444 shares Common Stock	2,301,515	2,228,456
	Pfizer Inc.	107,415 shares Common Stock	3,912,432	2,689,548
	Price T Rowe Group Inc.	14,355 shares Common Stock	1,950,944	1,473,564
	Procter & Gamble Co.	19,008 shares Common Stock	2,734,092	2,750,355
	Quest Diagnostics Inc.	13,068 shares Common Stock	1,246,038	2,289,316
	Sanofi Spons ADR	51,084 shares Common Stock	2,649,223	2,486,436
	Shell PLC Sponsored ADR	18,216 shares Common Stock	911,225	1,337,312
	Target Corp.	9,108 shares Common Stock	1,404,317	889,502
	Texas Instruments Inc.	16,632 shares Common Stock	2,323,317	2,883,539
	Tractor Supply Co.	37,719 shares Common Stock	1,446,293	1,901,099
	United Parcel SVC Inc.	12,276 shares Common Stock	1,617,896	1,229,336
	Valero Energy Corp.	9,504 shares Common Stock	927,475	1,556,928
	Verizon Communications Inc.	48,906 shares Common Stock	2,677,823	2,005,556
	Walmart Inc.	27,918 shares Common Stock	1,268,610	3,031,107
	Waste Management Inc.	6,039 shares Common Stock	1,311,432	1,335,656
	3M Co.	6,831 shares Common Stock	968,993	1,096,065
		TOTAL WIC COMMON STOCKS	85,404,906	104,243,215
		TOTAL COMMON STOCKS	170,849,253	238,994,895
			$ 258,449,939	$ 324,364,018

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

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

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 58-1694090 Plan No. 001

Year Ended December 31, 2025

(a) Identity of Party Involved	*(b) Description of Asset (include interest rate and maturity in case of loan)*	*(c) Purchase Price*	*(d) Selling Price*	*(e) Lease Rental*	*(f) Expense Incurred with Transaction*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain (Loss)*
Category (iii) - series transactions in excess of 5% of plan assets at December 31, 2025								
BLF Fedfund cash reserve	Money Market	$ 30,696,260	-	-	-	$ 30,696,260	$ 30,696,260	$ -
BLF Fedfund cash reserve	Money Market	-	$ 36,505,848	-	-	36,505,848	36,505,848	-

Schedule SB, line 26b – Schedule of Projection of Expected Benefit Payments

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

EIN: 58-1694090 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	176,748	382,278	12,386,682	12,945,708
2026	543,236	281,818	12,242,374	13,067,428
2027	935,690	373,532	12,083,959	13,393,181
2028	1,330,965	495,921	11,909,418	13,736,304
2029	1,741,364	586,501	11,715,534	14,043,399
2030	2,138,104	698,859	11,505,074	14,342,037
2031	2,555,064	833,078	11,276,321	14,664,463
2032	2,953,726	894,813	11,022,603	14,871,142
2033	3,314,389	973,539	10,736,363	15,024,291
2034	3,651,367	1,081,043	10,436,994	15,169,404
2035	3,962,297	1,147,990	10,126,600	15,236,887
2036	4,262,885	1,238,124	9,797,222	15,298,231
2037	4,529,796	1,301,454	9,446,991	15,278,241
2038	4,792,970	1,345,319	9,076,299	15,214,588
2039	5,039,982	1,396,453	8,685,883	15,122,318
2040	5,222,341	1,428,982	8,276,874	14,928,197
2041	5,395,485	1,448,327	7,850,832	14,694,644
2042	5,543,157	1,473,518	7,409,759	14,426,434
2043	5,670,417	1,489,451	6,956,093	14,115,961
2044	5,740,110	1,498,954	6,492,690	13,731,754
2045	5,815,794	1,500,710	6,022,790	13,339,294
2046	5,845,379	1,498,519	5,549,954	12,893,852
2047	5,841,827	1,484,126	5,077,959	12,403,912
2048	5,810,522	1,450,978	4,610,793	11,872,293
2049	5,749,369	1,419,194	4,152,628	11,321,191
2050	5,620,760	1,374,067	3,707,671	10,702,498
2051	5,474,820	1,323,824	3,280,025	10,078,669
2052	5,300,618	1,270,615	2,873,497	9,444,730
2053	5,107,349	1,212,842	2,491,534	8,811,725
2054	4,900,239	1,153,085	2,137,079	8,190,403
2055	4,682,387	1,091,682	1,812,439	7,586,508
2056	4,455,460	1,029,032	1,519,212	7,003,704

2057	4,220,850	965,576	1,258,139	6,444,565
2058	3,980,088	901,764	1,029,142	5,910,994
2059	3,734,743	838,057	831,380	5,404,180
2060	3,486,575	774,937	663,290	4,924,802
2061	3,237,497	712,875	522,731	4,473,103
2062	2,989,499	652,321	407,115	4,048,935
2063	2,744,548	593,702	313,567	3,651,817
2064	2,504,566	537,389	239,116	3,281,071
2065	2,271,397	483,709	180,830	2,935,936
2066	2,046,669	432,922	135,923	2,615,514
2067	1,831,818	385,192	101,843	2,318,853
2068	1,628,060	340,619	76,331	2,045,010
2069	1,436,320	299,245	57,450	1,793,015
2070	1,257,311	261,062	43,590	1,561,963
2071	1,091,529	226,040	33,455	1,351,024
2072	939,270	194,124	26,030	1,159,424
2073	800,659	165,237	20,546	986,442
2074	675,680	139,296	16,439	831,415

Schedule SB, Line 22 – Weighted Average Retirement Age

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

EIN: 58-1694090 PN: 001

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

Weighted Average Retirement Age	**61.67**
Assumed Retirement Age	**62**

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

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

EIN: 58-1694090 PN: 001

Appendix A – Summary of Actuarial Methods

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

Actuarial Cost Method

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

Asset Valuation Method

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

Changes in Actuarial Methods Since Prior Valuation

None.

Appendix B – Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Interest Rates

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

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.00%	5.00%	5.00%
Segment 2 (5–20 years)	5.27%	5.27%	5.27%
Segment 3 (20+ years)	5.50%	5.40%	5.40%
Effective Interest Rate	5.35%	5.31%	5.31%

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

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

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

FASB ASC Topic 960: 6.50% per year

Asset Returns

ERISA minimum funding and Maximum Deductible Contribution: 6.50% per year for the 2024 plan year (6.50% per year for the 2023 plan year), **limited to the third segment rate**, which is used in the determination of the Actuarial Value of Assets. The expected investment return is consistent with the Plan's most recent long-term rate of return assumption, as selected by the Plan Sponsor.

The rate of return will remain the same at 6.50% effective for the 2025 Plan Year. Based on Milliman's capital market expectations as of the valuation date for the Plan's target asset allocation and reflecting a 2.31% inflation rate, the 6.50% assumption falls within the 50th and 75th percentile for a 20-year time horizon.

Compensation Increases

Not applicable.

Inflation (CPI)

2.31% per year.

Maximum Benefit and Annual Compensation Limitation Increases

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

Postretirement Benefit Increases

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

Administrative Expenses

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

DEMOGRAPHIC ASSUMPTIONS

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

Mortality

ERISA minimum funding, Maximum Deductible Contribution, and PBGC premium: IRS 2025 Generational tables for 2025, with separate rates for annuitants and non-annuitants, with generational mortality improvement based on projection scale MP-2021 (adopted January 1, 2025).

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

Retirement (Actives and Terminated Vested)

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

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

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

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

Termination

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

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

Disability

None.

Decrement Timing

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

Form of Payment

Life annuity.

Marital Characteristics

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

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

Benefits Not Valued

None.

Special Data Adjustments

None.

Other Considerations

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

CHANGES IN ACTUARIAL ASSUMPTIONS SINCE PRIOR VALUATION

Interest rates and mortality rates for ERISA minimum funding: From 4.75%, 4.96%, and 5.59% per year to 5.00%, 5.27%, and 5.50% per year, respectively, as required by statute. The statutory mortality tables were updated as prescribed by law.

Interest rates and mortality rates for Maximum Deductible Contribution and PBGC premiums: From 4.37%, 4.96%, and 4.95% per year to 5.00%, 5.27%, and 5.40% per year, respectively, as required by statute. The statutory mortality tables were updated as prescribed by law.

Expected investment return for funding purposes: From 6.50% for the 2023 plan year to 6.50% for the 2024 plan year, limited to the third segment rate (this is used in the determination of the Actuarial Value of Assets). The expected investment return is consistent with the Plan's most recent long-term rate of return assumption for FASB ASC Topic 715 purposes, as selected by the Plan Sponsor. The rate of return will remain the same at 6.50% effective for the 2025 Plan Year.

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

Schedule SB, Part V – Summary of Plan Provisions

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

EIN: 58-1694090 PN: 001

Appendix C – Summary of Principal Plan Provisions

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

Definitions

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Eligibility for Participation

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

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

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

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

Normal Retirement

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

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

Employees hired on or after January 1, 2006:

- No benefit

Employees hired Before January 1, 2006:

a) Post-2005 Benefit: 1.00% of Career Compensation, plus

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

Benefit accruals were frozen as of December 31, 2020.

Early Retirement

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

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

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

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

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

Deferred Retirement

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

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

Termination

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

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

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

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

Preretirement Death

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

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

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

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

Disability Retirement

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

Forms of Payment

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

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

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

Changes in Principal Plan Provisions Since Prior Valuation

None.

Schedule SB, Line 24 – Change in Actuarial Assumptions

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

EIN: 58-1694090 PN: 001

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

Schedule SB, line 26a – Schedule of Active Participant Data

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

EIN: 58-1694090 PN: 001

The number of active participants (not currently receiving a monthly pension benefit), summarized by attained age and years of credited service as of January 1, 2025 is shown below.

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	1	-	6	6	-	-	-	-	-	13
40–44	-	-	4	17	81	3	-	-	-	-	105
45–49	-	1	9	17	66	44	1	-	-	-	138
50–54	-	1	10	21	63	54	26	3	-	-	178
55–59	-	-	10	12	60	45	21	7	1	-	156
60–64	-	-	8	7	40	11	7	4	2	-	79
65–69	-	-	1	-	2	1	-	-	1	-	5
70+	-	-	-	-	-	-	-	-	-	-	-
Total	-	3	42	80	318	158	55	14	4	-	674

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
NORTHEAST GEORGIA HEALTH SYSTEM, INC. AND AFFILIATED COMPANIES PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
NORTHEAST GEORGIA HEALTH SYSTEM, INC.

D Employer Identification Number (EIN)
58-1694090

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2025

2 Assets:

a Market value	**2a**	315,472,683
b Actuarial value	**2b**	309,982,110

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	838	144,110,352	144,110,352
b For terminated vested participants	343	16,874,253	16,874,253
c For active participants	674	53,734,802	59,166,984
d Total	1,855	214,719,407	220,151,589

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

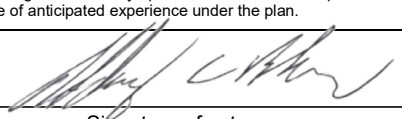
a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	586,796
c Target normal cost	**6c**	586,796

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

10/13/2026
Date

JEFFREY C. BAKER
Type or print name of actuary

26-07604
Most recent enrollment number

MILLIMAN, INC.
Firm name

(404)254-6730
Telephone number (including area code)

3424 PEACHTREE ROAD NE, SUITE 1900

ATLANTA GA 30326
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	19,638,908
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	19,638,908
10	Interest on line 9 using prior year's actual return of 6.68%	0	1,311,879
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.22%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	20,950,787

Part III Funding Percentages

14	Funding target attainment percentage	14	131.28%
15	Adjusted funding target attainment percentage	15	140.80%
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	130.80%
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)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:	2nd segment:	3rd segment:	
5.00 %	5.27 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ 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**	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**	586,796
b Excess assets, if applicable, but not greater than line 31a	**31b**	586,796

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*		*(d) Cost*	*(e) Current Value*
Cash and cash equivalents					
	Cash held by trustee	Cash		$ 6,056	$ 6,056
	Dreyfus Government Cash Management	Money Market		7,343,068	7,343,068
	BLF Fedfund Cash Reserve	Money Market		4,559,980	4,559,980
		TOTAL CASH AND CASH EQUIVALENTS		$ 11,909,104	$ 11,909,104
U.S. Treasury securities					
	United States Treasury bills	3/12/2026		$ 16,430,440	$ 16,633,120
		TOTAL U.S. TREASURY SECURITIES		$ 16,430,440	$ 16,633,120
Bonds					
	Corporate Bonds:				
	AT&T Inc.	6/1/2028	6.38%	$ 526,695	$ 519,750
	AT&T Inc.	1/15/2026	3.88%	1,004,520	999,790
	Altria Group Inc.	2/14/2026	4.40%	493,815	484,981
	American Electric Power Co.	11/13/2027	3.20%	514,743	532,499
	AutoZone Inc.	4/21/2026	3.13%	488,365	503,591
	AutoZone Inc.	6/1/2027	3.75%	277,943	248,913
	BP Capital Markets America Inc.	11/6/2028	4.23%	150,642	130,835
	Bristol Myers Squibb Co.	2/27/2027	3.25%	482,669	502,440
	Burlington North Santa FE	8/1/2028	6.70%	419,627	365,487
	Cisco Systems Inc.	2/26/2034	5.05%	1,479,030	1,543,575
	Clorox Company	10/1/2027	3.10%	1,015,360	986,740
	Clorox Company	5/1/2032	4.60%	422,375	454,046
	Comcast Corp.	2/1/2030	2.65%	617,785	660,660
	Chubb Holdings Inc.	5/3/2026	3.35%	395,375	399,248
	Deere & Co	5/15/2030	8.10%	1,399,740	1,149,600
	Duke Energy Corp.	9/1/2026	2.65%	695,550	743,603
	Emerson Electric Co.	10/15/2026	0.88%	1,457,820	1,466,670
	FactSet Research Systems	3/1/2027	2.90%	435,209	467,828
	Forti Net Inc.	3/15/2031	2.20%	1,514,280	1,343,250
	General Dynamics CS Corp.	4/1/2030	3.63%	913,464	785,176
	Home Depot Inc.	12/16/2036	5.88%	1,067,820	1,084,410
	Home Depot Inc.	6/15/2029	2.95%	561,000	483,810
	Intel Corp.	3/25/2030	3.90%	1,012,495	833,238
	International Business Machines Corp.	8/1/2027	6.22%	731,221	601,582
	International Business Machines Corp.	5/15/2029	3.50%	465,460	490,410
	JP Morgan Chase & Co. GLB	5/1/2028	Var	499,555	497,180

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*		*(d) Cost*	*(e) Current Value*
	Keysight Technologies	10/30/2029	3.00%	860,240	958,490
	Kroger Co.	4/1/2031	7.50%	397,226	399,091
	Kroger Co.	10/15/2026	2.65%	640,506	593,934
	Laboratory Corp of America	6/1/2026	1.55%	438,075	494,840
	Lehman Brothers	1/3/2017	0.00%	76,273	-
	Lockheed Martin	9/1/2036	6.15%	507,405	556,300
	Lockheed Martin	1/15/2026	3.55%	1,091,381	949,889
	Lowes Company	2/15/2028	6.88%	579,075	453,372
	Lowes Company	5/3/2027	3.10%	385,975	395,568
	Marsh & McLennan Cos Inc.	3/14/2026	3.75%	1,447,500	1,498,695
	Mastercard Inc.	11/21/2026	2.95%	914,935	829,456
	Mastercard Inc.	3/9/2033	4.85%	508,280	513,975
	Mastercard Inc.	1/15/2032	4.35%	450,202	462,282
	McDonald's Corp.	3/1/2027	3.50%	1,027,855	995,400
	Merrick & Co. Inc.	6/24/2030	1.45%	1,449,135	1,341,315
	Nike Inc.	3/27/2027	2.75%	1,623,765	1,483,110
	Northwestern Trust Corp.	5/3/2029	3.15%	998,055	973,720
	Northwestern Trust Corp.	5/1/2030	1.95%	413,369	475,629
	PepsiCo Inc.	2/25/2031	1.40%	1,257,540	1,314,810
	Pfizer Inc.	3/15/2029	3.45%	1,089,101	1,047,556
	Phillips Petroleum	3/30/2029	7.00%	846,045	834,942
	Proctor & Gamble	1/15/2026	6.45%	961,635	860,671
	Quest Diagnostics, Inc.	6/30/2030	2.95%	514,171	454,109
	Quest Diagnostics, Inc.	6/30/2031	2.80%	853,480	920,060
	Ross Stores Inc.	4/15/2031	1.88%	397,532	418,366
	State Street Corp Glb	1/24/2030	2.40%	590,937	541,673
	Sysco Corp Glb	7/15/2026	3.30%	999,015	996,480
	Target Corp.	2/15/2030	2.35%	762,553	851,232
	Target Corp.	9/15/2032	4.50%	226,917	247,421
	Target Corp.	9/15/2034	4.50%	542,920	554,439
	Texas Instruments	3/14/2033	4.90%	1,503,210	1,547,475
	Tractor Supply Co.	11/1/2030	1.75%	1,281,718	1,239,952
	United States Parcel Service	4/1/2030	4.45%	471,864	407,144
	United Technologies Corp.	8/1/2028	6.70%	1,198,986	953,658
	Valero Energy Corp Glb	9/15/2026	3.40%	1,192,803	1,194,276
	Verizon Communications	3/16/2027	4.13%	983,775	887,106
	WMX Technologies Inc.	8/1/2026	7.10%	1,963,635	1,525,590

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*		*(d) Cost*	*(e) Current Value*
	Walmart Stores	2/15/2030	7.55%	1,021,289	739,759
	Walmart Inc.	4/28/2035	4.90%	722,169	719,614
	Waste Management Inc.	2/15/2034	4.88%	365,656	400,082
	Wyeth Company	2/15/2036	6.00%	515,130	541,585
	Xcel Energy Inc.	12/1/2029	2.60%	775,432	690,165
	Zoetis Inc.	5/15/2030	2.00%	1,208,887	1,331,135
		TOTAL CORPORATE BONDS		$ 55,098,210	$ 52,873,678
	Foreign Bonds:				
	BHP Finance LTD	3/1/2026	6.42%	$ 578,750	$ 501,935
	Conoco Funding Co.	10/15/2031	7.25%	960,407	967,071
	GlaxoSmithKline Capital	6/1/2029	3.38%	1,156,115	981,140
	Medtronic Global Holdings	3/30/2033	4.50%	1,467,660	1,503,075
		TOTAL FOREIGN BONDS		4,162,932	3,953,221
		TOTAL BONDS		$ 59,261,142	$ 56,826,899
Common Stocks - Trusteed by Bank of America (BOA)					
	Medtronic Plc Shs	33,025 shares	Common Stock	$ 2,649,425	$ 3,172,382
	Chubb Ltd	12,620 shares	Common Stock	1,690,327	3,938,954
	AFLAC Inc.	30,434 shares	Common Stock	733,594	3,355,957
	Amer Express Company	12,919 shares	Common Stock	1,058,034	4,779,384
	Adobe Inc.	8,383 shares	Common Stock	3,060,663	2,933,966
	Applied Material Inc.	14,971 shares	Common Stock	1,868,225	3,847,397
	Caterpillar Inc Del	9,786 shares	Common Stock	1,094,375	5,606,106
	Cisco Systems Inc. Com	82,325 shares	Common Stock	1,883,407	6,341,495
	ConocoPhillips	24,107 shares	Common Stock	1,086,451	2,256,656
	Exxon Mobil Corp Com	23,325 shares	Common Stock	1,570,914	2,806,931
	FactSet Resh Sys Inc.	4,545 shares	Common Stock	2,211,012	1,318,914
	Fortinet Inc.	37,914 shares	Common Stock	1,864,378	3,010,751
	Generac Holdings Inc.	23,007 shares	Common Stock	3,261,993	3,137,465
	Hershey Co.	12,605 shares	Common Stock	2,424,116	2,293,858
	Home Depot Inc.	7,984 shares	Common Stock	2,301,636	2,747,294
	Intel Corp	74,714 shares	Common Stock	2,440,292	2,756,947
	Johnson&Johnson	30,180 shares	Common Stock	2,667,116	6,245,751
	Keysight Technologies	18,027 shares	Common Stock	2,694,167	3,662,906
	LabCorp Holdings Inc	17,601 shares	Common Stock	2,252,056	4,415,738
	Mastercard Inc.	4,890 shares	Common Stock	1,568,702	2,791,603
	Microsoft Corp	9,893 shares	Common Stock	812,657	4,784,453

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*	*(d) Cost*	*(e) Current Value*
	Nvidia	21,771 shares Common Stock	376,822	4,060,292
	PepsiCo Inc.	13,835 shares Common Stock	1,475,611	1,985,599
	Pfizer Inc.	133,708 shares Common Stock	3,843,045	3,329,329
	Reinsurance Group America	13,430 shares Common Stock	1,347,896	2,732,468
	Ross Stores Inc.	14,951 shares Common Stock	1,535,851	2,693,273
	Texas Instruments	17,176 shares Common Stock	2,213,864	2,979,864
	Tractor Supply Company	40,826 shares Common Stock	816,487	2,041,708
	United Parcel Svc	23,121 shares Common Stock	3,177,237	2,293,372
	Alphabet Inc.	11,262 shares Common Stock	949,405	3,525,006
	Waters Corp	7,423 shares Common Stock	2,102,693	2,819,478
	Lockheed Martin Corp.	7,104 shares Common Stock	2,722,279	3,435,992
	Accenture PLC	15,294 shares Common Stock	3,307,584	4,103,380
	Paychex Inc.	23,519 shares Common Stock	1,811,062	2,638,361
	Shell PLC	15,047 shares Common Stock	753,305	1,105,654
	3M Co	12,753 shares Common Stock	1,588,781	2,041,755
	Zoetis Inc.	22,332 shares Common Stock	3,557,982	2,809,812
	Sherwin Williams	4,748 shares Common Stock	1,649,031	1,538,494
	Eli Lilly & Co	4,282 shares Common Stock	3,076,529	4,601,780
	W. W. Grainger Inc.	3,326 shares Common Stock	3,385,527	3,356,100
	Hubbell Inc.	5,079 shares Common Stock	2,177,605	2,255,635
	Meta Platforms Inc.	3,332 shares Common Stock	2,382,211	2,199,420
		TOTAL BOA COMMON STOCKS	$ 85,444,347	$ 134,751,680
Equity Investment Portfolio Held by Willis Investment Counsel (WIC), net of covered call options				
	Abbott Labs	17,127 shares Common Stock	$ 2,236,475	$ 2,161,242
	Accenture PLC	9,207 shares Common Stock	1,772,082	2,476,410
	Aflac Inc.	16,335 shares Common Stock	759,917	1,807,630
	American Electric Power Co. Inc.	18,612 shares Common Stock	1,646,270	2,164,368
	Apple Inc.	9,504 shares Common Stock	1,367,822	2,430,796
	AT&T Inc.	92,169 shares Common Stock	2,243,175	2,310,873
	Automatic Data Processing Inc.	7,524 shares Common Stock	1,265,430	1,953,388
	BHP Group LTD	34,848 shares Common Stock	2,297,888	2,035,665
	Caterpillar Inc.	4,059 shares Common Stock	671,288	1,958,267
	Chevron Corp.	8,613 shares Common Stock	1,205,392	1,323,879
	Chubb LTD	9,108 shares Common Stock	1,306,837	2,773,364
	Cisco Sys Inc.	43,164 shares Common Stock	1,911,142	3,252,152
	Clorox Co.	20,592 shares Common Stock	3,630,066	2,094,736
	ConocoPhillips	13,167 shares Common Stock	910,872	1,243,530
	Darden Restaurants Inc.	9,108 shares Common Stock	1,384,042	1,691,944
	Deere & Co.	2,970 shares Common Stock	505,722	1,389,990
	Duke Energy	13,662 shares Common Stock	1,243,820	1,616,699

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

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

EIN: 58-1694090 Plan No. 001

December 31, 2025

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment (Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value)*	*(d) Cost*	*(e) Current Value*
	Eaton Corporation	6,831 shares Common Stock	1,227,195	2,192,659
	Emerson Electric Co.	12,474 shares Common Stock	947,042	1,662,822
	Exxon Mobile Corp.	11,187 shares Common Stock	1,264,690	1,336,338
	General Dynamics Corp.	4,455 shares Common Stock	672,667	1,482,810
	Genuine Parts Co.	11,979 shares Common Stock	1,087,017	1,479,636
	Hershey Co.	11,385 shares Common Stock	2,057,508	2,091,945
	Home Depot Inc.	6,138 shares Common Stock	1,652,929	2,130,909
	Johnson & Johnson	20,790 shares Common Stock	3,015,911	4,157,547
	JP Morgan Chase & Co.	6,732 shares Common Stock	871,727	2,073,796
	Kenvue Inc.	62,964 shares Common Stock	1,287,363	1,096,464
	Kimberly-Clark Corp.	17,919 shares Common Stock	2,316,503	1,822,029
	Lockheed Martin Corp.	6,237 shares Common Stock	2,848,851	3,017,586
	Lowes Inc.	7,227 shares Common Stock	1,247,268	1,750,132
	McDonalds Corp.	7,029 shares Common Stock	1,988,183	2,151,210
	Medtronic PLC	24,453 shares Common Stock	2,381,397	2,330,511
	Merck & Co. Inc.	23,958 shares Common Stock	1,839,952	2,440,272
	Microsoft Corp.	6,138 shares Common Stock	1,055,045	2,926,964
	Paychex Inc.	19,701 shares Common Stock	1,633,793	2,230,877
	PepsiCo Inc.	15,444 shares Common Stock	2,301,515	2,228,456
	Pfizer Inc.	107,415 shares Common Stock	3,912,432	2,689,548
	Price T Rowe Group Inc.	14,355 shares Common Stock	1,950,944	1,473,564
	Procter & Gamble Co.	19,008 shares Common Stock	2,734,092	2,750,355
	Quest Diagnostics Inc.	13,068 shares Common Stock	1,246,038	2,289,316
	Sanofi Spons ADR	51,084 shares Common Stock	2,649,223	2,486,436
	Shell PLC Sponsored ADR	18,216 shares Common Stock	911,225	1,337,312
	Target Corp.	9,108 shares Common Stock	1,404,317	889,502
	Texas Instruments Inc.	16,632 shares Common Stock	2,323,317	2,883,539
	Tractor Supply Co.	37,719 shares Common Stock	1,446,293	1,901,099
	United Parcel SVC Inc.	12,276 shares Common Stock	1,617,896	1,229,336
	Valero Energy Corp.	9,504 shares Common Stock	927,475	1,556,928
	Verizon Communications Inc.	48,906 shares Common Stock	2,677,823	2,005,556
	Walmart Inc.	27,918 shares Common Stock	1,268,610	3,031,107
	Waste Management Inc.	6,039 shares Common Stock	1,311,432	1,335,656
	3M Co.	6,831 shares Common Stock	968,993	1,096,065
		TOTAL WIC COMMON STOCKS	85,404,906	104,243,215
		TOTAL COMMON STOCKS	170,849,253	238,994,895
			$ 258,449,939	$ 324,364,018

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

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

Schedule H, Line 4j – Schedule of Reportable Transactions

EIN: 58-1694090 Plan No. 001

Year Ended December 31, 2025

(a) Identity of Party Involved	*(b) Description of Asset (include interest rate and maturity in case of loan)*	*(c) Purchase Price*	*(d) Selling Price*	*(e) Lease Rental*	*(f) Expense Incurred with Transaction*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain (Loss)*
Category (iii) - series transactions in excess of 5% of plan assets at December 31, 2025								
BLF Fedfund cash reserve	Money Market	$ 30,696,260	-	-	-	$ 30,696,260	$ 30,696,260	$ -
BLF Fedfund cash reserve	Money Market	-	$ 36,505,848	-	-	36,505,848	36,505,848	-