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
NORTHSIDE HOSPITAL, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
NORTHSIDE HOSPITAL, INC.

1000 JOHNSON FERRY ROAD NE
ATLANTA, GA 30342-1611

2b Employer Identification Number (EIN)
58-1954432

2c Plan Sponsor's telephone number
404-851-8393

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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	30805
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)**	20934
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	22814
b	Retired or separated participants receiving benefits	**6b**	4278
c	Other retired or separated participants entitled to future benefits	**6c**	5788
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	32880
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	50
f	Total. Add lines **6d** and **6e**.	**6f**	32930
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**	2137
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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [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)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NORTHSIDE HOSPITAL, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE HOSPITAL, INC.

D Employer Identification Number (EIN)
58-1954432

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
42-0127290	61271	450974	32930	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	4561053

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☒ other ▶ FLEXIBLE PENSION INVESTMENTS

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE 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
NORTHSIDE HOSPITAL, INC. 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
NORTHSIDE HOSPITAL, INC.

D Employer Identification Number (EIN)
58-1954432

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**	1684599130
b Actuarial value	**2b**	1538259148

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	3813	328464960	328464960
b For terminated vested participants	5581	177051304	177051304
c For active participants	23663	622252253	678469651
d Total	33057	1127768517	1183985915

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**	5.40 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	98355479
b Expected plan-related expenses	**6b**	3265330
c Target normal cost	**6c**	101620809

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 — Date: 10/09/2026

ROCHELLE D. RAMIREZ, ASA, EA
Type or print name of actuary

26-08763
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

678-684-0679
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
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)	157919975	0
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)	157919975	0
10	Interest on line 9 using prior year's actual return of 15.41 %	24335468	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		71293618
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 5.32 %		3792820
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		75086438
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)	182255443	0

Part III Funding Percentages

14	Funding target attainment percentage	14	114.52 %
15	Adjusted funding target attainment percentage	15	129.92 %
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	132.05 %
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
12/22/2025	75000000	0			
			Totals ► 18(b)	75000000	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	71251115

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:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	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**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	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**	101620809
b Excess assets, if applicable, but not greater than line 31a	**31b**	101620809

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**	71251115
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	71251115
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
NORTHSIDE HOSPITAL, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE HOSPITAL, INC.

D Employer Identification Number (EIN)
58-1954432

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	N/A	12000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
NORTHSIDE HOSPITAL, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NORTHSIDE HOSPITAL, INC.

D Employer Identification Number (EIN)
58-1954432

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX NONLENDABLE FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-4299518-001	C	1361739208

a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN CORE PLUS BOND SEP ACCT

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-005	P	4561053

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

b Name of sponsor of entity listed in (a):

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
NORTHSIDE HOSPITAL, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE HOSPITAL, INC.

D Employer Identification Number (EIN)
58-1954432

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6005405	3644638
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2722990	3691112
(2) U.S. Government securities	1c(2)	313025917	291584863
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	2446167
(B) All other	1c(3)(B)	164938547	258162500
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1191277685	1361739208
(10) Value of interest in pooled separate accounts	1c(10)	6628586	4561053
(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)	0	23958975

		(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	1684599130	1949788516
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	3173360
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	3173360
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1684599130	1946615156

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)	75000000	
(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)		75000000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	121715	
(B) U.S. Government securities	2b(1)(B)	10898631	
(C) Corporate debt instruments	2b(1)(C)	5283741	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1068391	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17372478
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3087468565	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3074580958	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		12887607
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-11700279	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-11700279

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3516702
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		457135
(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		198007550
d Total income. Add all **income** amounts in column (b) and enter total	2d		295541193
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33512669	
(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)		33512669
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)	12000	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	498	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		12498
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33525167
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		262016026
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		30000000
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 616746.

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
NORTHSIDE HOSPITAL, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORTHSIDE HOSPITAL, INC.

D Employer Identification Number (EIN)
58-1954432

Part I 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): 42-0127290

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** 120

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: 70.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 29.7 %
High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Northside Hospital, Inc. Pension Plan

Employer Identification Number: 58-1954432
Plan Number: 001

Financial Statements as of December 31, 2025 and 2024,
and for the Year Ended December 31, 2025,
Supplemental Schedules as of and for the
Year Ended December 31, 2025, and
Independent Auditor's Report

NORTHSIDE HOSPITAL, INC. PENSION PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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To the Pension Investment Committee of the
Northside Hospital, Inc. Pension Plan

Opinion

We have audited the financial statements of Northside Hospital Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits as of December 31, 2025 and 2024, and the changes in its net assets available for the year ended December 31, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient

records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025 and the schedule of reportable transactions 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting

and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Deloitte & Touche LLP

October 14, 2026

NORTHSIDE HOSPITAL, INC. PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Investments—at fair value	$ 1,946,143,878	$ 1,678,593,725
Receivables for securities sold	3,644,638	419,561
Accrued investment income and other receivables	-	5,585,844
Total assets	1,949,788,516	1,684,599,130
LIABILITIES-		
Payables for securities purchased	3,173,360	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,946,615,156	$ 1,684,599,130

See notes to financial statements.

NORTHSIDE HOSPITAL, INC. PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS:	
Employer contributions	75,000,000
Investment income:	
Net appreciation in fair value of investments	209,362,328
Interest and dividend income	17,372,478
Total investment income	226,734,806
Total additions	301,734,806
DEDUCTIONS:	
Benefits paid to participants	33,512,669
Administrative expenses	12,498
Other disbursements	6,193,613
Total deductions	39,718,780
INCREASE IN NET ASSETS	262,016,026
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	1,684,599,130
End of year	$ 1,946,615,156

See notes to financial statements.

NORTHSIDE HOSPITAL, INC. PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2025 AND 2024, AND FOR THE YEAR ENDED DECEMBER 31, 2024

1. DESCRIPTION OF THE PLAN

The following description of the Northside Hospital, Inc. Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General—The Plan is a defined benefit pension plan for eligible employees of Northside Hospital, Inc. (the "Hospital," "Employer," "Company," or "Plan administrator"). The Plan was established effective November 1, 1991, and has been subsequently amended. The Plan is subject to the provisions of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

Truist Bank and Principal Life Insurance Company served as the custodians (or as applicable, insurance company) of the Plan through November 2, 2025. Effective November 3, 2025, Northern Trust Company became Custodian of the Plan assets previously custodied by Truist Bank, along with Principal Life Insurance Company (collectively, the "Custodians") and together with several investment managers, manage the Plan's investments.

Some administrative functions are performed by employees of the Hospital. No compensation is remitted to the Hospital for these services.

Eligibility—Participants with at least 1,000 hours of service and who attained age 21, as defined by the Plan, are entitled to pension benefits upon retirement at the normal retirement age or an actuarially reduced benefit at the early retirement age provided the participant has at least five years of vesting service at that time.

Funding Policy—Contributions to provide benefits under the Plan are made solely by the Hospital. The Hospital's funding policy is to make cash contributions to the Plan based on actuarially determined funding requirements of the Plan, and in a manner consistent with the requirements of ERISA. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2025 and 2024. The Company contributed $75 million in December 2025 for the 2025 plan year, and is reflected in the statement of changes in net assets available for the year ended December 31, 2025.

Benefit Payments—Pension benefits are provided to participants under several types of retirement options based upon years of continuous service and age. Retirement benefits are paid to pensioners or beneficiaries in various forms of joint and survivor annuities, including a lump-sum payment option.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Risks and Uncertainties—The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility.

Market risks includes global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements. As of December 31, 2025 and 2024, the Blackrock Russell 3000 Index Non-Lendable fund accounted for 70% and 71%, respectively, of total investments.

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

Investment Valuation and Income Recognition—Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for further 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Expenses—The Plan's expenses are paid by the Plan administrator, as provided by the Plan document. Expenses that are paid directly by the Plan administrator are excluded from these financial statements.

3. 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 service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability, or termination of employment are included to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary. The amount results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2026 recognized in the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits presented below, as of December 31, 2025 and 2024, respectively, are presented using the end of year benefit information date and are measured as of January 1, 2026 and 2025, respectively. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits is as follows:

	December 31, 2025	December 31, 2024
Vested benefits:		
Participants/beneficiaries currently receiving benefits	$ 375,383,097	$ 302,321,593
Active and termed employees with deferred benefits	729,443,638	677,945,241
Total vested benefits	1,104,826,735	980,266,834
Nonvested benefits	56,719,674	47,457,328
Total actuarial present value of accumulated plan benefits	$ 1,161,546,409	$ 1,027,724,162

The change in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2025, is as follows:

Actuarial present value of accumulated plan benefits—December 31, 2024	$ 1,027,724,162
Increase (decrease) during the year attributable to:	
Benefits accumulated	80,395,314
Interest due to decrease in the discount period	70,955,750
Actuarial (gains)/losses	15,983,849
Benefits paid	(33,512,669)
Net increase	133,822,244
Actuarial present value of accumulated plan benefits—December 31, 2025	$ 1,161,546,406

The significant actuarial assumptions used in the December 31, 2025 and 2024, valuations were as follows:

Discount rate	6.5 for both years
Mortality rate—2025 and 2024	Pri-2012 mortality tables for males and females with separate rates for annuitants and non-annuitants, along with separate tables for contingent survivors projected generationally with Scale MP-2021
Actuarial method	Unit credit cost method

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements*, provides a framework for measuring fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows:

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

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

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

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

Asset Valuation Techniques—Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Short-Term Investment Fund—Held in short-term money market common collective trusts. Fair value is determined as the net asset value of units of the fund. The net asset value per share is determined and published and is the basis for current transactions. The fund's primary objective is to operate with a stable NAV of $1.00. These instruments are classified as Level 2 in the fair value hierarchy.

Money Market Fund—Valued at the daily closing price as reported by the fund. The money market fund held by the Plan is deemed to be actively traded.

Common Collective Trust Fund—Valued at the daily closing price as reported or published by the collective trust fund. The collective trust fund has a readily determinable fair value based on the published price and such value is the basis for current transactions. The collective trust fund is deemed to be actively traded. The collective trust fund is not an exchange-traded fund; however, the price per unit is published and represents the actual price at which the units held in the fund can be bought or sold.

Fair value is determined as the NAV of units of the collective trust fund. The NAV per share is determined and published and is the basis for current transactions. The common collective trust fund is deemed to be actively traded.

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

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

Pooled Separate Account (PSA)—The PSA is made available to the Plan through a group annuity contract issued to the Plan. Units of the PSA are valued at NAV as a practical expedient, which is based upon observable market inputs for the underlying securities of the PSA representing fair value, as determined by Principal Life Insurance Company at year-end.

The preceding methods described 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 its valuation methods are appropriate and consistent with other market participants, the use of different

methodologies or assumptions to determine fair value of certain financial instruments could result in different fair value measurements at the reporting date.

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

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Short-term investment fund	$ -	$ 3,691,112	$ -	$ 3,691,112
Common collective trust fund	1,361,739,208	-	-	1,361,739,208
Corporate bonds and securities	-	260,608,667	-	260,608,667
Government and agency bonds and securities	-	315,543,838	-	315,543,838
Total	$ 1,361,739,208	$ 579,843,617	$ -	1,941,582,825
Pooled separate account[(A)]				4,561,053
Total investments at fair value				$ 1,946,143,878

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

Description	Quoted Prices in Active Markets for Identical Assets Level 1	Significant Other Observable Inputs Level 2	Significant Unobservable Inputs Level 3	Total
Money market fund	$ 2,722,990	$ -	$ -	$ 2,722,990
Common collective trust fund	1,191,277,685	-	-	1,191,277,685
Corporate bonds and securities	-	164,938,547	-	164,938,547
Government and agency bonds and securities	-	313,025,917	-	313,025,917
Total	$ 1,194,000,675	$ 477,964,464	$ -	1,671,965,139
Pooled separate account[(A)]				6,628,586
Total investments at fair value				$ 1,678,593,725

[(A)] Investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate NAV—The following tables set forth a summary of the Plan's investment whose value was estimated using a reported NAV as of December 31, 2025 and 2024.

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate account	$ 4,561,053	$	Monthly	30–60 days

	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Pooled separate account	$ 6,628,586	$ 10,000	Monthly	30–60 days

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are interests in a pooled separate account with Principal Life Insurance Company, the insurance company, as defined by the Plan. The plan holds assets managed by The Northern Trust Company, the trustee. Related transactions such as these qualify as exempt party-in-interest transactions. These transactions are exempt from the prohibited transaction rules. Fees paid for management services were included as a reduction of the return earned on the account.

6. FEDERAL TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Company, by a letter dated April 23, 2014, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code (IRC). In December 2016, the IRS began publishing a Required Amendments List (the "List") for individually designed plans which specifies changes in qualification requirements. The List is published annually and requires plans to be amended for each item on the List, as applicable, to retain its tax-exempt status. The Plan has been amended since applying for the determination letter; however, the Plan administrator and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and that the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. PLAN TERMINATION

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

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of

those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

8. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 14, 2026, the date the financial statements are available to be issued. There were no subsequent events, that require adjustment to or disclosure in the financial statements.

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SUPPLEMENTAL SCHEDULES

NORTHSIDE HOSPITAL, INC. PENSION PLAN
Plan #58-1954432
Plan #001
FORM 5500, SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF 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
	Pooled separate account—			
*	Principal Financial Group	Core Plus Bond Sep ACT-12	$ 4,561,053	$ 4,561,053
	Short-term investment fund—			
*	Northern Trust	Short Term Collective Investment Fund	3,691,112	3,691,112
	Common collective trust fund—			
	BlackRock	Russell 3000 Index Non-Lendable Fund	553,969,748	1,361,734,048
	BlackRock	Short-Term Investment Fund	5,160	5,160
		Total common collective trust fund	553,974,908	1,361,739,208
	Corporate bonds and securities—			
	RIO TINTO FIN USA PLC 4.75 DUE	03-22-2042 REG	624,877	613,152
	ANHEUSER BUSCH INBEV WOR 5.55%	01-23-2049	1,090,631	1,090,697
	ANHEUSER-BUSCH 4.9% DUE 02-01-2046		859,766	835,823
	ANHEUSER-BUSCH 4.95% DUE 01-15-2042		395,458	403,339
	ANHEUSER-BUSCH COS LLC CORP 4.9% 02-01-2046		4,940,034	4,827,823
	BROOKFIELD FIN INC 5.33% 01-15-2036		954,293	958,087
	CDN NATL RY CO 3.5% DUE 11-15-2042		249,322	241,575
	MANULIFE FINL CORP 4.986% 12-11-2035		439,987	439,871
	TOTAL CAP INTL 3.127% DUE 05-29-2050 REG		576,682	549,974
	TOTAL CAP INTL 3.386% DUE	06-29-2060	42,846	42,392
	TOTAL CAP INTL 3.461% DUE 07-12-2049		288,310	284,687
	TOTALENERGIES CAP 5.425% 09-10-2064		21,000	19,724
	TOTALENERGIES CAPITAL SA 5.488% 04-05-2054		572,726	585,826
	SUMITOMO MITSUI FINL GROUP INC 5.796% 07-08-2046		1,658,928	1,696,811
	COOPERATIEVE 5.25% DUE 05-24-2041		195,976	196,349
	COOPERATIEVE CENTRALE RAIFFEISEN BOERENL5.75 DUE 12-01-2043 REG		133,923	131,490
	EQUINOR ASA 3.25% DUE 11-18-2049		148,161	154,019
	EQUINOR ASA 3.625% DUE 04-06-2040		268,214	275,571
	EQUINOR ASA FIXED 3.7% DUE 04-06-2050		109,527	114,111
	STATOIL ASA 3.95 DUE 05-15-2043		2,283,356	2,277,172
	STATOIL ASA 4.8 DUE 11-08-2043		238,276	242,666
	PVTPL UBS GROUP AG 5.01%	03-23-2037	723,289	720,505
	UBS GROUP AG 5.528% DUE 05-06-2047		403,016	401,278
	ABBVIE INC 4.25% DUE 11-21-2049 REG		3,072,647	2,953,383
	ABBVIE INC 4.4% DUE 11-06-2042		138,233	140,054
	ABBVIE INC 4.45% DUE 05-14-2046		181,185	187,361
	ABBVIE INC 4.75%	03-15-2045	302,685	292,498
	ABBVIE INC 4.85% DUE 06-15-2044 REG		191,415	199,809
	ABBVIE INC 4.875% DUE 11-14-2048		71,880	73,075
	ABBVIE INC FIXED 4.7% DUE 05-14-2045		1,773,118	1,785,265
	ACE INA HLDGS INC 4.15% DUE 03-13-2043		204,220	213,112
	AIR PRODS & CHEMS FIXED 2.7% DUE	05-15-2040	165,238	170,751
	ALABAMA PWR CO 3.75% DUE 03-01-2045		67,248	71,029
	ALABAMA PWR CO 3.85% DUE 12-01-2042		401,970	409,029
	ALABAMA PWR CO 4.15% DUE 08-15-2044		406,883	390,603
	ALABAMA PWR CO 4.3% DUE 01-02-2046		56,131	63,600
	ALPHABET INC 1.9% DUE 08-15-2040		123,848	129,032
	ALPHABET INC 4.7% 11-15-2035		707,982	706,560
	ALPHABET INC 5.25% 15 MAY 2055		1,225,790	1,197,505
	ALPHABET INC 5.3% 05-15-2065		1,573,804	1,449,343
	ALPHABET INC 5.35% 11-15-2045		307,687	303,974
	ALPHABET INC 5.45% 11-15-2055		991,213	969,366
	ALPHABET INC SR BD 5.7% 11-15-2075		1,074,030	1,037,665
	AMAZON COM INC 2.5% DUE 06-03-2050		3,026,026	2,980,532
	AMAZON COM INC 2.7% DUE 06-03-2060		822,312	815,030
	AMAZON COM INC 4.05% 08-22-2047		28,961	28,885
	AMAZON COM INC 5.45% 11-20-2055		1,008,790	1,004,019
	AMAZON COM INC 5.55% 11-20-2065		100,719	97,358
	AMAZON COM INC FIXED 4.25% DUE	08-22-2057	232,098	229,367
	AMEREN ILL CO 3.7% 12-01-2047		165,473	165,372
	AMEREN ILLINOIS CO 3.25% DUE	03-15-2050	648,893	618,948
	AMERICAN EXPRESS CO 4.804% 10-24-2036		1,005,000	994,299
	AMERN EXPRESS CO 4.05% DUE 12-03-2042		76,497	76,916
	AMPHENOL CORP 4.4% 02-15-2033		394,514	391,853
	AMPHENOL CORP 5.3% 11-15-2055		199,670	191,853
	AMPHENOL CORP NEW SR NT 4.625%	02-15-2036	744,203	731,491
	ANALOG DEVICES INC 2.8% DUE	10-01-2041/10-05-2021 BEO	508,903	510,419

APPALACHIAN PWR CO 4.4% DUE 05-15-2044	435,269	421,721
APPALACHIAN PWR CO 4.45% DUE 06-01-2045	228,773	230,179
APPLE INC 2.375% DUE 02-08-2041	568,664	571,190
APPLE INC 2.65% DUE 05-11-2050 REG	1,289	1,255
APPLE INC 2.7% 08-05-2051	118,560	122,060
APPLE INC 3.75% DUE 09-12-2047	691,049	679,803
APPLE INC 3.85% DUE 05-04-2043	773,986	793,037
APPLE INC 3.85% DUE 08-04-2046	186,400	188,688
APPLE INC FIXED 2.95% 09-11-2049	2,636,647	2,561,274
ARCHER-DANIELS 4.016% DUE 04-16-2043	100,741	100,746
ARIZONA PUB SVC CO 3.75% DUE 05-15-2046	300,574	288,299
ARIZONA PUB SVC CO 4.2% DUE 08-15-2048	145,511	157,140
ARIZONA PUB SVC CO 4.5% DUE 04-01-2042	407,659	398,083
BALT GAS & ELEC CO 4.55% DUE 06-01-2052	463,451	438,290
BANK AMER CORP 2.831% 10-24-2051	344,644	344,751
BANK AMER CORP 3.311% DUE 04-22-2042	449,021	452,227
BANK AMER CORP 3.946% 01-23-2049	577,462	577,984
BANK AMER CORP 4.083% 03-20-2051	687,332	664,393
BANK AMER CORP 4.875% DUE 04-01-2044	33,684	35,198
BANK AMER CORP 5% DUE 01-21-2044	207,671	207,864
BANK OF AMERICA CORPORATION 2.676% DUE 06-19-2041/06-19-2020 REG	57,965	59,948
BANK OF AMERICA CORPORATION 4.33% 03-15-2050	177,794	176,305
BANK OF AMERICA CORPORATION 4.443%01-20-2048	196,169	196,056
BAYLOR SCOTT & WHITE HLDGS 2.839% 11-15-2050	236,811	226,464
BERKSHIRE HATHAWAY FINANCE CORP 3.85% 03-15-2052	722,251	702,818
BLACKROCK FUNDING INC 5.25% 03-14-2054	759,065	731,037
BLACKROCK FUNDING INC. 5.35% 01-08-2055	100,892	98,768
BLACKSTONE REG FIN 4.95% DUE 02-15-2036	109,894	109,414
BRISTOL MYERS 2.55% DUE 11-13-2050	620,897	601,033
BRISTOL MYERS FIXED 4.25% DUE 10-26-2049	328,598	327,881
BRISTOL MYERS FIXED 4.55% DUE 02-20-2048	400,606	393,098
BRISTOL MYERS SQUIBB CO 5.7% DUE 10-15-2040 BEO	125,909	128,998
BRISTOL MYERS SQUIBB CO CORP 4.625% 05-15-2044	110,075	114,666
BRISTOL-MYERS SQUIBB CO 3.55% 03-15-2042	48,586	49,939
BRISTOL-MYERS SQUIBB CO 3.7% 03-15-2052	1,745,175	1,713,183
BRISTOL-MYERS SQUIBB CO 3.9% 03-15-2062	30,127	30,598
BROADCOM INC 4.8% 10-15-2034	75,256	75,288
BROADCOM INC SR NT 4.8% 02-15-2036	2,392,551	2,373,119
BROADCOM INC SR NT 5.2% 07-15-2035	1,131,663	1,129,944
BROOKFIELD AST 5.298% DUE 01-15-2036	369,948	370,253
BROWN FORMAN CORP 4.5% DUE 07-15-2045	139,123	135,220
BURL NORTH SANTA FIXED 4.7% DUE 09-01-2045	77,189	76,984
BURL NORTHN SANTA 4.15% DUE 04-01-2045	483,771	495,090
BURL NORTHN SANTA 4.375% DUE 09-01-2042	244,431	244,651
BURL NORTHN SANTA 4.45% DUE 03-15-2043	43,817	44,606
BURL NORTHN SANTA 4.95% DUE 09-15-2041	815,034	856,976
BURL NORTHN SANTA FIXED 3.55% DUE 02-15-2050	621,152	617,666
BURLINGTN NORTH SANTA FE 5.55% 03-15-2056	931,129	925,645
BURLINGTON NORTHERN SANTA FE LLC 4.125% DEB SNR 06-15-2047 USD	123,423	127,930
BURLINGTON NORTHERN SANTA FE LLC 4.15% 12-15-2048	132,205	129,777
BURLINGTON NORTHN SANTA 4.55 09-01-2044	507,869	521,325
BURLINGTON NORTHN SANTA FE 5.8% 03-15-2056	1,518,197	1,537,620
BURLINGTON NORTHN SANTA FE LLC 2.875% 06-15-2052	621,814	593,832
BURLINGTON NORTHN SANTA FE LLC 4.45% DUE01-15-2053 BEO	448,956	457,211
BURLINGTON NORTHN SANTA FE LLC 5.2% 04-15-2054	106,988	108,571
CA INST TECH 4.321% DUE 08-01-2045	325,582	323,108
CALIFORNIA INSTITUTE OF TECHNOLOGY 3.65%09-01-2119	98,665	92,931
CAROLINA PWR & LT 4.1 DUE 05-15-2042	51,175	51,126
CASE WESTN RESV 5.405% DUE 06-01-2122	768,615	750,567
CATHOLIC HEALTH INITIATI 4.35 DUE 11-01-2042	330,439	335,143
CENTERPOINT ENERGY 3.55% DUE 08-01-2042	3,188	3,201
CHILDRENS HLTH SYS 2.511% DUE 08-15-2050	391,851	376,584
CHUBB CORP 6% DUE 05-11-2037	6,591	6,527
CISCO SYS INC 5.3% 02-26-2054	2,275,140	2,216,979
CISCO SYSTEMS INC 5.35% 02-26-2064	254,380	253,358
CITIGROUP INC 5.612% 03-04-2056	1,105,753	1,069,975
CLAREMONT MCKENNA 3.775% DUE 01-01-2122	215,127	202,661
COCA COLA CO 5.4% 05-13-2064	1,207,782	1,152,078
COMCAST CORP 4.7% 10-15-2048	773,766	774,086
COMCAST CORP NEW 2.8% DUE 01-15-2051/05-28-2020 REG	879,371	809,179
COMCAST CORP NEW 2.887% 11-01-2051 BEO	1,619,650	1,522,922
COMCAST CORP NEW 2.937% 11-01-2056	860,628	797,189
COMCAST CORP NEW 2.987% 11-01-2063	116,810	117,016
COMCAST CORP NEW 3.45% DUE 02-01-2050	432,837	419,083
COMCAST CORP NEW 3.999% 11-01-2049	903,355	847,398
COMCAST CORP NEW 4% DUE 03-01-2048	406,648	405,237
COMCAST CORP NEW 4.95% DUE 10-15-2058	232,268	227,185
COMCAST CORP NEW FIXED 3.969% DUE 11-01-2047	497,802	483,203
COMMONSPIRIT HEALTH 4.975% 09-01-2035	270,000	267,439

COMMONSPIRIT HEALTH 5.662% 09-01-2055	620,000	601,241
COMMONSPIRIT HLTH 3.91% DUE 10-01-2050	204,167	200,423
COMMONWEALTH EDISON 4.0% DUE 03-01-2049 BEO	350,811	356,476
COMMONWEALTH EDISON CO 1ST MTG BD SER 113 3.8 DUE 10-01-2042	200,616	198,433
COMMONWEALTH EDISON CO 1ST MTG BD SER 130 3.125% 03-15-2051	66,340	66,488
COMMONWEALTH EDISON CO 3.2% DUE 11-15-2049	394,673	382,099
COMMONWEALTH EDISON CO 3.75% 08-15-2047	111,257	107,354
COMMONWEALTH EDISON CO 3.85% 03-15-2052	160,005	157,607
COMWLTH EDISON CO 3.7% DUE 03-01-2045	117,028	116,140
COMWLTH EDISON CO 4.35% DUE 11-15-2045	405,754	395,902
COMWLTH EDISON CO 4.6% DUE 08-15-2043	253,364	250,442
CONOCOPHILLIPS 5.3% 05-15-2053	223,723	214,949
CONOCOPHILLIPS CO 3.8% 03-15-2052	497,995	476,248
CONOCOPHILLIPS CO 5.55% 03-15-2054	854,893	840,712
CONS EDISON CO N Y 3.2% DUE 12-01-2051	576,443	558,582
CONS EDISON CO N Y 3.85% DUE 06-15-2046	550,401	554,997
CONS EDISON CO N Y 3.875% DUE 06-15-2047	280,292	280,151
CONS EDISON CO N Y 3.95% DUE 03-01-2043	784,123	765,016
CONS EDISON CO N Y 4.2% DUE 03-15-2042	795,310	795,744
CONS EDISON CO N Y 4.5% DUE 05-15-2058	225,608	221,862
CONS EDISON CO N Y 4.625% DUE 12-01-2054	147,534	147,968
CSX CORP 2.5% DUE 05-15-2051	429,822	412,982
CSX CORP 3.8% DUE 11-01-2046	451,438	452,410
CSX CORP 6.22 DUE 04-30-2040	228,954	242,249
DARTMOUTH-HITCHCOC 4.178% 08-01-2048	99,326	96,997
DELMARVA PWR & LT CO 4.15% DUE 05-15-2045	317,919	308,476
DISNEY WALT CO 2.75% DUE 09-01-2049	1,241,756	1,202,424
DISNEY WALT CO 3% DUE 07-30-2046	58,682	58,958
DISNEY WALT CO NEW 4.125 DUE 06-01-2044	132,556	145,033
DISNEY WALT CO SR NT 4.75% 11-15-2046	174,545	172,128
DISNEY WALT CO SR NT 4.95% 10-15-2045	698,210	683,415
DTE ELEC CO 4.3% DUE 07-01-2044	559,194	556,283
DTE ELEC CO FIXED 3.25% DUE 04-01-2051	670	688
DTE ELEC SECURITIZATION FDG II LLC 6.09%09-01-2037	754,939	817,731
DTE ELECTRIC COMP 5.85% 05-15-2055	3,688,353	3,637,681
DUKE ENERGY 4 DUE 09-30-2042	276,974	279,371
DUKE ENERGY 4.15% DUE 12-01-2044	493,438	492,937
DUKE ENERGY 4.2% DUE 08-15-2045	151,796	150,698
DUKE ENERGY 4.25% DUE 12-15-2041	1,416,214	1,408,668
DUKE ENERGY FIXED 3.7% DUE 12-01-2047	264,246	264,516
DUKE ENERGY FLA 4.2% DUE 07-15-2048	92,198	94,608
DUKE ENERGY IND LLC 3.25% DUE 10-01-2049	471,952	468,977
DUKE ENERGY OH INC 3.7% DUE 06-15-2046	129,609	130,609
DUKE UNIV 2.832% 10-01-2055	830,899	784,360
ECOLAB INC FIXED 2.125% DUE 08-15-2050	78,536	80,887
ELI LILLY & CO 2.25% 05-15-2050	158,658	152,992
ELI LILLY & CO 4.95% 02-27-2063	82,163	80,618
ELI LILLY & CO 5.05% 08-14-2054	482,268	470,860
ELI LILLY & CO 5.1% 02-09-2064	911,061	863,444
ELI LILLY & CO 5.65% 10-15-2065	516,686	515,901
ELI LILLY AND CO 4.15% 03-15-2059	3,972	3,984
ELI LILLY AND COMPANY 3.95% 03-15-2049	164,937	167,028
ELI LILLY AND COMPANY 5.0% 02-09-2054	938,606	926,508
ELI LILLY AND COMPANY 5.2% 08-14-2064	745,175	746,137
ENTERGY ARKANSAS LLC 4.2% 04-01-2049	279,522	291,600
ENTERGY LA LLC FIXED 2.9% DUE 03-15-2051	248,759	248,515
ENTERGY LA LLC FIXED 3.1% DUE 06-15-2041	129,304	131,016
ENTERGY LOUISIANA LLC 4.2% 09-01-2048	184,326	189,001
ENTERGY LOUISIANA LLC 5.8% 03-15-2055	692,173	668,882
ENTERGY MISS LLC 3.85% DUE 06-01-2049	394,868	392,661
ENTERPRISE PRODS 3.7% DUE 01-31-2051	866,853	841,578
ENTERPRISE PRODS FIXED 3.95% DUE 01-31-2060	289,516	289,534
ENTERPRISE PRODS OPER LLC 4.8% 02-01-2049	111,929	119,334
ENTERPRISE PRODS OPER LLC GTD SR NT 4.85DUE 08-15-2042	187,982	185,594
EOG RES INC 4.95% DUE 04-15-2050	477,974	461,433
EOG RES INC 5.35% 01-15-2036	388,845	392,377
EOG RES INC 5.95% 07-15-2055	569,752	567,424
EOG RESOURCES INC 5.65% 12-01-2054	335,127	348,283
ESTEE LAUDER COS FIXED 4.375% DUE 06-15-2045	144,676	147,916
EXXON MOBIL CORP 2.995% DUE 08-16-2039	796,481	799,345
EXXON MOBIL CORP 3.452% DUE 04-15-2051 REG	1,263,111	1,207,172
EXXON MOBIL CORP 4.114% DUE 03-01-2046	1,016,967	1,038,366
FL PWR & LT CO 3.95% 03-01-2048	787	802
FL PWR & LT CO 4.05% DUE 06-01-2042	74,645	73,645
FL PWR & LT CO 4.05% DUE 10-01-2044	189,612	196,335
FL PWR & LT CO 4.125% DUE 02-01-2042	219,334	225,700
FL PWR & LT CO 4.125% DUE 06-01-2048	563,808	523,436
FLORIDA POWER & LIGHT COMPANY 4.7% 02-15-2036	1,579,690	1,575,311
FLORIDA POWER & LIGHT COMPANY 5.6% 02-15-2066	969,957	967,974

FLORIDA PWR & LT CO 5.7% 03-15-2055	858,349	840,116
FLORIDA PWR CORP 3.85% DUE 11-15-2042	448,725	450,618
FORD FNDTN 2.815% DUE 06-01-2070	152,201	148,919
GEORGETOWN UNIV 5.215% 10-01-2118	348,860	329,272
GILEAD SCIENCES 4.5% DUE 02-01-2045	491,792	510,066
GILEAD SCIENCES 4.75% DUE 03-01-2046	989,071	954,117
GILEAD SCIENCES INC 2.8% DUE 10-01-2050/09-30-2020 REG	307,306	301,868
GOLDMAN SACHS 4.75% DUE 10-21-2045	581,084	577,167
GOLDMAN SACHS 4.8% DUE 07-08-2044	162,221	159,927
GOLDMAN SACHS 6.25% DUE 02-01-2041	475,351	488,511
GOLDMAN SACHS GROUP INC 3.436% 02-24-2043	109,377	113,124
GOLDMAN SACHS GROUP INC 3.21% DUE 04-22-2042 BEO	2,973,071	2,932,286
GOLDMAN SACHS GROUP INC 5.561% 11-19-2045	6,417,966	6,497,115
GOLDMAN SACHS GROUP INC 5.734% 01-28-2056	936,694	944,505
HOME DEPOT INC 2.375% 03-15-2051	765,534	729,329
HOME DEPOT INC 3.35% DUE 04-15-2050 REG	1,242,716	1,242,204
HOME DEPOT INC 4.2% DUE 04-01-2043	108,205	108,723
HOME DEPOT INC 4.25% DUE 04-01-2046	38,928	39,056
HONEYWELL INTL INC 5.7% DUE 03-15-2037	194,077	194,377
IMB INTERNAT CAPITAL 5.3% 02-05-2054	932,433	900,878
IN MICH PWR CO 3.75% DUE 07-01-2047	177,493	178,076
IN MICH PWR CO 4.55% DUE 03-15-2046	273,212	273,954
IN UNIV HLTH INC 2.852% DUE 11-01-2051	164,890	155,230
INDIANA MICH PWR CO 4.25% 08-15-2048	258,025	252,276
INTERCONTINENTAL EXCHANGE INC 3.0% DUE 06-15-2050 BEO	402,342	388,291
INTERNATIONAL BUSINESS MACHS CORP 4.15% DUE 05-15-2039	225,365	232,695
INTL BUSINESS 3.43% DUE 02-09-2052	600,584	577,670
INTL BUSINESS FIXED 2.85% DUE 05-15-2040	605,838	633,101
INTL BUSINESS MACHS CORP 7.125 DEB DUE 12-01-2096 CALL	216,034	204,600
INTL PAPER CO 6 DUE 11-15-2041	297,188	289,691
JOHNSONVILLE AEROD COM TUR GEN LLC 5.078% 10-01-2054	1,010,642	970,372
JPMORGAN CHASE & 4.95% DUE 06-01-2045	291,665	307,234
JPMORGAN CHASE & 5.6% DUE 07-15-2041	218,654	219,582
JPMORGAN CHASE & CO 3.109% DUE 04-22-2051	1,243,744	1,199,629
JPMORGAN CHASE & CO 3.109% DUE 04-22-2041/10-22-2020 REG	2,407,252	2,519,271
JPMORGAN CHASE & CO 3.157% 04-22-2042	666,426	651,092
JPMORGAN CHASE & CO 3.897% 01-23-2049	1,019,828	1,014,535
JPMORGAN CHASE & CO 3.964% 11-15-2048	355,335	355,350
JPMORGAN CHASE & CO 4.26% 02-22-2048	760,000	766,496
JPMORGAN CHASE & CO 4.81% 10-22-2036	553,000	550,194
JPMORGAN CHASE & CO 5.4 SNR NTS DUE 01-06-2042 USD1000	313,018	314,936
JPMORGAN CHASE & CO FORMERLY J P MORGAN NT 6.4 DUE 05-15-2038 BEO	477,051	486,885
KAISER FNDTN HOSPS 3.002% DUE 06-01-2051REG	681,042	654,049
KAISER FNDTN HOSPS 3.266% DUE 11-01-2049	135,195	136,430
KAISER FNDTN HOSPS 4.15% DUE 05-01-2047	583,839	562,565
KANSAS CITY PWR & LT CO 5.3 DUE 10-01-2041	611,286	595,663
KENTUCKY UTILS CO 4.375% DUE 10-01-2045	351,719	357,247
KENVUE INC 5.05% 03-22-2053	424,836	416,233
KENVUE INC 5.2% 03-22-2063	723,531	711,836
KLA CORP 3.3% 03-01-2050	186,857	174,247
KLA CORP 4.95% 07-15-2052	96,056	95,637
KLA CORP 5% DUE 03-15-2049	385,485	383,464
KY UTILS CO 4.65 DUE 11-14-2043	691,660	669,248
LOCKHEED MARTIN 4.07% DUE 12-15-2042	526,422	534,556
LOCKHEED MARTIN CORP SR NT 4.15% 06-15-2053	824,454	813,867
LOCKHEED MARTIN CORP SR NT 4.3% 06-15-2062	680,580	682,713
LOCKHEED MARTIN FIXED 2.8% DUE 06-15-2050	641,185	636,148
LOUISVILLE GAS & ELEC 5.85% 08-15-2055	425,665	429,623
LOUISVILLE GAS & ELEC CO 4.25% 04-01-2049	52,332	51,547
LSVLE GAS & ELEC 4.65% DUE 11-15-2043	309,113	300,988
MA INST TECH 3.067% DUE 04-01-2052	79,992	72,822
MA INST TECH 5.618% DUE 06-01-2055	423,181	427,640
MA INST TECH FIXED 2.989% DUE 07-01-2050	815,394	797,609
MARSH & MCLENNAN 4.9% DUE 03-15-2049	120,034	122,475
MARSH & MCLENNAN COMPANIES INC 5.45% 03-15-2053	456,917	454,451
MASSACHUSETTS MUT LIFE INS CO 5.672% 12-01-2052	47,590	45,525
MERCK & CO INC 2.75% DUE 12-10-2051 BEO	2,233,850	2,163,857
MERCK & CO INC 3.6 DUE 09-15-2042	63,664	66,327
MERCK & CO INC 4.15% DUE 05-18-2043	209,147	213,201
MERCK & CO INC 5.5% 03-15-2046	1,066,728	1,065,007
MERCK & CO INC NEW 3.7% DUE 02-10-2045	193,425	197,836
MERCK & CO INC NEW 5.7% DUE 09-15-2055	98,259	96,353
MERCK & CO INC NEW 5.7% DUE 12-04-2065	430,500	426,756
MERCK & CO INC NEW FIXED 2.45% DUE 06-24-2050	261,620	256,041
META PLATFORMS INC 4.65% 08-15-2062	92,567	89,247
META PLATFORMS INC 5.4% 08-15-2054	156,757	153,991
META PLATFORMS INC 5.5% 11-15-2045	872,331	852,836
META PLATFORMS INC 5.55% 08-15-2064	1,188,484	1,122,570
META PLATFORMS INC 5.6% DUE 05-15-2053	730,949	701,215

META PLATFORMS INC 5.75% 05-15-2063	656,910	605,215
META PLATFORMS INC FIXED 4.45% DUE 08-15-2052	606,722	587,732
META PLATFORMS INC SR NT 5.75% 11-15-2065	5,137,144	4,965,002
METHODIST HOSP HOUSTON TEX 2.705% DUE 12-01-2050/08-27-2020 REG	100,231	95,835
METLIFE INC 4.125% DUE 08-13-2042	356,923	347,918
MICROSOFT CORP 2.525% DUE 06-01-2050 BEO	4,904,166	4,712,360
MICROSOFT CORP 2.921% 03-17-2052 USD	121,705	125,022
MICROSOFT CORP 3.95% DUE 08-08-2056	20,324	19,674
MICROSOFT CORP 5.2% DUE 06-01-2039	103,890	104,791
MICROSOFT CORP SR NT 2.5% 09-15-2050	106,846	106,500
MIDAMERICAN ENERGY 4.4% DUE 10-15-2044	693,926	669,789
MIDAMERICAN ENERGY 4.8% DUE 09-15-2043	390,002	384,622
MIDAMERICAN ENERGY 5.858% 09-15-2054	1,016	1,031
MIDAMERICAN ENERGY CO 3.65% 08-01-2048	619,746	589,792
MIDAMERICAN ENERGY CO 4.25% 07-15-2049	422,470	423,375
MIDAMERICAN ENERGY CO 4.25% 05-01-2046	117,223	117,325
MISSISSIPPI PWR CO 4.25 DUE 03-15-2042	379,170	396,031
MORGAN STANLEY 4.3% DUE 01-27-2045	883,039	903,669
MORGAN STANLEY 4.375% DUE 01-22-2047	1,439,641	1,427,368
MORGAN STANLEY 4.892% 10-22-2036	380,000	377,480
MORGAN STANLEY 5.597% 03-24-2051	208,127	200,983
MORGAN STANLEY FIXED 3.217% DUE 04-22-2042	978,546	1,026,653
MORGAN STANLEY FIXED 5.516% 11-19-2055	6,494,583	6,457,031
NARRAGANSETT ELEC 5.638% DUE 03-15-2040	167,647	174,020
NATURE CONSERVANCY 3.957% DUE 03-01-2052	54,494	51,727
NBCUNIVERSAL MEDIA 4.45% DUE 01-15-2043	84,546	86,123
NETFLIX INC 5.4% 08-15-2054	136,901	131,257
NEVADA PWR CO 3.125% DUE 08-01-2050	347,161	336,852
NEW YORK & 4.763% DUE 08-01-2116	60,209	57,542
NORTHWESTERN UNIV 2.64% DUE 12-01-2050	415,794	397,125
NOVANT HEALTH INC 3.168% DUE 11-01-2051	219,747	214,075
NOVARTIS CAP CORP 3.7% DUE 09-21-2042	175,201	183,142
NOVARTIS CAP CORP 4% DUE 11-20-2045	142,498	137,643
NOVARTIS CAP CORP 4.4% DUE 05-06-2044	115,589	117,237
NOVARTIS CAPITAL CORP 5.3% 11-05-2055	544,186	544,139
ONCOR ELEC 3.75% DUE 04-01-2045	219,615	220,185
ONCOR ELEC DELIVERY CO LLC 3.1% 09-15-2049	347,071	339,509
ONCOR ELEC DELIVERY CO LLC 3.7% DUE 05-15-2050 REG	352,500	346,241
ONCOR ELEC FIXED 2.7% DUE 11-15-2051	367,679	371,076
ONCOR ELEC FIXED 3.8% DUE 09-30-2047	1,185,433	1,153,535
PACIFICORP 4.1 DUE 02-01-2042	757,300	724,795
PACIFICORP 4.125% DUE 01-15-2049	769,074	736,222
PACIFICORP 4.15% 02-15-2050	345,211	345,515
PACIFICORP 5.8% 01-15-2055	340,299	318,225
PACIFICORP FIXED 3.3% DUE 03-15-2051	389,522	390,336
PEACEHEALTH 3.218% DUE 11-15-2050	162,861	156,091
PECO ENERGY CO 4.15% DUE 10-01-2044	567,263	571,381
PECO ENERGY CO 4.8 DUE 10-15-2043 BEO	572,085	548,858
PECO ENERGY CO FIXED 3.9% DUE 03-01-2048	632,050	603,173
PEPSICO INC 3.375% DUE 07-29-2049	430,379	413,237
PEPSICO INC FIXED 2.625% 10-21-2041	956,909	931,232
PEPSICO INC SR NT 4 DUE 03-05-2042	924,342	930,706
PEPSICO INC SR NT 4.875 DUE 11-01-2040	23,483	25,412
PFIZER INC 4.125% DUE 12-15-2046	50,587	49,645
PFIZER INVESTMENT ENTER 5.3% 05-19-2053	438,108	431,340
PFIZER INVESTMENT ENTER 5.34% 05-19-2063	3,083,762	2,987,521
PG&E RECOVERY FDG 5.536% DUE 07-15-2049	296,157	291,570
PG&E RECOVERY FDG LLC 5.529% 06-01-2049	1,968,960	1,967,902
PG&E WILDFIRE RECOVERY FDG LLC 4.263% 06-01-2036	523,298	530,774
PG&E WILDFIRE RECOVERY FDG LLC 4.674% 12-01-2051	308,140	293,621
PG&E WILDFIRE RECOVERY FDG LLC 5.212% 12-01-2047	508,751	493,892
PG&E WILDFIRE RECOVERY FDG LLC SR SECD RECOVERY BD SER 5.099% 06-01-2054	1,983,907	1,845,509
PRES & FELLOWS OF HARVARD 3.745% 11-15-2052	187,656	183,713
PRESBYTERIAN 4.875% DUE 08-01-2052	52,745	53,762
PRESIDENT & FELLOWS HARVARD COLLEGE 2.517% DUE 10-15-2050/04-21-2020 REG	9,434	9,160
PRESIDENT TAXABLE BD SER 2010C 4.875 DUE10-15-2040	46,776	49,435
PROGRESSIVE CORP 4.35 DUE 04-25-2044	473,743	500,472
PRUDENTIAL FINANCIAL INC 4.418% 03-27-2048	362,808	348,028
PRUDENTIAL FINL 3.905% DUE 12-07-2047	209,758	211,466
PRUDENTIAL FINL INC 3.935% DUE 12-07-2049	456,437	461,766
PUB SVC ELEC GAS CO FIXED 3.85% 05-01-2049 REG	115,409	108,875
PUB SVC ELEC GAS CO SECD 3.95 DUE 05-01-2042 REG	109,728	109,702
PUBLIC SERVICE CO OF COLORADO 4.5% 06-01-2052	425,786	421,988
PUBLIC SERVICE COLORADO 5.85% 05-15-2055	697,032	712,036
PUBLIC SVC CO COLO 3.2% DUE 03-01-2050	122,833	119,465
PUBLIC SVC CO COLO 3.55% DUE 06-15-2046	427,439	406,345
PUBLIC SVC CO COLO 4.05% 09-15-2049	536,771	524,504
PUBLIC SVC CO COLO 4.1% DUE 06-15-2048	196,876	193,916
PUBLIC SVC CO COLO 4.3% DUE 03-15-2044	442,219	429,771

PUBLIC SVC ELEC GAS CO TRANCHE # TR 00025 3.65 09-01-2042	285,097	285,315
PUGET SOUND ENERGY FIXED 3.25% DUE 09-15-2049	409,793	405,763
PUGET SOUND ENERGY FIXED 4.223% DUE 06-15-2048	417,853	416,608
PUGET SOUND ENERGY INC 5.685% 15/06/20545.685% 06-15-2054	673,654	644,136
PVTPL AMERICAN TRANSMISSION SYS INC SR NT 5% DUE 09-01-2044	359,047	359,188
PVTPL BASIN ELEC PWR COOP 5.85% 10-15-2055	194,698	191,873
PVTPL BROADCOM INC 3.137% DUE 11-15-2035 BEO	966,899	953,875
PVTPL BROADCOM INC NT 4.926% 05-15-2037	750,296	741,943
PVTPL CARGILL INC 5.375% 10-23-2055	319,859	308,982
PVTPL MARS INC 5.65% 05-01-2045	302,895	303,270
PVTPL MUTUAL OF OMAHA INS CO 6.144% 01-16-2064	105,000	109,331
PVTPL NESTLE HLDGS INC 2.5% DUE 09-14-2041/09-14-2021 BEO	302,920	319,082
PVTPL S&P GLOBAL INC 4.8% 12-04-2035	99,780	99,906
QUALCOMM INC 4.3% DUE 05-20-2047	558,504	565,219
QUALCOMM INC 4.5% 05-20-2052	211,725	212,291
ROCKEFELLER FNDTN 2.492% DUE 10-01-2050	116,626	121,448
S CAROLINA ELEC & 4.6% DUE 06-15-2043	466,467	451,621
S CAROLINA ELEC & 5.45% DUE 02-01-2041	908,325	918,961
SAN DIEGO GAS & ELEC CO 5.55% 04-15-2054	890,314	867,540
SAN DIEGO GAS & FIXED 3.32% DUE 04-15-2050	162,754	162,422
SHELL FIN US INC 4.0% 05-10-2046	1,456,796	1,408,847
SHELL FIN US INC 4.375% 05-11-2045	1,133,608	1,114,367
SHELL FIN US INC GTD SR NT 144A 3.125% 11-07-2049	700,076	702,703
SHELL FIN US INC GTD SR NT 144A 6.375% 12-15-2038	358,870	357,409
SHELL FINANCE US INC 3.75% 09-12-2046	579,225	562,035
SIERRA PAC PWR CO 5.9% 03-15-2054	505,020	505,005
SOUTHERN CALIF EDISON CO 4.65 DUE 10-01-2043	946,595	972,413
SOUTHERN CALIF EDISON CO 4.875% 03-01-2049	564,299	547,447
SOUTHERN CALIF GAS CO 5.75% 06-01-2053	276,754	265,299
SOUTHN CAL EDISON 3.9 DUE 03-15-2043	884,983	842,734
SOUTHN CAL EDISON 3.9% DUE 12-01-2041	226,663	223,223
SOUTHN CAL EDISON 4% DUE 04-01-2047	193,822	203,224
SOUTHN CAL EDISON 4.05% DUE 03-15-2042	624,627	625,767
SOUTHN CAL GAS 3.75 DUE 09-15-2042	999,170	991,827
SOUTHN CAL GAS CO 3.95% DUE 02-15-2050	68,081	69,326
SOUTHN CAL GAS CO 4.125% DUE 06-01-2048	314,708	319,997
SOUTHWESTERN PUB SVC CO 6.0% 06-01-2054	506,582	509,674
SOUTHWESTERN PUBLIC SERVICE 08-09-2017 3.7% DUE 08-15-2047 BEO	590,736	585,882
SOUTHWESTN PUB SVC 4.5% DUE 08-15-2041	188,100	196,556
SOUTHWESTN PUB SVC FIXED 4.4% 11-15-2048	320,117	333,544
SPCL1 GEN ELEC CAP CORP 5.875% DUE 01-14-2038	535,667	559,592
STANFORD UNIV CAL 3.647% DUE 05-01-2048	194,648	185,717
TAMPA ELEC CO 4.45% DUE 06-15-2049	214,111	213,632
TEACHERS INS & 3.3% DUE 05-15-2050	187,532	181,686
TEXAS INSTRS INC 4.15% DUE 05-15-2048	296,997	272,688
TEXAS INSTRS INC FIXED 5% 03-14-2053	54,070	51,543
TEXAS INSTRUMENTS INC 5.05% DUE 05-18-2063	94,335	94,299
THERMO FISHER SCIENTIFIC INC 2.8% 10-15-2041	131,988	129,141
THOMAS JEFFSN UNIV 3.847% DUE 11-01-2057	269,997	259,666
TRAVELERS COS INC 5.45% DUE 05-25-2053	336,476	323,169
TRAVELERS COS INC 5.7% 07-24-2055	172,041	166,105
TRAVELERS COS INC FIXED 3.05% DUE 06-08-2051	586,471	561,764
TRUSTEES OF 2.516% DUE 07-01-2050	112,940	106,906
UNION ELEC CO 3.9 DUE 09-15-2042	252,175	254,529
UNION ELEC CO 8.45% DUE 03-15-2039	242,401	252,188
UNION ELECTRIC COMPANY 3.65% DUE 04-15-2045	163,719	164,137
UNION PAC CORP 3.2% DUE 05-20-2041	214,876	222,073
UNION PAC CORP 3.25% DUE 02-05-2050	271,146	254,397
UNION PAC CORP 3.55% DUE 05-20-2061	16,145	14,794
UNION PAC CORP 3.95% DUE 08-15-2059	256,897	257,130
UNION PAC CORP 4.05% DUE 11-15-2045	85,171	86,318
UNION PAC CORP 5.6% 12-01-2054	187,988	182,132
UNION PAC CORP FIXED 2.973% DUE 09-16-2062	1,348,641	1,279,510
UNION PAC CORP FIXED 4% DUE 04-15-2047	354,621	357,490
UNITED PARCEL SERVICE 6.05% 05-14-2065	1,025,370	1,032,466
UNITEDHEALTH GROUP 3.7% DUE 08-15-2049	801,466	772,937
UNITEDHEALTH GROUP 3.75% 10-15-2047	834,363	868,232
UNITEDHEALTH GROUP 4.25% DUE 04-15-2047	249,416	260,754
UNITEDHEALTH GROUP 4.75% DUE 07-15-2045	909,222	911,312
UNITEDHEALTH GROUP 5.75% DUE 07-15-2064	436,394	436,354
UNITEDHEALTH GROUP FIXED 4.25% DUE 06-15-2048	373,038	376,233
UNITEDHEALTH GROUP INC 2.75% DUE 05-15-2040/05-18-2020 REG	68,556	67,513
UNITEDHEALTH GROUP INC 2.9% DUE 05-15-2050/05-18-2020 REG	494,699	475,804
UNITEDHEALTH GROUP INC 3.05% DUE 05-15-2041 BEO	495,142	506,409
UNITEDHEALTH GROUP INC 3.25% DUE 05-15-2051 BEO	1,773,599	1,781,266
UNITEDHEALTH GROUP INC 4.375 DUE 03-15-2042 REG	272,694	281,189
UNITEDHEALTH GROUP INC 4.45% DUE 12-15-2048 REG	185,218	190,653
UNITEDHEALTH GROUP INC 4.95% 05-15-2062	70,321	69,521
UNITEDHEALTH GROUP INC 5.05% 04-15-2053	5,724	5,433

UNITEDHEALTH GROUP INC 5.5% 04-15-2064	602,437	571,414
UNIV SOUTHN CAL 3.841% DUE 10-01-2047	480,013	468,317
UNIVERSITY CHICAGO FIXED 2.761% DUE 04-01-2045	110,954	114,994
UNIVERSITY PA TRUSTEES 4.674 DUE 09-01-2112 REG	193,178	168,775
UNIVERSITY SOUTHN CALIF TAXABLE BD SER 2021A 2.945% 10-01-2051	80,942	78,426
UTD PARCEL SVC INC 3.4% DUE 09-01-2049	161,437	163,736
UTD PARCEL SVC INC 3.625% DUE 10-01-2042	513,059	500,349
VA ELEC & PWR CO 4.45 02-15-2044	520,125	515,747
VIRGINIA ELEC & PWR CO 2.95% 11-15-2051	626,630	596,454
VISA INC 2.7% DUE 04-15-2040	1,134,236	1,148,155
VISA INC 4.3% DUE 12-14-2045	1,264,595	1,232,600
WASHINGTON UNIV 4.349% DUE 04-15-2122	339,750	316,383
WASTE MANAGEMENT INC 4.1% DUE 03-01-2045REG	219,965	219,690
WELLS FARGO & CO 3.9% DUE 05-01-2045	1,044,617	1,062,268
WELLS FARGO & CO 4.611% 04-25-2053	1,509,313	1,508,120
WELLS FARGO & CO 4.9% DUE 11-17-2045	757,899	753,795
WELLS FARGO & CO FLTG RT 5.013% 04-04-2051	2,326,040	2,349,326
WESTAR ENERGY INC 4.1% DUE 04-01-2043	401,412	387,402
WESTAR ENERGY INC 4.25% DUE 12-01-2045	359,110	358,624
WESTAR ENERGY INC FIXED 3.25% 09-01-2049	583,158	574,047
WILLIAM MARSH RICE 3.574% DUE 05-15-2045	121,390	115,575
YALE UNIV 2.402% DUE 04-15-2050	363,860	343,395
	264,141,536	260,608,667
Government and agency bonds and securities—		
REPUBLIC OF CHILE 4.34% 03-07-2042	345,413	336,931
ISRAEL ST 3.375% DUE 01-15-2050 REG	240,259	232,543
STATE OF ISRAEL 3.875% DUE 07-03-2050 REG	110,325	109,858
STATE OF ISRAEL 6.043% 03-12-2054	833,293	839,304
STATE OF ISRAEL BD 4.125% DUE 01-17-2048REG	516,943	477,693
PVTPL KUWAIT INTL BOND 4.652% 10-09-2035	1,630,000	1,624,313
UNITED STATES OF AMER TREAS BONDS 4.75% 08-15-2055	34,706	34,563
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2047	2,892,841	2,851,324
UNITED STATES OF AMER TREAS STRIP 0% 02-15-2054	10,864,752	10,276,196
UNITED STATES OF AMER TREAS STRIP 0% 08-15-2053	1,217,373	1,189,526
UNITED STATES OF AMER TREAS STRIP 0% 11-15-2053	2,739,037	2,690,930
UNITED STATES OF AMER TREAS STRIP 0% DUE 11-15-2051 REG	6,563,872	6,230,326
UNITED STATES OF AMER TREAS STRIP 0%02-15-2053	10,100,638	9,582,868
UNITED STATES OF AMER TREAS STRIP TBOND 0.0% 05-15-2053	11,123,605	10,325,598
UNITED STATES TREAS BD STRIPPED 08-15-2052	7,142,414	6,671,522
UNITED STATES TREAS BD STRIPPED PRIN 0.0% 08-15-2047	10,113,481	9,772,705
UNITED STATES TREAS BD STRIPPED PRIN PMT 0% DUE 05-15-2049	8,705,582	8,360,540
UNITED STATES TREAS BD STRIPPED PRIN PMT00110 02-15-2046 (UNDDATE) REG	4,531,658	4,376,283
UNITED STATES TREAS BD STRIPPED PRIN PMT00112 05-15-2046 (UNDDATE) REG	1,380,310	1,370,845
UNITED STATES TREAS BD STRIPPED PRIN PMT00113 08-15-2046 (UNDDATE) REG	2,411,059	2,399,289
UNITED STATES TREAS BD STRIPPED PRIN PMT00114 11-15-2046 (UNDDATE) REG	1,188,152	1,189,216
UNITED STATES TREAS BD STRIPPED PRIN PMT00117 05-15-2047	628,617	626,892
UNITED STATES TREAS BD STRIPPED PRIN PMT00122 05-15-2048 (UNDDATE) REG	6,183,401	5,998,264
UNITED STATES TREAS BD STRIPPED PRIN PMT00123 08-15-2048 (UNDDATE) REG	9,173,659	8,782,420
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO	11,399,104	10,748,267
UNITED STATES TREAS SEC STRIP 0% 02-15-2054	122,659	117,460
UNITED STATES TREAS SEC STRIP 0% STRIP 02-15-2048	1,613,339	1,524,853
UNITED STATES TREAS SEC STRIP 0% STRIP 11-15-2047	2,732,881	2,578,148
UNITED STATES TREAS SEC STRIP DISC NT 02-15-2049	1,349,422	1,271,813
UNITED STATES TREAS SEC STRIPPED 11-15-2048	1,671,019	1,578,336
UNITED STATES TREAS SEC STRIPPED INT PMT 00124 05-15-2046	4,918,732	4,664,849
UNITED STATES TREAS SEC STRIPPED INT PMT 00130 08-15-2046	3,962,808	3,760,985
UNITED STATES TREAS SEC STRIPPED INT PMT 0.0% 05-15-2049	1,367,407	1,284,238
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/05/2048 USD 05-15-2048	1,259,885	1,189,612
UNITED STATES TREAS SEC STRIPPED INT PMT0% STRIP 15/08/2049 USD 08-15-2049	905,165	886,256
UNITED STATES TREAS SEC STRIPPED INT PMT0.0% 11-15-2049	861,726	805,464
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT ON 11-15-2046 (UNDDATE) REG	1,233,629	1,230,708
UNITED STATES TREAS SEC STRIPPED ZERO COUPON 08-15-2048	608,038	606,834
UTD STATES TREAS BD STRIPPED PRIN 0.0% 11-15-2054	6,389,909	6,149,460
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052	15,025,035	14,273,993
UTD STATES TREAS BD STRIPPED PRIN DTD 08/15/2024 0% 08-15-2054	14,423,103	13,676,780
UTD STATES TREAS SEC STRIPPED INT GENERIC TINT PMT 0% 02-15-2050	1,618,310	1,517,232
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2047	1,060,086	1,056,148
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2048	2,855,307	2,794,280
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2049	16,807,807	16,093,644
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2050	2,179,205	2,061,359
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051	1,117,204	1,085,884
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2051	12,533,412	11,950,321
UTD STATES TREAS ZERO CPN 0% DUE 02-15-2052	1,306,806	1,212,290
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2047	3,062,164	2,894,780
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2051	12,944,829	12,229,264
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2051	1,353,465	1,256,616
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2053	159,265	153,896
UTD STATES TREAS ZERO CPN 0% DUE 05-15-2054	13,965,551	13,156,545

UTD STATES TREAS ZERO CPN 0% DUE 08-15-2050	2,340,919	2,186,820
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2051	14,020,489	13,260,363
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2055	3,217,655	3,023,981
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2047	4,878,777	4,760,667
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2048	7,632,810	7,444,683
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2049	7,214,498	6,934,019
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2050	483,391	479,351
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2050	16,394,558	15,731,186
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2051	352,728	338,285
UTD STATES TREAS ZERO CPN 0% DUE 11-15-2055	8,939,056	8,755,953
TENN VALLEY AUTHORITY 5.25% 02-01-2055	1,226,537	1,236,932
TENNESSEE VY AUTH GLOBAL PWR BD 2022 SERA 4.25% 09-15-2052	87,538	85,387
TENNESSEE VY AUTH GLOBAL PWR BD SER A 4.25% DUE 09-15-2065 REG	857,591	807,615
BAY AREA TOLL AUTH CALIF TOLL BRDG REV 6.907% 10-01-2050 BEO TAXABLE	917,711	848,827
CALIFORNIA HEALTH FACS FING AUTH REV 4.19% 06-01-2037 BEO TAXABLE	704,358	702,150
CALIFORNIA HEALTH FACS FING AUTH REV 4.353% 06-01-2041 BEO TAXABLE	864,248	844,998
CALIFORNIA ST 7.6% 11-01-2040 BEO TAXABLE	1,679,285	1,652,425
CALIFORNIA ST UNIV REV 3.899% 11-01-2047BEO TAXABLE	107,586	111,176
CALIFORNIA STATE 7.55 MUN BDS DUE 04-01-2039 USD5000	384,231	388,345
CITY OF NEW YORK 5.517 DUE 10-01-2037	154,844	152,577
DALLAS TEX AREA RAPID TRAN SALES TAX REV5.999% 12-01-2044 BEO TAXABLE	787,954	764,472
GOLDEN ST TOB SECURITIZATION CORP CALIF 3.0% 06-01-2046	438,614	413,151
HOUSTON TEX 3.961% 03-01-2047 BEO TAXABLE	528,044	520,674
IDAHO ENERGY RES AUTH TRANSMISSION FACS REV 2.861% 09-01-2046 BEO TAXABLE	210,766	209,881
KANSAS ST DEV FIN AUTH REV 2.774% 05-01-2051 BEO TAXABLE	131,032	132,224
LA LOC GOVT ENVI FACS & TAXABLE-LA UTILS RESTORATION 4.475% DUE 08-01-2039	661,983	683,961
LOS ANGELES CALIF CMNTY COLLEGE DIST 6.75% 08-01-2049 BEO TAXABLE	130,449	121,983
MA ST SCH BLDG AUTH DEDICATED TAX BUILD AMER BDS-B 5.715 DUE 08-15-2039	123,593	125,064
METROPOLITAN WASH D C ARPTS AUTH DULLES TOLL RD REV 7.462 10-01-2046 BEO TAXABLE	208,840	208,009
MICHIGAN FIN AUTH REV MUNI 3.384% 12-01-2040	279,543	291,671
NEW JERSEY ST TPK AUTH TPK REV 7.102% 01-01-2041 BEO TAXABLE	399,220	403,098
NEW JERSEY ST TPK AUTH TPK REV 7.414% 01-01-2040 BEO TAXABLE	207,760	209,745
NEW YORK N Y 5.114% 10-01-2054	509,694	481,912
NEW YORK N Y 5.935% 02-01-2055 BEO TAXABLE	572,592	580,737
NEW YORK N Y 6.291% 02-01-2045 BEO TAXABLE	214,620	210,150
NEW YORK N Y TAXABLE-FISCAL 2024-SUBSER B-1 5.828% DUE 10-01-2053 REG TAXABLE	249,161	241,847
NEW YORK N Y TAXABLE-FISCAL 2025-SUBSER D-1 5.094% 10-01-2049	280,000	263,427
NEW YORK ST DORM AUTH REVS NON ST 5.832%07-01-2055	151,812	146,325
NEW YORK ST URBAN DEV CORP REV 5.77% 03-15-2039 BEO TAXABLE	244,550	247,193
NORTH TEX TWY AUTH REV 6.718% 01-01-2049BEO TAXABLE	1,181,415	1,110,448
NY N Y CY MUN WTR FIN AUTH WTR&TAXABLE 2ND GENSER EE 6.011 6-15-2042BEO TAXABLE	77,035	72,491
NY N Y TAXABLE-BUILD AMER BDS-F-1 6.271 DUE 12-01-2037	824,416	836,198
PORT AUTH N Y & N J 5.31% 08-01-2046 BEOTAXABLE	439,709	438,503
PORT AUTH N Y & N J MUNI 5.072% DUE 07-15-2053	131,001	123,355
SAN ANTONIO TEX ELEC & GAS REV TAXABLE 5.808 02-01-41	287,513	283,587
SAN DIEGO CNTY CALIF REGL TRANSN COMMN SALES TAX REV 5.911% 04-01-2048 REG	264,793	257,280
SOUTH CAROLINA ST PUB SVC AUTH REV 6.454% 01-01-2050 BEO TAXABLE	109,300	111,664
TEXAS A & M UNIV PERM UNIV FD 3.66% 07-01-2047 BEO TAXABLE	136,371	143,091
TEXAS NAT GAS SECURITIZATION FIN CORP RE0.0% SER 23-1 CL A1 04-01-2035	835,506	855,237
TEXAS ST 4.681% 04-01-2040 BEO TAXABLE	450,430	471,223
TEXAS ST 5.517% 04-01-2039 BEO TAXABLE	1,289,216	1,253,498
TX NAT GAS SECURITIZATION FIN CORP 5.169% 04-01-2041	1,833,546	1,830,631
UNITED NATIONS DEV CORP N Y REV 6.536% 08-01-2055 BEO TAXABLE	255,000	272,102
UNIV CALIF REGTS MED CTR POOLED REV 6.548% 05-15-2048 BEO TAXABLE	592,687	571,474
UNIVERSITY MICH UNIV REVS TAXABLE-GEN-SER A 4.454% 04-01-2122	587,965	544,586
UNIVERSITY TEX UNIV REVS 2.439% 08-15-2049 BEO TAXABLE	104,955	102,701
UNIVERSITY VA UNIV REVS 6.2% 09-01-2039 BEO TAXABLE	104,641	104,241
	329,773,198	315,543,838
	1,151,580,754	1,941,582,825

* Party-in-interest

See accompanying Independent Auditor's Report

NORTHSIDE HOSPITAL, INC. PENSION PLAN

Plan #58-1954432
Plan #001

SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

Identity of Party Involved and Description of Asset, Including Interest Rate and Maturity in Case of a Loan		Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Series in Same Security						
60934N500 - FED HERMES TREASURY OBLIG MMKT-#68	149 Buys	$ 142,206,644		$ 142,206,644	$ 142,206,644	$ -
60934N500 - FED HERMES TREASURY OBLIG MMKT-#68	142 Sells		144,929,635	144,929,635	144,929,635	-
912810QN1 - U.S. TREASURY BONDS 4.75% 2/15/41	46 Sells		91,820,160	92,616,770	91,820,160	796,610
912810UC0 - U.S. TREASURY BONDS 4.25% 8/15/54	91 Sells		123,690,152	124,894,901	123,690,152	1,204,745
912810UE6 - U.S. TREASURY BONDS 4.5% 11/15/54	130 Buys	145,910,132		145,910,132	145,910,132	-
912810UE6 - U.S. TREASURY BONDS 4.5% 11/15/54	188 Sells		150,677,554	149,164,292	150,677,554	(1,513,285)
912810UF3 - U.S. TREASURY BONDS 4.625% 11/15/44	81 Sells		96,361,971	96,962,695	96,361,971	600,717
912810UG1 - U.S. TREASURY BONDS 4.625% 2/15/55	136 Buys	129,549,964		129,549,964	129,549,964	-
912810UG1 - U.S. TREASURY BONDS 4.625% 2/15/55	156 Sells		138,344,976	139,696,189	138,344,976	1,351,198
912810UJ5 - U.S. TREASURY BONDS 4.75% 2/15/45	132 Buys	137,568,552		137,568,552	137,568,552	-
912810UJ5 - U.S. TREASURY BONDS 4.75% 2/15/45	144 Sells		131,607,373	131,616,212	131,607,373	8,842
912810UK2 - U.S. TREASURY BONDS 4.75% 5/15/55	117 Buys	171,718,219		171,718,219	171,718,219	-
912810UK2 - U.S. TREASURY BONDS 4.75% 5/15/55	200 Sells		167,441,558	169,400,369	167,441,558	1,958,808
91282CNT4 - U.S. TREASURY NOTES 4.25% 8/15/35	88 Buys	102,967,220		102,967,220	102,967,220	-
91282CNT4 - U.S. TREASURY NOTES 4.25% 8/15/35	91 Sells		94,809,571	94,941,740	94,809,571	132,154
NT COLLECTIVE SHORT TERM INVT FD	27 Buys	100,312,154		100,312,154	100,312,154	-
NT COLLECTIVE SHORT TERM INVT FD	20 Sells		96,621,041	96,621,041	96,621,041	-

See accompanying Independent Auditor's Report

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a
Schedule of Active Participant Data as of January 1, 2025

Attained Age	Attained Years of Credited Service[1]										
	Under 1	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	1	813	6	0	0	0	0	0	0	0	820
	-	48,346	-	-	-	-	-	-	-	-	48,206
25-29	8	2,001	329	2	0	0	0	0	0	0	2,340
	-	58,051	65,765	-	-	-	-	-	-	-	59,008
30-34	24	1,877	832	85	1	0	0	0	0	0	2,819
	20,831	68,422	76,226	82,695	-	-	-	-	-	-	70,775
35-39	31	1,693	950	267	29	0	0	0	0	0	2,970
	19,734	81,306	85,042	87,462	81,156	-	-	-	-	-	82,410
40-44	29	1,583	968	337	126	16	1	0	0	0	3,060
	20,283	79,134	88,198	88,868	93,671	-	-	-	-	-	83,142
45-49	19	1,293	1,035	408	125	59	28	0	0	0	2,967
	-	80,874	91,894	94,964	103,624	108,617	77,852	-	-	-	87,744
50-54	14	1,113	1,066	501	161	90	68	10	0	0	3,023
	-	77,857	84,662	99,310	102,144	102,316	107,404	-	-	-	86,363
55-59	17	928	915	391	175	87	76	29	7	0	2,625
	-	78,363	87,713	89,275	89,348	90,927	96,089	112,186	-	-	84,921
60-64	13	522	795	345	163	96	66	31	32	16	2,079
	-	77,475	80,398	96,643	88,193	98,894	97,382	121,302	109,766	-	85,033
65-69	5	202	284	127	54	34	24	11	11	9	761
	-	94,469	81,440	100,412	88,208	113,839	108,467	-	-	-	92,202
70 & over	6	50	64	34	22	9	7	4	2	1	199
	-	92,867	69,553	86,146	80,844	-	-	-	-	-	80,279
Total	167	12,075	7,244	2,497	856	391	270	85	52	26	23,663
	20,343	72,458	84,007	93,258	93,745	99,858	98,326	119,538	106,688	87,068	79,599

[1] Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Northside Hospital, Inc. Pension Plan
EIN / PN: 58-1954432/001
Plan Sponsor: Northside Hospital, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Corridors**	**Not Reflecting Corridors**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.40%	5.34%

Annual rates of increase

- Compensation:
- Representative rates based on age

Age	Rate
25	5.00%
40	4.00%
55	3.00%

- Future Social Security wage bases: 3.50%

Plan-related expense: $3,265,330

Demographic Assumptions

Inclusion Date: The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees: It was assumed there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Mortality

- Funding

Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).

Termination

Rates varying by age and service.

Representative Termination Rates

Percentage leaving during the year					
	Years of Service				
Attained Age	1-2	2-3	3-4	4-5	5+
20	25.00%	22.50%	20.50%	19.00%	16.00%
25	25.00%	22.50%	19.50%	16.00%	16.00%
30	25.00%	21.00%	17.25%	14.50%	10.00%
35	22.00%	18.00%	14.25%	13.25%	9.00%
40	21.00%	17.50%	13.00%	12.75%	7.00%
45	17.00%	15.00%	12.00%	11.50%	6.00%
50	15.00%	12.00%	10.00%	10.00%	5.00%
55	15.00%	12.00%	10.00%	9.00%	5.00%
60	15.00%	12.00%	10.00%	9.00%	0.00%
65	0.00%	0.00%	0.00%	0.00%	0.00%

Disability

None.

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age, average age 63.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	8.0%
56	6.0%
57	6.0%
58	6.0%
59	6.0%
60	6.0%
61	6.0%
62	13.5%
63	13.5%
64	13.5%
65	25.0%
66	27.0%
67	27.0%
68	20.0%
69	20.0%
70	100.0%

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant and the date the participant would have attained the earliest retirement date.
- Deferred vested benefit: Age on valuation date less than 65: Age 65.

  Age on valuation date 65-69: One year following valuation date.

  Age on valuation date 70 and older: Immediate; age on valuation date.
- Retirement benefit: Upon termination of employment.

SCHEDULE SB ATTACHMENTS

Form of payment	If married, 30% elect a 100% joint and survivor annuity, 20% elect a 50% joint and survivor annuity, 50% elect a life annuity. If single, 100% elect a life annuity.
Percent married	80% of participants are married.
Spouse age	Male participant: Spouse assumed to be 3 years younger. Female participant: Spouse assumed to be 1 year younger.
Covered pay	Assumed plan compensation for the year beginning on the valuation date was determined as the rate of pay as the beginning of the plan year multiplied by hours worked (2,080 hours maximum) in the prior plan year.

Cash flow

• Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.
• Timing of contributions	Contributions are assumed to be made based on a schedule provided by Northside Hospital, Inc.

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Decrement timing

The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements, the age is generally the participant's rounded age at middle of the year.

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Northside Hospital, Inc. regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Northside Hospital, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2025. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

In consultation with plan sponsor, the following assumptions were made for missing or apparently inconsistent data elements:

- In cases where the basic hourly rate of pay on the first day of the plan year is not provided, we have assumed that it is equal to the prior year's basic hourly rate of pay.
- In cases where active participants are provided in the current year with 0 hours worked in the prior year, we assume that hours worked are unchanged from the number provided in the prior year's census data, if non-zero, in order to determine projected pay.
- In cases where beneficiary gender is missing, it is assumed that the beneficiary is the opposite gender of the participant.
- In cases where beneficiary birth date is missing, it is assumed that male participants are 3 years older and female participants are 1 year older.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

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
Northside Hospital, Inc. Pension Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1991

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Northside Hospital, Inc.

1000 Johnson Ferry Road NE

Atlanta, GA 30342-1611

2b Employer Identification Number (EIN) 58-1954432

2c Plan Sponsor's telephone number (404) 851-8393

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	Shannon Banna 10.14.26		Shannon Banna
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Plan Name	**Northside Hospital, Inc. Pension Plan**
Plan Sponsor EIN	**58-1954432**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

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
Northside Hospital, Inc. 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
Northside Hospital, Inc.

D Employer Identification Number (EIN)
58-1954432

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**	1,684,599,130
b Actuarial value	**2b**	1,538,259,148

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	3,813	328,464,960	328,464,960
b For terminated vested participants	5,581	177,051,304	177,051,304
c For active participants	23,663	622,252,253	678,469,651
d Total	33,057	1,127,768,517	1,183,985,915

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**	5.40%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	98,355,479
b Expected plan-related expenses	**6b**	3,265,330
c Target normal cost	**6c**	101,620,809

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

RDR
Signature of actuary

10/9/2026
Date

Rochelle D. Ramirez, ASA, EA
Type or print name of actuary

2608763
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

678-684-0679
Telephone number (including area code)

PO Box 674401

Houston TX 77267
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)	157,919,975	0
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)	157,919,975	0
10	Interest on line 9 using prior year's actual return of 15.41 %	24,335,468	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		71,293,618
	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 5.32 %		3,792,820
	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		75,086,438
	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)	182,255,443	0

Part III Funding Percentages

14	Funding target attainment percentage	14	114.52 %
15	Adjusted funding target attainment percentage	15	129.92 %
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	132.05 %
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
12/22/2025	75,000,000	0			
			Totals ► 18(b)	75,000,000	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	71,251,115

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:	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**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	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**	101,620,809
b Excess assets, if applicable, but not greater than line 31a	**31b**	101,620,809

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**	71,251,115

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

a Total (excess, if any, of line 37 over line 36)	**38a**	71,251,115
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 SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

The weighted average retirement age is computed as follows:

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Age	Retirement Assumption As Fraction Of Those Attaining Age Shown	Fraction Of Those Attaining Earliest Retirement Age Still Not Retired At Beginning Of Year	Fraction Of Original Group Retiring At Age Shown	Fraction Of Those Attaining Earliest Retirement Age Still Not Retired At End of Year	Ages With Non Zero Retirement Probability	(d) x (f)
55	0.0800	1.0000	0.0800	0.9200	55	4.4000
56	0.0600	0.9200	0.0552	0.8648	56	3.0912
57	0.0600	0.8648	0.0519	0.8129	57	2.9576
58	0.0600	0.8129	0.0488	0.7641	58	2.8289
59	0.0600	0.7641	0.0458	0.7183	59	2.7050
60	0.0600	0.7183	0.0431	0.6752	60	2.5858
61	0.0600	0.6752	0.0405	0.6347	61	2.4712
62	0.1350	0.6347	0.0857	0.5490	62	5.3123
63	0.1350	0.5490	0.0741	0.4749	63	4.6692
64	0.1350	0.4749	0.0641	0.4108	64	4.1030
65	0.2500	0.4108	0.1027	0.3081	65	6.6751
66	0.2700	0.3081	0.0832	0.2249	66	5.4900
67	0.2700	0.2249	0.0607	0.1642	67	4.0684
68	0.2000	0.1642	0.0328	0.1313	68	2.2328
69	0.2000	0.1313	0.0263	0.1051	69	1.8125
70	1.0000	0.1051	0.1051	0.0000	70	7.3551

Weighted Average Retirement Age *(Sum of Column (g))* 62.8

Plan Name:	Northside Hospital, Inc. Pension Plan
EIN / PN:	58-1954432/001
Plan Sponsor:	Northside Hospital, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	3,557,831	527,321	30,177,922	34,263,074
2026	9,681,461	2,404,639	29,680,023	41,766,123
2027	14,672,357	4,172,436	29,134,015	47,978,808
2028	19,368,919	4,903,265	28,540,396	52,812,580
2029	23,786,513	5,616,788	27,900,576	57,303,877
2030	27,749,854	6,436,840	27,212,223	61,398,917
2031	31,205,982	7,246,382	26,480,674	64,933,038
2032	34,314,265	8,049,656	25,701,866	68,065,787
2033	37,147,508	8,825,061	24,866,275	70,838,844
2034	39,723,189	9,553,987	23,969,708	73,246,884
2035	42,043,045	10,276,500	23,034,744	75,354,289
2036	44,208,854	11,070,528	22,073,815	77,353,197
2037	46,278,273	11,890,280	21,071,029	79,239,582
2038	48,272,670	12,621,826	20,027,167	80,921,663
2039	50,189,878	13,273,051	18,945,726	82,408,655
2040	51,972,233	13,935,752	17,831,054	83,739,039
2041	53,602,680	14,575,997	16,688,496	84,867,173
2042	55,053,197	15,096,691	15,524,489	85,674,377
2043	56,322,759	15,543,759	14,346,519	86,213,037
2044	57,335,230	15,977,661	13,163,213	86,476,104
2045	58,107,035	16,349,595	11,984,313	86,440,943
2046	58,756,560	16,575,928	10,820,451	86,152,939
2047	59,273,196	16,744,420	9,682,993	85,700,609
2048	59,548,028	16,833,339	8,583,772	84,965,139
2049	59,593,721	16,829,446	7,534,434	83,957,601
2050	59,514,767	16,741,116	6,545,758	82,801,641
2051	59,205,326	16,611,972	5,627,044	81,444,342
2052	58,663,812	16,447,162	4,785,564	79,896,538
2053	57,916,870	16,258,835	4,026,248	78,201,953
2054	56,998,864	16,012,316	3,351,447	76,362,627

Plan Name: Northside Hospital, Inc. Pension Plan
EIN / PN: 58-1954432/001
Plan Sponsor: Northside Hospital, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	55,955,502	15,673,463	2,760,980	74,389,945
2056	54,753,439	15,287,224	2,252,309	72,292,972
2057	53,356,917	14,813,951	1,820,905	69,991,773
2058	51,822,587	14,260,527	1,460,703	67,543,817
2059	50,184,520	13,657,615	1,164,536	65,006,671
2060	48,407,189	13,022,824	924,625	62,354,638
2061	46,514,976	12,357,750	733,019	59,605,745
2062	44,544,976	11,663,229	581,975	56,790,180
2063	42,536,599	10,981,423	464,264	53,982,286
2064	40,441,054	10,306,665	373,386	51,121,105
2065	38,283,197	9,642,660	303,682	48,229,539
2066	36,092,141	8,999,496	250,387	45,342,024
2067	33,890,698	8,359,603	209,600	42,459,901
2068	31,718,638	7,730,913	178,218	39,627,769
2069	29,595,307	7,122,811	153,821	36,871,939
2070	27,533,440	6,537,251	134,554	34,205,245
2071	25,543,069	5,975,935	119,020	31,638,024
2072	23,627,339	5,440,298	106,185	29,173,822
2073	21,788,843	4,931,498	95,304	26,815,645
2074	20,029,325	4,450,453	85,851	24,565,629

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Provisions	
Effective Date	October 1, 1974, last amended effective January 1, 2025.
Plan Year	As of January 1, 2003, calendar year.
Participation Date	An employee becomes a Plan Participant on the January 1st or July 1st coinciding with or following the later of age 21 and completion of 12 months during which 1,000 hours are worked.

Definitions	
Vesting Service	After November 1, 1991, Vesting Service is equal to Credited Service.
Credited Service	The sum of: (1) calendar years prior to January 1, 1987 in which at least 2,000 hours are worked; (2) calendar years between January 1, 1987 and December 31, 1990 in which at least 1,664 hours are worked; (3) partial calendar year between January 1, 1991 and October 31, 1991 in which at least 1,386 hours are worked; (4) plan years beginning on November 1, 1991 in which 1,000 hours are worked; (5) short plan year between November 1, 2002 and December 31, 2002 in which at least 166 hours are worked; and (6) calendar years beginning January 1, 2003 in which 1,000 hours are worked. Credited service excludes service in Plan Years before the attainment of age 18 and in excess of 30 years. No service with Northside Hospital – Cherokee, Inc. prior to January 1, 2010 shall be counted. Credited Service shall not include any hours worked on or after January 1, 2025 by an Employee while assigned the job classification Choice+ Local.

Plan Name: Northside Hospital, Inc. Pension Plan
EIN / PN: 58-1954432/001
Plan Sponsor: Northside Hospital, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Compensation	The basic hourly rate of pay in effect (without regard to any form of premium pay) on the first day of the Plan Year, or the first date employed if not employed on the first day of the Plan Year, multiplied by the first 2,080 hours of service during the Plan Year. Annual Compensation shall not include wages or any other compensatory amount paid to an employee with respect to services performed on or after January 1, 2025, while assigned the job classification of Choice+ Local.
Average Annual Compensation	The average of the five consecutive years of Compensation which produces the highest average within the final ten years of employment. In determining the Average Annual Compensation of a participant whose period of employment includes services performed on or after January 1, 2025, while assigned the job classification of Choice+ Local, any service performed as an eligible employee immediately prior to the assignment and immediately after that assignment shall be considered consecutive service. Average Annual Compensation shall take into account Annual Compensation for any Plan Year in which service was performed in both a Choice+ Local position and as an eligible employee in a position of than a Choice+ Local position in accordance with the guidelines applicable to a partial Plan Year.
Covered Compensation	The average of the Social Security taxable wage bases in effect during the 35 years ending with the calendar year of attainment of Social Security Retirement Age.
Normal Retirement Date	First of month coinciding with or following the participant's 65th birthday.

SCHEDULE SB ATTACHMENTS

Accrued Benefit	One-twelfth the sum of (1), (2), and (3): (1) (A) 1.25% of Average Annual Compensation up to Covered Compensation times Credited Service earned through December 31, 2011, plus (B) 1.00% of Average Annual Compensation up to Covered Compensation times Credited Service earned after December 31, 2011, with total Credited Service limited to 25 years; plus (2) (A) 1.75% of Average Annual Compensation in excess of Covered Compensation times Credited Service earned through December 31, 2011, plus (B) 1.50% of Average Annual Compensation in excess of Covered Compensation times Credited Service earned after December 31, 2011, with total Credited Service limited to 25 years; plus (3) 0.50% of Average Annual Compensation times Credited Service over 25 years, up to a maximum of 5 years. The Accrued Benefit is subject to a minimum of $240 for participants who remain employed until Normal Retirement Date. In no event will the Accrued Benefit be less than the Accrued Benefit under the prior plan formula determined as of October 31, 1991 (the date of adoption of the current formula). From and after January 1, 2025, the Accrued Benefit of a participant shall not be increased in Annual Compensation earned or, for purposes of determining Credited Service, hours worked while assigned the job classification of Choice+ Local.

Eligibility for Benefits

Normal Retirement	Termination of employment on the Participant's 65th birthday.
Early Retirement	Termination of employment after attainment of age 55 and completion of five years of Vesting Service.
Delayed Retirement	Termination of employment after a Participant's Normal Retirement Date.
Vested Termination	Termination of employment prior to eligibility for Early or Normal Retirement, and after the completion of five years of vesting service.

SCHEDULE SB ATTACHMENTS

Disability Retirement	As determined by the plan administrator and substantiated medical evidence, after the completion of five years of vesting service.

Monthly Benefits Paid Upon the Following Events

Normal Retirement	Accrued Benefit determined as of Normal Retirement Date.
Early Retirement	Accrued Benefit determined as of the termination date; payable commencing at Normal Retirement Date. At the option of the Participant, the benefit can become payable earlier but is reduced to reflect early commencement. The reduction is 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that benefit payments commence before the Participant's Normal Retirement Date. For participants who retire on or after age 60 with 20 or more years of service, benefits earned as of December 31, 2011 are reduced 1/120th for each of the first 24 months that benefit payments commence before age 62.
Delayed Retirement	The greater of the Accrued Benefit determined as of the termination date or the actuarially increased Normal Retirement Benefit. Payments commence on the first day of the month on or after date of termination.
Vested Termination	Accrued Benefit determined as of termination date, payable commencing at Normal Retirement Date. At the option of the participant, the benefit can become payable at age 55 or later with the same reduction as under the Early Retirement benefit.
Disabled Retirement	Accrued Benefit determined based on earnings at date of disability and Credited Service through Normal Retirement as if the participant had continued to work regularly scheduled hours until that date. The benefit is payable beginning at Normal Retirement Date.

SCHEDULE SB ATTACHMENTS

Preretirement Death	The surviving spouse of a vested Participant who dies after meeting Early Retirement eligibility will be entitled to receive a lifetime monthly benefit equal to 50% of the benefit the Participant would have received under the joint and 50% survivor form of benefit if he had elected immediate commencement of his Early Retirement Benefit. The surviving spouse of a vested Participant who dies before meeting Early Retirement eligibility will be entitled to receive a lifetime monthly benefit equal to 50% of the benefit the Participant would have received under the joint and 50% survivor form of benefit if he had elected commencement of his benefit at his earliest retirement date. The benefit payable to the surviving spouse will commence on the first day of the month after the Participant would have attained his earliest retirement age or such later date as elected by the spouse. The Preretirement Spouse's Benefit is also applicable to vested former participants who terminated employment after December 31, 1984.
Postretirement Death	In accordance with the form of benefit selected at retirement.
Employee Contributions	None required or permitted.

Other Plan Provisions

Forms of Payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of the 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are 50%, 66 2/3 %, 75%, or 100% joint and survivor annuity, a five or ten-year certain and life annuity, or (for married participants) a life annuity. Actuarial equivalence is based on a 6.50% interest rate and the 1971 Male Group Annuitant Mortality Table, set back 5 years for participants and 1 year for beneficiaries.
Maximum on Benefits and Pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are

SCHEDULE SB ATTACHMENTS

assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining funding requirements.

Changes in Benefits Valued Since Prior Year

Effective January 1, 2025, benefit accruals and credited service have been frozen for participants while assigned the job classification of Choice+ Local.

Plan Name	**Northside Hospital, Inc. Pension Plan**
Plan Sponsor EIN	**58-1954432**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The expected plan-related expenses were updated from $2,828,808 for 2024 to $3,265,330 for 2025.

Plan Name:	Northside Hospital, Inc. Pension Plan
EIN / PN:	58-1954432/001
Plan Sponsor:	Northside Hospital, Inc.
Valuation Date:	January 1, 2025