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
GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/01/1989

2a Plan sponsor's name (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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3907
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)**	737
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	643
b	Retired or separated participants receiving benefits	**6b**	1777
c	Other retired or separated participants entitled to future benefits	**6c**	1092
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3512
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	155
f	Total. Add lines **6d** and **6e**.	**6f**	3667
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
58-1954432

E Type of plan: [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**	215195960
b Actuarial value	**2b**	221344200

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	1782	120720780	120720780
b For terminated vested participants	1388	42066950	42066950
c For active participants	737	23758400	23758400
d Total	3907	186546130	186546130

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

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

5 Effective interest rate	**5**	5.35 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	414142
c Target normal cost	**6c**	414142

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

09/25/2026
Date

JAMES PINKERTON
Type or print name of actuary

23-06373
Most recent enrollment number

OCTOBER THREE CONSULTING, LLC
Firm name

312-878-2352
Telephone number (including area code)

233 S. WACKER DRIVE SUITE 8350
CHICAGO, IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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)	0	0
10	Interest on line 9 using prior year's actual return of -1.29 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.65 %
15	Adjusted funding target attainment percentage	15	118.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	125.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ 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**	414142
b Excess assets, if applicable, but not greater than line 31a	**31b**	414142

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 09 Day 30 Year 2026)_and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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
GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
58-1954432

Part I Asset and Liability Statement

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)	903666	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7582563	1333413
(2) U.S. Government securities	1c(2)	191274523	195819599
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	16928961	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	19819151
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	216689713	216972163
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1493753	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1493753	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	215195960	216972163

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	184202	
(B) U.S. Government securities	2b(1)(B)	3086673	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3270875
(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)	220488	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		220488
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	27989435	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	27890793	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		98642
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	425281	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		425281

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		11157467
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15172753
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13396384	
(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)		13396384
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	166	
(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)		166
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13396550
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1776203
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 584148.

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
GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
58-1954432

Part I Distributions

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

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

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

EIN(s): 59-3482833

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 193

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: 9.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 90.3 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.6 % Other: 0.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☒ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Gwinnett Hospital System, Inc. Retirement Plan

Employer Identification Number: 58-1390297
Plan Number: 003

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

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT 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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USA

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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

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

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

	2025	2024
ASSETS:		
Investments—at fair value	$ 216,972,163	$ 215,786,047
Receivables—accrued interest and dividends	-	903,666
Total assets	216,972,163	216,689,713
LIABILITIES:		
Payable for securities purchased	-	1,493,753
NET ASSETS AVAILABLE FOR BENEFITS	$ 216,972,163	$ 215,195,960

See notes to the financial statements.

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 11,157,467	$ (8,033,118)
Interest and dividends	4,015,286	5,136,932
Total investment income (loss)	15,172,753	(2,896,186)
DEDUCTIONS:		
Benefit payments	13,396,384	12,198,452
Administrative expenses	166	400,364
Total deductions	13,396,550	12,598,816
NET INCREASE (DECREASE)	1,776,203	(15,495,002)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	215,195,960	230,690,962
End of year	$ 216,972,163	$ 215,195,960

See notes to financial statements.

GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

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

1. DESCRIPTION OF THE PLAN

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

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

Truist Bank served as the custodian of the Plan through November 2, 2025 and Northern Trust Company (each and separately, the "Custodian") thereafter, and together with several investment managers, manages the Plan's investments.

Funding Policy—All contributions to the Plan are made by the Plan Sponsor based on actuarially determined funding requirements of the Plan, and in a manner consistent with the requirements of ERISA. The Plan met the minimum funding requirement of ERISA for the years ended December 31, 2025 and 2024.

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

Risks and Uncertainties—The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Market risk include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

No individual investment accounts for more than 10% of total Plan investments as of December 31, 2025 and 2024.

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

Investment Valuation and Income Recognition—Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for description of valuation methods.

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

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

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

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

3. ACCUMULATED PLAN BENEFITS

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

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

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

The actuarial present value of accumulated plan benefits presented below, as of December 31, 2024, is presented using the beginning of year benefit information date and is measured as of January 1, 2025. Had the valuation been performed as of December 31, there would be no material difference.

The following sets forth information regarding the actuarial present value of accumulated plan benefits as of December 31, 2024:

Vested benefits:	
Active participants	$ 25,880,724
Terminated vested participants	46,040,025
Retired participants and beneficiaries	126,512,320
Total vested plan benefits	198,433,069
Actuarial present value of accumulated plan benefits as of December 31, 2024	$ 198,433,069

The change in the actuarial present value of the Plan's accumulated plan benefits for the year ended December 31, 2024, consists of the following:

Actuarial present value of accumulated plan benefits as of December 31, 2023	$ 196,753,792
Increase (decrease) during the year attributable to:	
Benefits accumulated and demographic experience	(2,834,658)
Interest	9,918,057
Benefits paid	(12,198,452)
Assumption changes	6,794,330
Net decrease	1,679,277
Actuarial present value of accumulated plan benefits as of December 31, 2024	$ 198,433,069

The significant actuarial assumptions used in the December 31, 2024 and 2023, valuations were as follows:

Mortality basis—December 31, 2024 and 2023	Pri-2012 Employee and Healthy Annuitant Mortality Table Table with Generational Projections using Scale MP—2021 Pri-2012 Disabled Retiree Mortality Table with Generational Projections using Scale MP—2021
Interest rate—Rates of retirement	4.85% at December 31, 2024 and 5.20% at December 31, 2023 Scale varies based on age (starting with 5% age 55 to 100% age 70) as of December 31, 2024 and 2023

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

4. FAIR VALUE MEASUREMENTS

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

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

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

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

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

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

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

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 funds. The net asset value per share is determined and published and is the basis for current transactions. The funds' primary objective is to operate with a stable net asset value ("NAV") of $1.00.

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

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

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

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

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

	Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Exchange-traded fund	$ 19,819,151	$ -	$ -	$ 19,819,151
Short-term investment fund	-	1,333,413	-	1,333,413
Separately managed account:				
U.S. government securities	-	195,819,599	-	195,819,599
Total	$ 19,819,151	$ 197,153,012	$ -	$ 216,972,163

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

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

5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were managed by Truist Bank through November 3, 2025 and subsequently Northern Trust Company, the custodians of the Plan during the year ended December 31, 2025. Related transactions qualify as exempt party-in-interest transactions. Fees paid for management services were included as a reduction of the return earned on the funds.

6. FEDERAL INCOME TAX STATUS

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

7. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be

allocated for payment of Plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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

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

8. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 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.

* * * * * *

SUPPLEMENTAL SCHEDULES

GWINETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN
Plan #58-1954432
Plan #003
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
	Exchange traded fund—			
	Vanguard	Total Stock Market ETF	$ 13,129,036	$ 19,819,151
	Short-term investment fund—			
*	Northern Trust	Short Term Collective Investment Fund	1,333,413	1,333,413
	Separately managed account—			
	U.S. government securities			
	UNITED STATES OF AMER TREAS BONDS 2.875% 05-15-2052		2,240,060	2,004,188
	UNITED STATES OF AMER TREAS BONDS 3.375% 05-15-2044		5,078,379	4,776,167
	UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053		4,931,719	4,387,922
	UNITED STATES OF AMER TREAS BONDS 3.625%02-15-2053		12,576,354	11,267,471
	UNITED STATES OF AMER TREAS BONDS 3.75% 11-15-2043		5,568,188	5,247,103
	UNITED STATES OF AMER TREAS BONDS 4.625%02-15-2055		2,297,222	2,278,371
	UNITED STATES OF AMER TREAS BONDS 4.75% 08-15-2055		1,470,976	1,451,625
	UNITED STATES OF AMER TREAS NOTES 1.0% 07-31-2028		8,964,455	9,521,637
	UNITED STATES OF AMER TREAS NOTES 3.25% DUE 06-30-2029		10,258,875	10,444,912
	UNITED STATES OF AMER TREAS NOTES WIT 1 1/8 11/30/26 1.25% DUE 11-30-2026 BEO		8,054,659	8,507,297
	UNITED STATES TREAS 2.375% DUE 02-15-2042 REG		4,905,830	4,732,945
	UNITED STATES TREAS BDS 1.375% 11-15-2040		4,665,393	4,593,791
	UNITED STATES TREAS BDS 2.875% DUE 11-15-2046		3,939,581	3,666,640
	UNITED STATES TREAS BDS 00245 2.875% DUE 08-15-2045 REG		4,279,275	4,006,625
	UNITED STATES TREAS BDS 2.25% 05-15-2041 REG		5,126,572	4,983,398
	UNITED STATES TREAS BDS 2.25% DUE 05-15-2051 REG		2,236,683	2,013,586
	UNITED STATES TREAS BDS 3% DUE 05-15-2047 REG		3,779,824	3,510,161
	UNITED STATES TREAS BDS 3.0% DUE 02-15-2048		3,471,548	3,205,770
	UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054		2,897,015	2,819,579
	UNITED STATES TREAS BDS DTD 11/15/2020 1.625% 11-15-2050		2,047,852	1,844,159
	UNITED STATES TREAS BDS TBOND FIXED 3% 02-15-2049		3,168,716	2,907,432
	UNITED STATES TREAS NTS .625% DUE 05-15-2030 REG		8,835,996	9,441,523
	UNITED STATES TREAS NTS 1.375% 11-15-2031		8,298,636	8,674,293
	UNITED STATES TREAS NTS 2.75% 08-15-2032		9,092,577	9,237,524
	UNITED STATES TREAS SEC STRIPPED INT PMT00091 11-15-2038 (UNDDATE) REG		4,391,920	4,538,477
	UNITED STATES TREAS SEC STRIPPED INT PMT00755 05-15-2037 (UNDDATE) REG		5,049,538	5,271,808
	UNITED STATES TREAS SEC STRIPPED INT PMT00838 02-15-2034 (UNDDATE) REG		6,585,903	7,015,218
	UNITED STATES TREAS SEC STRIPPED INT PMT00839 08-15-2034 (UNDDATE) REG		84,360	86,949
	UNITED STATES TREAS SEC STRIPPED INT PMT00841 08-15-2035 (UNDDATE) REG		5,863,385	6,191,105
	UNITED STATES TREAS SEC STRIPPED INT PMT00842 02-15-2036 (UNDDATE) REG		5,646,807	5,952,806
	UNITED STATES TREAS SEC STRIPPED INT PMTSTRIP 02-15-2033 (UNDDATE) REG		7,236,354	7,742,044
	UNITED STS TREAS 0.625% 12-31-2027		7,982,744	8,547,038
	US TREAS SEC STRIPPED INT PMT 00116 11-15-2039		3,939,790	4,036,948
	US TREASURY N/B 4.75% 05-15-2055		261,654	251,693
	UNITED STATES OF AMER TREAS BILLS 0% 04-09-2026		8,453,729	8,507,719
	UNITED STATES OF AMER TREAS BILLS 0% T-BILL 01-20-2026		6,724,604	6,787,964
	UNITED STATES OF AMER TREAS BILLS 0% T-BILL05-28-2026		1,021,400	1,025,223
	UNITED STS TREAS BILLS 0% T-BILL 05-21-2026		4,320,787	4,340,488
		Total U.S. government securities	$ 195,749,360	$ 195,819,599
		Total investments	$ 210,211,809	$ 216,972,163

* Party-in-interest

See accompanying Independent Auditor's Report

GWINETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN
Plan #58-1954432
Plan #003
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						
FED HERMES GOVT OBLIGS-INSTL #005	81 Buys	$ 29,921,304		$ 29,921,304	$ 29,921,304	$ -
FED HERMES GOVT OBLIGS-INSTL #005	55 Sells		37,503,864	37,503,864	37,503,864	-
U.S. TREASURY BILLS 10/07/25	2 Buys	13,503,232		13,503,232	13,503,232	-
U.S. TREASURY BILLS 4/15/25	2 Buys	13,311,672		13,311,672	13,311,672	-
U.S. TREASURY BILLS 7/31/25	2 Buys	14,784,214		14,784,214	14,784,214	-
U.S. TREASURY BILLS 8/05/25	2 Buys	13,421,490		13,421,490	13,421,490	-

See accompanying Independent Auditor's Report

Gwinnett Hospital System, Inc. Retirement Plan

EIN / PN 58-1954432 / 003

Schedule SB, Line 26a - Schedule of Active Participant Data

Attained age	Completed years of credited service as of January 1, 2025										
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over	Total
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	2	-	-	-	-	-	-	-	-	2
40 to 44	-	26	3	-	-	-	-	-	-	-	29
45 to 49	-	41	30	1	-	-	-	-	-	-	72
50 to 54	-	62	70	20	-	-	-	-	-	-	152
55 to 59	-	75	77	28	4	6	-	-	-	-	190
60 to 64	-	74	83	27	13	11	2	-	-	-	210
65 to 69	-	22	28	11	8	-	1	-	-	-	70
70 & over	-	8	1	3	-	-	-	-	-	-	12
Total	-	310	292	90	25	17	3	-	-	-	737

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

Plan Sponsor Elections

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

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

Economic Assumptions

	Funding Target		PBGC
	with stabilization	without stabilization	Funding Target
First segment rate (years 0 to 4):	5.07%	5.07%	4.65%
Second segment rate (years 5 to 19):	5.31%	5.33%	5.28%
Third segment rate (years 20 and after):	5.50%	5.36%	5.63%
Effective interest rate (current year):	5.35%	5.32%	N/A

ASC 960 discount rate (current year): 4.85%

The interest rates listed above are compounded annually.

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

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

WITHDRAWAL

The withdrawal decrement assumptions are summarized in Exhibit C.

DISABILITY

The disability decrement assumptions are summarized in Exhibit D.

RATIONALE FOR RETIREMENT AGE, WITHDRAWAL AND DISABILITY ASSUMPTIONS

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

MORTALITY AND MORTALITY IMPROVEMENT

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

MARITAL STATUS

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

DECREMENT TIMING

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

Other Assumptions

FORM OF PAYMENT

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

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is $350,000 for 2025.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is $280,000 for 2025.

EXPENSES

Assumed expenses are $414,142 for 2025. The assumed expenses are based on actual expenses paid in the prior plan year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

The ASC 960 discount rate has changed from 5.20% in 2024 to 4.85% in 2025 to reflect an update to the Expected Long Term Rate of Return on Plan Assets.

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2025.

ACTUARIAL VALUE OF ASSETS

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

MINIMUM FUNDING METHOD

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

ASC 960 cost method

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

Changes in Method from Prior Year and Rationale for Changes

None.

Exhibit A - Retirement Rates

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

Exhibit B - Terminated Vested Benefit Commencement Age

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

Exhibit C - Withdrawal Rates

Age	Rate
20 to 54	6.00%
55 to 64	12.50%
65+	0.00%

Exhibit D - Disability Rates

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

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/01/1989

2a Plan sponsor's name (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	**Gwinnett Hospital System, Inc. Retirement Plan**
Plan Sponsor EIN	**58-1954432**
ERISA Plan #	**003**
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
GWINNETT HOSPITAL SYSTEM, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
58-1954432

E Type of plan: [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**	215,195,960
b Actuarial value	**2b**	221,344,200

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	1,782	120,720,780	120,720,780
b For terminated vested participants	1,388	42,066,950	42,066,950
c For active participants	737	23,758,400	23,758,400
d Total	3,907	186,546,130	186,546,130

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

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

5 Effective interest rate	**5**	5.35%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	414,142
c Target normal cost	**6c**	414,142

Statement by Enrolled Actuary

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

SIGN HERE

James Pinkerton
Signature of actuary

09/25/2026
Date

James Pinkerton
Type or print name of actuary

2606373
Most recent enrollment number

October Three Consulting LLC
Firm name

312-878-2352
Telephone number (including area code)

233 S. Wacker Drive
Suite 8350
Chicago IL 60606
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	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)	0	0
10	Interest on line 9 using prior year's actual return of -1.29 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.10 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	118.65 %
15	Adjusted funding target attainment percentage	15	118.65 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	125.95 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ 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**	414,142
b Excess assets, if applicable, but not greater than line 31a	**31b**	414,142

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

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

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

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

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

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

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

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

Gwinnett Hospital System, Inc. Retirement Plan
EIN / PN 58-1954432 / 003
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

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

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

Gwinnett Hospital System, Inc. Retirement Plan

EIN / PN 58-1954432 / 003

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

PROJECTION OF EXPECTED BENEFIT PAYMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	273,313	621,831	11,971,257	12,866,401
2026	516,616	1,010,330	11,720,900	13,247,845
2027	755,101	1,359,100	11,439,990	13,554,191
2028	978,401	1,725,823	11,122,427	13,826,650
2029	1,168,581	2,062,755	10,775,534	14,006,871
2030	1,342,586	2,391,269	10,414,800	14,148,654
2031	1,499,539	2,626,615	10,053,442	14,179,596
2032	1,631,196	2,816,008	9,660,565	14,107,769
2033	1,741,691	3,003,330	9,256,821	14,001,841
2034	1,838,769	3,205,147	8,836,402	13,880,317
2035	1,926,128	3,324,636	8,391,935	13,642,699
2036	1,989,818	3,476,140	7,929,315	13,395,273
2037	2,043,433	3,567,634	7,463,006	13,074,073
2038	2,075,237	3,592,302	6,985,327	12,652,866
2039	2,085,775	3,615,613	6,502,599	12,203,987
2040	2,093,786	3,623,687	6,018,773	11,736,247
2041	2,095,262	3,604,644	5,538,223	11,238,129
2042	2,079,098	3,581,340	5,062,670	10,723,108
2043	2,040,069	3,540,806	4,595,856	10,176,731
2044	1,994,771	3,471,824	4,141,505	9,608,100
2045	1,940,177	3,386,614	3,703,234	9,030,025
2046	1,878,004	3,299,119	3,284,396	8,461,519
2047	1,809,973	3,194,495	2,888,060	7,892,527
2048	1,733,037	3,074,583	2,516,921	7,324,540
2049	1,649,918	2,944,060	2,173,255	6,767,233
2050	1,562,040	2,804,695	1,858,833	6,225,568
2051	1,469,517	2,654,983	1,574,779	5,699,279
2052	1,373,449	2,499,384	1,321,501	5,194,334
2053	1,275,569	2,339,072	1,098,705	4,713,346
2054	1,177,155	2,175,441	905,435	4,258,031
2055	1,079,208	2,013,466	740,135	3,832,810
2056	982,795	1,848,087	600,750	3,431,633
2057	888,880	1,684,560	484,866	3,058,307
2058	798,360	1,524,639	389,852	2,712,851
2059	712,011	1,369,937	313,007	2,394,956
2060	630,461	1,221,724	251,668	2,103,853
2061	554,205	1,081,595	203,292	1,839,092
2062	483,595	950,392	165,544	1,599,530
2063	418,833	828,851	136,335	1,384,019
2064	359,986	717,421	113,859	1,191,267
2065	306,993	616,293	96,604	1,019,890
2066	259,701	525,421	83,326	868,447
2067	217,887	444,537	73,042	735,465
2068	181,262	373,213	64,993	619,468
2069	149,482	310,890	58,608	518,979
2070	122,167	256,907	53,460	432,534
2071	98,915	210,557	49,241	358,714
2072	79,320	171,112	45,723	296,154
2073	62,977	137,839	42,739	243,555
2074	49,490	110,028	40,165	199,684

Gwinnett Hospital System, Inc. Retirement Plan
EIN / PN 58-1954432 / 003
Schedule SB, Part V - Summary of Plan Provisions
Plan Provisions and Statutory Limits

EFFECTIVE DATE

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

PLAN YEAR

January 1 to December 31.

PARTICIPATION

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

VESTING

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

Years of Service	Vesting Percentage
0 to 5 years	0%
5 or more years	100%

CREDITED SERVICE

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

EARNINGS

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

HIGHEST AVERAGE EARNINGS

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

ACCRUED BENEFIT

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

(a) 1.1% Highest Average Earnings up to the participant's covered compensation plus 1.7% of Highest Average Earnings in excess of the participant's covered compensation for each year of Credited Service up to a maximum of 25 years.

(b) Accrued benefit on December 31, 1996 under the applicable prior benefit formula.

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

ACTUARIAL EQUIVALENCE

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

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

NORMAL RETIREMENT DATE

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

NORMAL RETIREMENT BENEFIT

The Accrued Benefit payable at Normal Retirement Date.

EARLY RETIREMENT ELIGIBILITY

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

EARLY RETIREMENT BENEFIT

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

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

LATE RETIREMENT ELIGIBILITY

A Participant may continue employment beyond Normal Retirement Date.

LATE RETIREMENT BENEFIT

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

DEFERRED VESTED ELIGIBILITY

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

DEFERRED VESTED BENEFIT

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

VESTING SERVICE

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

DISABILITY BENEFIT

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

DEATH BENEFIT

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

BENEFIT FORM

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

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

CREDITED SERVICE DEFINITION

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

VESTING SERVICE DEFINITION

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

COVERED COMPENSATION

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

PAYMENT OF SMALL AMOUNTS

Non-elective lump sum payment if the actuarial equivalent single sum of the benefit does not exceed $7,000.

Plan Name	**Gwinnett Hospital System, Inc. Retirement Plan**
Plan Sponsor EIN	**58-1954432**
ERISA Plan #	**003**
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	