

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan (checked), 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, special extension, the DFVC program, 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: MISSISSIPPI HEALTH CARE ASSOCIATION-EBP
1b Three-digit plan number (PN): 501
1c Effective date of plan: 01/01/1998
2a Plan sponsor's name (employer, if for a single-employer plan): MS HEALTH CARE ASSOCIATION
2b Employer Identification Number (EIN): 64-0478814
2c Plan Sponsor's telephone number: 601-707-2471
2d Business code (see instructions): 525100

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor MISSISSIPPI HEALTH CARE ASSOCIATIO EBP 282 COMMERCE PARK DRIVE RIDGELAND, MS 39157	3b Administrator's EIN 72-1390400 3c Administrator's telephone number 601-707-2471
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	1049
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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)	1049
a(2) Total number of active participants at the end of the plan year	6a(2)	1065
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1065
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	
f Total. Add lines 6d and 6e	6f	
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	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A 4B 4D 4E

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

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

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

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

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

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

Receipt Confirmation Code 159464886

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

A Name of plan MISSISSIPPI HEALTH CARE ASSOCIATION-EBP	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MS HEALTH CARE ASSOCIATION	D Employer Identification Number (EIN) 64-0478814	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

90 DEGREE BENEFITS

1505 JACKSON AVE.
PASCAGOULA, MS 39567

64-0799479

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	CONTRACT CLAIMS ADMIN	113043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RISK CONSULTING SERVICES, INC.

1722 RIVER ROAD
JACKSONVILLE, FL 32207

58-2658859

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	ACTUARY	26075	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FISHER BROWN BOTTRELL INSURANCE

P.O. BOX 1490
JACKSON, MS 39215

64-0887176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	INSURANCE	8488	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

WILLIAMS, WEISS, HESTER & CO., PLLC

P.O. BOX 16506
JACKSON, MS 39236

64-0317418

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	ACCOUNTANT	12750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAXEY WANN

P.O. BOX 3977
JACKSON, MS 39207

64-0933626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	LEGAL	65743	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MS HEALTHCARE INS. CORP.

282 COMMERCE PARK DRIVE
RIDGELAND, MS 39157

64-0934451

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	ADMINISTRATION	190962	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SELECT ADMINISTRATIVE SERVICES

2304 19TH ST SUITE 300
GULFPORT, MS 39501

64-0887052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	CONTRACT CLAIMS ADMIN	224223	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MISSISSIPPI HEALTH CARE ASSOCIATION-EBP	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MS HEALTH CARE ASSOCIATION	D Employer Identification Number (EIN) 64-0478814

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	221098	203805
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	197387	164939
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5076452	5575653
(2) U.S. Government securities	1c(2)	1756329	1984118
(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)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4146158	4170807

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11397424	12099322
Liabilities			
g Benefit claims payable.....	1g	1723552	1585055
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1723552	1585055
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9673872	10514267

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)	10598848	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		10598848
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	228761	
(B) U.S. Government securities.....	2b(1)(B)		
(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)		228761
(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)	170989	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		170989
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	34339	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		10336
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11043273

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	8877689	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8877689
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)	352896	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12750	
(5) Investment advisory and investment management fees	2i(5)	24232	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	26075	
(8) Legal fees	2i(8)	65743	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	843493	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1325189
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10202878

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		840395
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WILLIAMS, WEISS, HESTER & CO**

(2) EIN: **64-0317418**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

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Certified Public Accountants
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INDEPENDENT AUDITORS' REPORT

To Board of Trustees
Mississippi Health Care Association
Employee Benefit Plan

Opinion

We have audited the financial statements of Mississippi Health Care Association Employee Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of benefit obligations and net assets available for benefits of December 31, 2024 and 2023, and the related statements of changes in benefit obligations and net assets available for benefits for the year then ended December 31, 2024, 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 of Mississippi Health Care Association Employee Benefit Plan as of December 31, 2024 and 2023, and the changes in benefit obligations and net assets available for benefits for the year then ended December 31, 2024 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 Mississippi Health Care Association Employee Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that our audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Member
* American Institute of
Certified Public Accountants
* Mississippi Society of
Certified Public Accountants
* Private Companies Practice Section

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 Mississippi Health Care Association Employee Benefit Plan's ability to continue as a going concern within 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 generally accepted auditing standards 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, including omissions, 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 generally accepted auditing standards, 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 Mississippi Health Care Association Employee Benefit 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 Mississippi Health Care Association Employee Benefit 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 Administrative Expenses and Assets Held At End of Year 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 generally accepted auditing standards.

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.

Williams, Weiss, Hester & Co., P.L.L.C.

Jackson, Mississippi
May 13, 2025

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

STATEMENTS OF BENEFIT OBLIGATIONS AND NET ASSETS
AVAILABLE FOR BENEFITS
AT DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
BENEFIT OBLIGATIONS		
Obligation of estimated amounts of health claims incurred but not reported	\$ 1,585,055	\$ 1,723,552
Total benefit obligations	<u>1,585,055</u>	<u>1,723,552</u>
ASSETS		
Cash	5,779,457	5,297,550
Investments, at fair value	6,154,925	5,902,487
Accounts receivable	162,339	150,594
Prepaid expenses	<u>2,599</u>	<u>46,793</u>
Total assets	<u>12,099,320</u>	<u>11,397,424</u>
LIABILITIES		
Accounts payable	<u>-</u>	<u>-</u>
Total liabilities	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>12,099,320</u>	<u>11,397,424</u>
EXCESS NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 10,514,265</u>	<u>\$ 9,673,872</u>

The accompanying notes are an integral part of the financial statements.

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS AND NET ASSETS
AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

	<u>2024</u>
NET INCREASE (DECREASE) IN BENEFIT OBLIGATIONS	
Increase (decrease) during the year attributable to:	
Claims incurred but not reported	\$ (138,497)
Net increase (decrease) in benefit obligations	<u>(138,497)</u>
NET INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS	
Investment income (loss)	444,425
Earned premiums	<u>10,598,848</u>
Total additions	<u>11,043,273</u>
Net, health and death claims paid	9,016,186
Administrative expenses	<u>1,325,190</u>
Total deductions	<u>10,341,376</u>
NET INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	<u>701,896</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	840,393
EXCESS NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS:	
Beginning of year	<u>9,673,872</u>
End of year	<u>\$ 10,514,265</u>

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of Mississippi Health Care Association Employee Benefit Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the plan's provisions.

GENERAL

The Plan provides reimbursement for certain medical expenses including a dental option. The Plan covers employees of association member health care facilities in Mississippi. The Plan was established January 1, 1998. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments thereto.

BENEFITS

The Plan provides health benefits (hospital, surgery, major medical and dental) covering every employee who has attained the age of eighteen (18) and satisfied the required period of employment set by the employer on the Participation agreement. The Plan also covers dependents of these eligible employees. Retired employees are not eligible for benefits.

Starting January 1, 2013, the Plan instituted a \$2,000,000 annual benefit maximum for each insured, including spouse and dependents. Starting, January 1, 2014, the \$2,000,000 annual cap for covered essential health benefits was removed and the Plan instituted unlimited benefits for covered essential health services for each insured, including spouse and dependents. The Plan has two coverage options. Coverage Option A has an annual deductible of \$1,200 for each covered individual. Coverage Option B has an annual deductible of \$5,000 for each covered individual. The Plan did purchase excess coverage for the plan years 2024 and 2023.

Health claims were processed by 90 Degree Benefits and Select Administrative Services, the responsibility for payment to participants and providers is retained by the Plan. Each employee participant is provided a death benefit in the amount of \$25,000 payable to the participant's beneficiary in the event of the participant's death while a participant.

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 2
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN (CONTINUED)

CONTRIBUTIONS

The Plan Document requires Participating Employers to contribute at least 50% of the premium for Employee Only coverage. The actual percentage of the premium paid by the Employer varies among Participating Member Facilities, with some Participating Employers paying 100% of the premium. Employees are required to contribute the portion of the premium not paid by the Participating Employer, if any. The Plan has the right to refuse a Participating Employer's request to reduce its share of the premium if the reduction would jeopardize the Plan's Grandfathered status. The Plan provides at least the minimum essential coverage to comply with the Affordable Care Act, but each Participating Employer has the responsibility of assuring that its Employees' share of the premium is affordable as defined by the Affordable Care Act.

OTHER

Plan sponsors have the right to modify the benefits provided to active employees, to discontinue their contributions at any time and to terminate the Plan under the provisions set forth in ERISA. If the Plan is terminated, the rights of Plan participants are limited to claims incurred prior to termination. In the event of a Plan termination, benefits under the Plan are limited to the assets remaining in the Plan.

NOTE 2 - SUMMARY OF BASIC ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared using the accrual method of accounting.

ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 3
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF BASIC ACCOUNTING POLICIES (CONTINUED)

PLAN BENEFITS

Plan benefits for health claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles.

INVESTMENTS AND ALLOWANCE FOR CREDIT LOSSES

The Plan determines the appropriate classification of securities at the time of purchase. The Plan has classified all securities as available for sale securities. Unrealized and realized gains and losses on available for sale securities are included in investment income (loss) in the statement of changes in benefit obligations and net assets.

Interest income includes amortization of purchase premiums or discounts. Premiums and discounts on securities are generally amortized without anticipating prepayments. Premiums on callable debt securities are amortized to their maturity date. Gains and losses on sales of securities are recorded on the trade-date basis.

For available-for-sale securities in an unrealized loss position, the Plan first assesses whether it intends to sell, or it is more likely than not that it will be required to sell the security before recovery of its amortized cost basis. If either of the criteria regarding intent or requirement to sell is met, the security's amortized cost basis is written down to fair value through income. Securities that do not meet these criteria, the Plan evaluates whether the decline in fair value has resulted from credit losses or other factors. In making this assessment, management considers the extent to which fair value is less than amortized cost, any changes to the rating of the security by a rating agency, and adverse conditions specifically related to the security, among other factors. If this assessment indicates that a credit loss exists, the present value of cash flows expected to be collected from the security are compared to the amortized cost basis of the security. If the present value of cash flows expected to be collected is less than the amortized cost basis, a credit loss exists and an ACL is recorded for the credit loss, limited by the amount that the fair value is less than the amortized cost basis. For the years ended December 31, 2024 and 2023, no allowance for credit loss existed nor has been recorded.

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 4
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF BASIC ACCOUNTING POLICIES (CONTINUED)

NEW ACCOUNTING STANDARD - FINANCIAL INSTRUMENTS-CREDIT LOSSES

On January 1, 2023, the Fund adopted ASU No. 2016-13, *Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, as amended, which replaces the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss (CECL) methodology. The measurement of expected credit losses under the CECL methodology is applicable to financial assets measured at amortized cost, including accounts receivable. It also applies to various off-balance sheet credit exposures not accounted for. In addition, ASC 326 made changes to the accounting for available-for-sale securities which requires credit losses to be presented as an allowance rather than as a write-down on available-for-sale securities, The Plan does not intend to sell or believes that it is more likely than not they will be required to sell.

NOTE 3 - INVESTMENTS

The following information included in the accompanying financial statements and supplemental schedules was obtained from data that has been prepared and certified to as complete by the trustee. The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

	<u>Adjusted Cost</u>	<u>Unrealized Gains</u>	<u>Unrealized Losses</u>	<u>Estimated Fair Value</u>
<u>December 31, 2024</u>				
Money market	\$ 108,442	\$-----	\$-----	\$ 108,442
Agency securities	1,960,125	-----	84,839	1,875,286
Exchanged traded funds	1,315,979	23,005	-----	1,338,984
Corporate bonds	2,176,478	25,463	30,111	2,171,830
Equity securities	581,962	78,031	-----	659,993
Total	<u>\$6,142,986</u>	<u>\$ 126,499</u>	<u>\$ 114,950</u>	<u>\$6,154,925</u>
 <u>December 31, 2023</u>				
Money market	\$ 160,739	\$-----	\$-----	\$ 160,739
Agency securities	1,842,065	3,284	89,021	1,756,328
Exchanged traded funds	1,623,293	40,262	-----	1,663,555
Corporate bonds	1,624,428	39,425	-----	1,663,903
Equity securities	674,700	-----	16,738	657,962
Total	<u>\$5,925,275</u>	<u>\$ 82,971</u>	<u>\$ 105,759</u>	<u>\$5,902,487</u>

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 5
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 3 - INVESTMENTS - (CONTINUED)

Fair Value Measurements Using:

<u>December 31, 2024</u>	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market	\$ 108,442	\$ 108,442	\$-----	\$-----
Agency securities	1,875,286	1,875,286	-----	-----
Exchanged traded funds	1,338,984	1,338,984	-----	-----
Corporate bonds	2,171,830	2,171,830	-----	-----
Equity funds	659,993	659,993	-----	-----
Total	<u>\$6,154,925</u>	<u>\$6,154,925</u>	<u>\$-----</u>	<u>\$-----</u>

Fair Value Measurements Using:

<u>December 31, 2023</u>	<u>Fair Value</u>	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market	\$ 160,739	\$ 160,739	\$-----	\$-----
Agency securities	1,756,328	1,756,328	-----	-----
Exchanged traded funds	1,663,555	1,663,555	-----	-----
Corporate bonds	1,663,903	1,663,903	-----	-----
Equity funds	657,962	657,962	-----	-----
Total	<u>\$5,902,487</u>	<u>\$5,902,487</u>	<u>\$-----</u>	<u>\$-----</u>

Fair Value Measurements

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 6
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 3 - INVESTMENTS - (CONTINUED)

During 2024 and 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value by \$34,337 and \$413,975, respectively.

NOTE 4 - SUBSEQUENT EVENTS

The Company has evaluated subsequent events through May 13, 2025, the date which the financial statements were issued.

NOTE 5 - CLAIMS INCURRED BUT NOT REPORTED

Claims incurred but not reported (IBNR) for the plan year ended December 31, 2024 were estimated by the plan's actuaries using the development method and the average loss ratio method. The Plan's actuaries estimated IBNR of \$1,585,055 at December 31, 2024, which consisted of estimated IBNR medical claims of \$1,338,206 and estimated IBNR dental claims of \$25,225 and estimated prescription drug claims of \$221,624. The actual claim loss payable recorded amounts to \$1,585,055 in 2024. During the year ended December 31, 2023, the Plan's actuaries estimated IBNR of \$1,723,552, which consisted of estimated IBNR medical claims of \$1,584,470 and estimated IBNR dental claims of \$13,485 and estimated prescription drug claims of \$125,597. The actual claim loss payable recorded amounts to \$1,723,552 in 2023.

NOTE 6 - INCOME TAX STATUS

The Trust established under the Plan's assets is intended to qualify pursuant to 501(c)(9) of the Internal Revenue code as a tax-exempt organization. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service. The Fund has open 2024, 2023 and 2022 tax years subject to examination by the Internal Revenue Service.

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

NOTES TO FINANCIAL STATEMENTS - PAGE 7
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023

NOTE 7 - RELATED PARTY TRANSACTIONS

The Company paid a management fee of \$190,962 and \$190,962 to Mississippi Health Care ISC during the years ended December 31, 2024 and 2023, respectively.

NOTE 8 - CONCENTRATIONS

The Plan provides benefits to enterprises engaged in the nursing home profession. The Participating employees are located in Mississippi. Adverse economic trends in the nursing home profession could have a severe near-term effect on the Plan.

NOTE 9 - EXCESS NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS

The Plan experienced an increase in net assets of \$840,393, during the current fund year. The total excess net assets available for benefits over benefit obligation at December 31, 2024 was \$10,514,265.

The Trustees intend to maintain the Plan indefinitely, however, in the event of plan termination, the Board of Trustees shall charge additional monthly contributions to each participating employer based upon the monthly contributions paid at the time of termination for up to two months. In the event additional contributions are charged, the Board will charge all participating employers who have claims which contribute to the Plan's run-off claims obligation.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

There are no reconciling items to reconcile the financial statements to Form 5500, Schedule H.

SUMMARY ANNUAL REPORT
FOR
MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

This is a summary of the annual report for the Mississippi Health Care Association Employee Benefit Plan (Employer Identification Number 72-1390400), Plan No., 501 (an Employee Welfare Benefit Plan providing certain health care benefits) for the period beginning January 1, 2024 and ending December 31, 2024. The annual report has been filed with the Internal Revenue Service, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

BASIC FINANCIAL STATEMENTS

The value of the Plan assets after subtracting liabilities of the Plan, was \$10,519,814 as of December 31, 2024 as compared to \$9,673,872 at January 1, 2024. During the Plan year, the Plan experienced an increase in net assets available for benefits over excess of benefit obligation of \$840,393. During the Plan year, the Plan had an increase of net assets available for benefit of \$11,043,273 which included employer and employee contributions of \$10,598,848, and investment income (loss) of \$444,424. There was also a net decrease of benefit obligations attributed to claims incurred but not reported of \$138,497. Plan expenses were \$10,341,376, which included claims paid of \$9,016,186, pre-certification fee of \$15,723, management fee of \$190,962, Teledoc fees of \$26,224, administration fees of \$361,817, health services of \$321,164 professional fees of \$78,493, reinsurance expense of \$239,600, and \$27,651 of miscellaneous expenses.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report.

- An accountant's report
- Assets held for investment
- Insurance information including sales and commission paid by insurance carrier

SUMMARY ANNUAL REPORT
FOR
MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

YOUR RIGHTS TO ADDITIONAL INFORMATION (CONTINUED)

To obtain a copy of the full annual report, or any part thereof, write or call the office of Mississippi Health Care Association EBP Board of Trustees, who is the Plan Administrator, 282 Commerce Park Drive, Ridgeland, MS 39157, (601) 707-2471. The charge to cover costs will be \$2.00 for the full report, or \$0.25 per page for any part thereof.

You also have the right to receive, from the plan administrator, on request and at no charge, a statement of net assets available for benefits of the plan and accompanying notes, or a statement of changes in net assets available for benefits of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have legally protected right to examine the annual report at the main office of the plan:

Mississippi Health Care Association - EBP
Plan Administrator
282 Commerce Park Drive
Ridgeland, MS 39157
72-1390400
(601) 707-2471

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying cost. Request to the Department should be addressed to:

Public Disclosure Room
N5507
Pension and Welfare
Benefit Administration
U.S. Constitution
Avenue N.W.
Washington, D.C. 20210

IMPORTANT NOTICE REGARDING PLAN'S GRANDFATHERED STATUS:
(APPLIES TO COVERAGE OPTION A ONLY!)

The MISSISSIPPI HEALTH CARE ASSOCIATION EMPLOYEE BENEFIT PLAN (Coverage Option A) is a "grandfathered health plan" under the Patient Protection and Affordable Care Act ("PPACA"). As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered plan means that your plan may not include certain consumer protections of PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in PPACA, for example, the elimination of lifetime and annual limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan at MHCAEBP, 282 Commerce Park Drive, Ridgeland, Mississippi 39157; Phone (601) 707-2471 or (888) 927-9227; Fax (601) 707-2482. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/esba/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. Note: Coverage Option B is not grandfathered under the Affordable Care Act.

SUPPLEMENTARY SCHEDULE

MISSISSIPPI HEALTH CARE ASSOCIATION
EMPLOYEE BENEFIT PLAN

ADMINISTRATIVE EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2024

Pre-certification fee	\$	15,723
Management charge		190,962
Administrative charge		361,817
Health services		321,164
Accounting and legal fees		78,493
PPO Network		18,363
Travel		9,296
Teledoc		26,224
Miscellaneous		27,653
Actuarial fees		26,075
Reinsurance		239,600
Insurance		<u>9,820</u>
	\$	<u>1,325,190</u>

Schedule H, Line 41 - Schedule of Assets Held at End of Year

Plan Name: Mississippi Health Care Association - EBP
 Plan Sponsor: MS Health Care Association
 Sponsor EIN:64-0478814
 Plan Number: 501
 Plan Year: January 1, 2024 thru December 31, 2024

(a)	(b)	(c)			(d)	(e)
Identity of issuer, borrower, lessor or similar party	Description of investment	including maturity date	rate of interest	collateral, par or maturity value	Cost	Current Value
* CHARLES SCHWAB	MONEY MARKET	n/a		n/a	\$ 108,441	\$ 108,441
* FHLE	AGENCY SECURITY	03/10/25	1.48%	100,000	100,465	99,448
* FHLE	AGENCY SECURITY	03/14/25	2.38%	100,000	105,885	99,592
* FHLE	AGENCY SECURITY	06/13/25	3.13%	100,000	108,608	99,435
* FHLE	AGENCY SECURITY	09/12/25	3.13%	100,000	109,762	99,183
* FFCB	AGENCY SECURITY	03/02/26	2.68%	100,000	108,398	98,196
* FEDERAL NTNLMO	AGENCY SECURITY	04/24/26	2.13%	100,000	104,605	97,267
* FHLE	AGENCY SECURITY	12/11/26	3.00%	100,000	109,880	97,562
* FEDERAL AGRICULTURAL	AGENCY SECURITY	02/10/27	2.00%	100,000	102,020	95,243
* FHLE	AGENCY SECURITY	02/17/28	4.24%	100,000	100,434	98,830
* FFCB	AGENCY SECURITY	05/03/29	3.88%	100,000	100,117	97,795
* FEDERAL NTNLMO	AGENCY SECURITY	01/15/30	7.13%	100,000	116,385	111,667
* FFCB	AGENCY SECURITY	12/19/30	4.89%	100,000	99,380	99,093
* FFCB	AGENCY SECURITY	05/02/31	4.75%	150,000	157,396	150,781
* FHLE	AGENCY SECURITY	10/01/31	5.00%	100,000	100,005	98,997
* FHLMC	AGENCY SECURITY	07/15/32	6.25%	100,000	110,883	110,319
* FHLE	AGENCY SECURITY	12/10/32	4.75%	100,000	101,576	100,174
* FFCB	AGENCY SECURITY	10/03/33	4.89%	100,000	100,005	97,618
* FFCB	AGENCY SECURITY	12/04/34	5.36%	125,000	124,321	124,480
* VANGUARD INTERMEDIATE	EXCHANGED TRADED FUND	n/a	n/a	n/a	1,315,978	1,338,984
* VANGUARD INTERM-TERM	CORPORATE BONDS	n/a	n/a	n/a	1,317,000	1,337,033
* VANGUARD LONG-TERM	CORPORATE BONDS	n/a	n/a	n/a	435,000	404,889
* VANGUARD SHORT-TERM	CORPORATE BONDS	n/a	n/a	n/a	424,478	429,909
* DFA US CORE EQUITY 2	Equity Funds	n/a	n/a	n/a	120,225	146,590
* DFA US LARGE CAP GROWTH	Equity Funds	n/a	n/a	n/a	123,357	150,024
* DFA US LARGE COMPANY	Equity Funds	n/a	n/a	n/a	141,536	170,171
* DODGE & COX INTERNATIONAL	Equity Funds	n/a	n/a	n/a	30,000	30,714
* GQG PARTNERS EMERGING	Equity Funds	n/a	n/a	n/a	27,745	27,830
* PIMCO RAE EMERGING	Equity Funds	n/a	n/a	n/a	35,700	32,503
* VANGUARD SMALL CAP INDEX	Equity Funds	n/a	n/a	n/a	66,000	71,924
* WCM FOCUSED INTERNATIONAL	Equity Funds	n/a	n/a	n/a	37,400	30,237
					<u>\$ 6,142,986</u>	<u>\$ 6,154,925</u>

EIN	ACCT NAME	Opt.A TOTALS
264170283	APOTHECARE, LLC	\$ -
208358866	CLAIBORNE COUNTY NRSG	\$ 24,634.70
721379943	CLARKSDALE NRSG CTR	\$ 259,301.79
640308404	COMMUNITY PLACE	\$ 355,807.19
640847311	COMPERE'S NH	\$ 42,559.23
640761047	DELCO INC	\$ 19,148.40
050556567	EDGEWOOD H&R	\$ 83,230.36
640761047	GLENOAKS NH	\$ 259,866.85
640339632	GOLDEN AGE INC	\$ 647,028.63
264511415	HATTIESBURG H & R	\$ 800,044.96
412158725	HEALTH SERVICES ACCT.	\$ 18,902.40
640779553	HERITAGE HOUSE R.C.	\$ 16,754.85
273571345	HILLCREST NURSING CTR	\$ 366,903.41
273251589	HOLMES COUNTY LTCC	\$ 219,806.76
650882342	INDYWOOD, INC	\$ 17,552.70
640945379	INDYWOOD ESTATES	\$ -
640912534	INDYWOOD GLEN, LLC	\$ 22,515.24
262444626	J.G. ALEXANDER N.H.	\$ 413,694.91
640930647	LONG TERM CARE MNG.	\$ 94,071.48
421594260	LONG TERM CARE SRV.	\$ 23,541.30
883237805	MADISON HOME PLACE	\$ 13,596.30
721103444	MASTERCARE	\$ -
640948510	MEADVILLE CONVALESCENT	\$ -
201063066	MCC ALCORN COUNTY	\$ 533,988.17
870731593	MCC DEKALB	\$ 362,145.30
870731595	MCC GREENVILLE	\$ 489,831.13
870731594	MCC MORTON	\$ 737,781.11
471748590	MCC OF RALEIGH	\$ 574,982.33
640478814	MHCA	\$ 35,903.25
640934451	MHC ISC	\$ 176,623.86
273600225	MYRTLES NURSING CTR	\$ 219,436.29
260164247	NORTHPOINTE H & R	\$ 24,951.66
201721311	OXFORD MGT CO	\$ 129,698.32
475253425	PARKWAY H&R	\$ 357,700.36
640948509	PINECREST GUEST HOME	\$ -
510528279	POPLAR SPRINGS N.C.	\$ 77,200.76

ACCT NAME	Opt.B TOTALS
APOTHECARE, LLC	\$ -
CLAIBORNE COUNTY NRSG	\$ 120,564.13
CLARKSDALE NRSG CTR	\$ -
COMMUNITY PLACE	\$ 44,798.44
COMPERE'S NH	\$ 111,849.58
DELCO INC	\$ -
EDGEWOOD H&R	\$ 82,024.25
GLENOAKS NH	\$ 11,495.65
GOLDEN AGE INC	\$ 10,837.10
HATTIESBURG H & R	\$ 152,738.63
HEALTH SERVICES ACCT.	\$ -
HERITAGE HOUSE R.C.	\$ 20,948.40
HILLCREST NURSING CTR	\$ 95,155.11
HOLMES COUNTY LTCC	\$ 92,341.55
INDYWOOD, INC	\$ 6,160.00
INDYWOOD ESTATES	\$ -
INDYWOOD GLEN, LLC	\$ 6,521.35
J.G. ALEXANDER N.H.	\$ 27,831.10
LONG TERM CARE MNG.	\$ -
LONG TERM CARE SRV.	\$ -
MADISON HOME PLACE	\$ 28,062.60
MASTERCARE	\$ -
MEADVILLE CONVALESCEN	\$ 117,135.00
MCC ALCORN COUNTY	\$ 93,267.27
MCC DEKALB	\$ 11,147.88
MCC GREENVILLE	\$ 27,707.83
MCC MORTON	\$ -
MCC OF RALEIGH	\$ 14,704.98
MHCA	\$ -
MHC ISC	\$ -
MYRTLES NURSING CTR	\$ 38,848.69
NORTHPOINTE H & R	\$ 156,904.63
OXFORD MGT CO	\$ 13,114.00
PARKWAY H&R	\$ 14,994.20
PINECREST GUEST HOME	\$ 93,080.43
POPLAR SPRINGS N.C.	\$ 91,451.97

Total Paid A&B	% of Total
\$ -	0.00%
\$ 145,198.83	1.37%
\$ 259,301.79	2.45%
\$ 400,605.63	3.78%
\$ 154,408.81	1.46%
\$ 19,148.40	0.18%
\$ 165,254.61	1.56%
\$ 271,362.50	2.56%
\$ 657,865.73	6.21%
\$ 952,783.59	8.99%
\$ 18,902.40	0.18%
\$ 37,703.25	0.36%
\$ 462,058.52	4.36%
\$ 312,148.31	2.95%
\$ 23,712.70	0.22%
\$ -	0.00%
\$ 29,036.59	0.27%
\$ 441,526.01	4.17%
\$ 94,071.48	0.89%
\$ 23,541.30	0.22%
\$ 41,658.90	0.39%
\$ -	0.00%
\$ 117,135.00	1.11%
\$ 627,255.44	5.92%
\$ 373,293.18	3.52%
\$ 517,538.96	4.88%
\$ 737,781.11	6.96%
\$ 589,687.31	5.56%
\$ 35,903.25	0.34%
\$ 176,623.86	1.67%
\$ 258,284.98	2.44%
\$ 181,856.29	1.72%
\$ 142,812.32	1.35%
\$ 372,694.56	3.52%
\$ 93,080.43	0.88%
\$ 168,652.73	1.59%

208358797	THE MADISON H&R	\$ 55,177.92
861939103	Trend H&R Brookhaven	\$ 64,441.20
990766638	Trend H&R Houston	\$ 23,417.00
842436800	TREND H&R MERIDIAN	\$ 52,671.80
475607438	TUNICA COUNTY H&R	\$ 274,819.17
421634797	UNION COUNTY H & R	\$ 361,271.11
208358922	WILKINSON CO NSG CTR	\$ 68,860.95
20463243	WISTERIA GARDENS	\$ 306,972.87
	TOTAL PAID PREMIUM	\$ 8,626,836.02

THE MADISON H&R	\$ 119,798.27
Trend H&R Brookhaven	\$ 95,711.72
Trend H&R Houston	\$ 55,223.66
TREND H&R MERIDIAN	\$ 143,476.04
TUNICA COUNTY H&R	\$ -
UNION COUNTY H & R	\$ 19,513.64
WILKINSON CO NSG CTR	\$ 52,550.05
WISTERIA GARDENS	\$ -
TOTAL PAID PREMIUM	\$ 1,969,958.15

\$ 174,976.19	1.65%
\$ 160,152.92	1.51%
\$ 78,640.66	0.74%
\$ 196,147.84	1.85%
\$ 274,819.17	2.59%
\$ 380,784.75	3.59%
\$ 121,411.00	1.15%
\$ 306,972.87	2.90%
\$ 10,596,794.17	100.00%

696100 MS Health Care Association

64-0478814

Federal Statements

FYE: 12/31/2024

MISSISSIPPI HEALTH CARE ASSOCIATION-EBP

Plan: 501

Assets Held for Investment

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	see attached		\$	\$