

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2023

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [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...
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...
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 METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN
1b Three-digit plan number (PN): 946
1c Effective date of plan: 10/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan): MISSISSIPPI METHODIST SENIOR SERVICES INC.
2b Employer Identification Number (EIN): 64-6026549
2c Plan Sponsor's telephone number: 662-844-8977
2d Business code (see instructions): 623000

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

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

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

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

Form 5500 (2023) v. 230707

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	546
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	543
	<b>6a(2)</b>	542
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	542
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

**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 4D 4E

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input checked="" type="checkbox"/> General assets of the sponsor	(4) <input checked="" type="checkbox"/> General assets of the sponsor

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

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

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

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance Information**

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

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

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

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>MISSISSIPPI METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>946</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MISSISSIPPI METHODIST SENIOR SERVICES INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>64-6026549</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**COMPANION LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>57-0523959</b>	<b>77828</b>	<b>CL-5098</b>	<b>542</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>26469</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**SA BENEFIT SERVICES** **11844 BANDERA RD #429**  
**HELOTES, TX 78023**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>26469</b>			<b>3</b>

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	0
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	0
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	0
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	0

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

<b>a</b> Premiums: (1) Amount received .....	<b>9a(1)</b>		
(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	0
<b>b</b> Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	0
(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions .....	<b>9c(1)(A)</b>		
(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
(D) Other expenses .....	<b>9c(1)(D)</b>		
(E) Taxes .....	<b>9c(1)(E)</b>		
(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
(G) Other retention charges .....	<b>9c(1)(G)</b>		
(H) Total retention .....		<b>9c(1)(H)</b>	0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
(2) Claim reserves .....		<b>9d(2)</b>	
(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	378124
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>MISSISSIPPI METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>946</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MISSISSIPPI METHODIST SENIOR SERVICES INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>64-6026549</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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)

CIGNA HEALTH AND LIFE INSURANCE CO

59-1031071

(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 13 31 38 49 50 56 62	CLAIM ADMINISTRATION	468536	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	6515	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

HIGGINBOTHAM INSURANCE AGENCY INC

500 W 13TH ST  
FORT WORTH, TX 76102

(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?
16 22 50 53 70	BROKER/CONSULTANT	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	44065	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

HORNE

20-1941244

(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?
10 50	AUDITOR	21700	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)

LIPSCOMB & PITTS COMPANY

2670 UNION AVE EXT 100  
MEMPHIS, TN 38112

(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?
16 22 50 53 70	BROKER/CONSULTANT	19135	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	533	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

WEX HEALTH INC

P O BOX 9528  
877-765-8810  
FARGO, ND 58106-9528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	COBRA ADMINISTRATION	4048	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"/>

**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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	2005
(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.
JPMORGAN CHASE 3 CHASE METRO TECH CENTER BROOKLYN, NY 11245		EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMINISTRATION BY CIGNA. \$3.70 PER PARTICIPANT.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	1978
(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.
CASTLIGHT HEALTH 121 SPEAR ST 3RD FLOOR SAN FRANCISCO, CA 94105  26-1989091		DEFRAY CIGNA'S COST AND REIMBURSEMENT FOR BENEFITS PROVIDED BY CIGNA TO VENDOR. \$3.65 PER PARTICIPANT.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	1285
(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.
CITIBANK NA ONE PENNS WAY NEW CASTLE, DE 19720		EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM ADMINISTRATION BY CIGNA. \$2.37 PER PARTICIPANT.

**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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	509
(d) Enter name and EIN (address) of source of indirect compensation  VISION SERVICE PLAN VSP 333 QUALITY DRIVE RANCHO CORDOVA, CA 96670  06-1227840	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  REIMBURSEMENT FOR CIGNA'S EXPENSES ASSOCIATED WITH ADMINISTERING VISION BENEFITS. \$0.94 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2  CIGNA HEALTH AND LIFE INSURANCE CO	(b) Service Codes (see instructions)  12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation  455
(d) Enter name and EIN (address) of source of indirect compensation  OMADA HEALTH, INC. 500 SANSOME ST., ST 200 SAN FRANCISCO, CA 94111  45-2355015	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  EXPLAINING, ENCOURAGING AND ENROLLING PARTICIPANTS IN OMADA'S PREVENTIVE CARE SERVICES. \$0.84 PER PARTICIPANT.	
(a) Enter service provider name as it appears on line 2  CIGNA HEALTH AND LIFE INSURANCE CO	(b) Service Codes (see instructions)  12 13 31 38 49 50 56 62	(c) Enter amount of indirect compensation  168
(d) Enter name and EIN (address) of source of indirect compensation  PNC BANK 1600 MARKET ST. PHILADELPHIA, PA 19103	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.  EARNINGS CREDITS ON DAILY FUND BALANCES ASSOCIATED WITH BANK ACCOUNTS UTILIZED IN CLAIM REFUNDS BY CIGNA. \$0.31 PER PARTICIPANT.	

**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
CIGNA HEALTH AND LIFE INSURANCE CO	12 13 31 38 49 50 56 62	70
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMPLIFON HEARING HEALTHCARE      FIFTH STREET TOWERS MINNEAPOLIS, MN 55402</p> <p>85-0437037</p>	<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>VOLUME BASED MARKETING FEES PAID BY VENDORS PARTICIPATING IN THE CIGNA HEALTHY REWARDS PROGRAM. \$0.13 PER MEMBER PER YEAR.</p>	
<p>(a) Enter service provider name as it appears on line 2</p> <p>CIGNA HEALTH AND LIFE INSURANCE CO</p>	12 13 31 38 49 50 56 62	43
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>SAGMORE NETWORK HOSPITALS      11595 N MERIDIAN STREET CARMEL, IN 46032</p>	<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>PAYMENT TO CIGNA FOR THE USE OF THE SAGAMORE HEALTH NETWORK. \$0.08 PER PARTICIPANT.</p>	
<p>(a) Enter service provider name as it appears on line 2</p>	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
<p>(d) Enter name and EIN (address) of source of indirect compensation</p>	<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>	

**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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>MISSISSIPPI METHODIST SENIOR SERVICES EMPLOYEE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>946</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MISSISSIPPI METHODIST SENIOR SERVICES INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>64-6026549</b>

**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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	286717	216954
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	0	118036
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	185282	53712
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	471999	388702
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>	391983	509598
<b>h</b> Operating payables .....	<b>1h</b>	3691	2090
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>	263	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	395937	511688
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	76062	-122986

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	6084300	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	556364	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	769773	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		7410437
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	1058	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1058
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		7411495

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	6719211	
(2) To insurance carriers for the provision of benefits.....	2e(2)	377483	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		7096694
<b>f</b> Corrective distributions (see instructions).....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	472021	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	21700	
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)	19266	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	862	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		513849
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		7610543

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-199048
<b>l</b> 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: **HORNE**

(2) EIN: **20-1941244**

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		480000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 METHODIST SENIOR SERVICES, INC.  
EMPLOYEE BENEFIT PLAN  
Tupelo, Mississippi**

**Financial Statements**  
As of September 30, 2024 and 2023  
and for the Year Ended September 30, 2024

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Note: Supplemental schedules required by the Employee Retirement Income Security Act of 1974 not included herein are deemed not applicable to Employee Health Protection Plan for Mississippi Methodist Senior Services, Inc. Employee Benefit Plan.



## INDEPENDENT AUDITOR'S REPORT

Plan Administrator, Board of Directors and Management  
Mississippi Methodist Senior Services, Inc. Employee Benefit Plan  
Tupelo, Mississippi

### Opinion

We have audited the financial statements of Mississippi Methodist Senior Services, Inc. Employee Benefit 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 – modified cash basis as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits – modified cash basis for the year ended September 30, 2024 and the related notes to the financial statements – modified cash basis.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan on a modified cash basis as of September 30, 2024 and 2023, and the changes in its net assets available for benefits on modified cash basis for the year ended September 30, 2024, in accordance with modified cash basis of accounting as described in Note 2.

### 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.

### Emphasis of Matter – Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Management 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 (modified cash basis) of Schedule of Assets (Held at End of Year) as of September 30, 2024 and Schedule of Reportable Transactions 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 ("DOL") 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion in the supplemental schedules (modified cash basis), we evaluated whether the supplemental schedules (modified cash basis), including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules (modified cash basis) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*HORNE LLP*

Ridgeland, Mississippi

July 10, 2025

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Statements of Net Assets Available for Benefits - Modified Cash Basis  
September 30, 2024 and 2023

	<b>2024</b>	<b>2023</b>
<b>ASSETS</b>		
Investments		
Cash and cash equivalents	\$ 53,712	\$ 185,282
Receivables		
Employer contributions	216,954	286,717
Stop-loss reimbursement	118,036	-
Total receivables	334,990	286,717
Total assets	388,702	471,999
<b>LIABILITIES</b>		
Accounts payable	2,090	3,691
Overdraft of cash account	-	263
Total liabilities	2,090	3,954
Net assets available for benefits	\$ 386,612	\$ 468,045

See accompanying notes.

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis  
Year Ended September 30, 2024

	2024
Additions to net assets attributed to	
Interest income	\$ 1,058
Contributions	
Employer contributions	6,084,300
Employee contributions	556,364
Total contributions	6,640,664
Other income	769,773
Total additions	7,411,495
Deductions from net assets attributed to	
Health claims paid	6,601,596
Insurance premiums	377,483
Administrative fees	472,021
Professional fees	40,966
Other expenses	862
Total deductions	7,492,928
Net decrease in net assets available for benefits	(81,433)
Net assets available for benefits	
Beginning of year	468,045
End of year	\$ 386,612

See accompanying notes.

**MISSISSIPPI METHODIST SENIOR SERVICES, INC**  
**EMPLOYEE BENEFIT PLAN**  
Year Ended September 30, 2024

**NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS**

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**Note 1. Description of the Plan**

The following description of the Mississippi Methodist Senior Services 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 is sponsored by Mississippi Methodist Senior Services, Inc. (the "Company") to provide health benefits, dental, vision and prescription benefits to substantially all full-time employees. The Plan was established in October 1981 and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan is self-funded and has purchased insurance policies to cover excess medical expense indemnity.

Benefits

Coverage begins when salaried or hourly employees complete 90 days of continuous employment. The Plan also covers eligible dependents of participants. The Plan provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA"). The Plan also provides health benefits to participants during periods of employer-certified disability, leave of absence or layoff, and during periods of family medical leave subject to the provisions of the Family and Medical Leave Act of 1993 ("FMLA").

Health benefit claims of active participants and covered dependents are processed by the Plan's third-party claims processor under administrative services only ("ASO") arrangements. The claims processor requests funding from the Plan or the general assets of the Company for the payment of claims directly to or on benefit of participants. However, the responsibility for payments to participants and providers is retained by the Plan.

The Company has the right under the Plan to modify the benefits provided to all participants of the Plan.

Contributions

The Plan agreement provides that the Company and employees will make contributions to the Plan. Employee contributions are withheld through payroll deductions and remitted by the Company. The Plan document provides that the Company shall, from time to time, evaluate the costs of the Plan and determine the amount to be contributed (if any) by covered participants. An employee may contribute specified amounts, determined annually by the Company, to extend coverage to eligible dependents of the employee.

Stop-Loss Coverage

The Plan has entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits, both for individual participant claims over a specific dollar amount and for the aggregate exposure for all claims.

**MISSISSIPPI METHODIST SENIOR SERVICES, INC**  
**EMPLOYEE BENEFIT PLAN**  
Year Ended September 30, 2024

**NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS**

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**Note 2. Significant Accounting Policies**

Basis of Accounting

The accounting records of the Plan are maintained on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. The primary difference is that plan obligations are recognized when paid.

Cash and Cash Equivalents

The Plan considers all interest-bearing cash accounts and highly liquid investments with maturities of three months or less when purchased to be cash equivalents.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Interest income is recorded on the modified cash basis.

Pharmacy Rebate

Pharmacy rebates due from the record keeper, Cigna, are recorded when earned. Pharmacy rebates totaling approximately \$770,000 for the year ended September 30, 2024, have been recorded in other income in the accompanying statements of changes in net assets available for benefits.

Payment of Benefits

Benefits and other costs, including health claims, insurance premiums for stop-loss coverage and contract administrative and other fees, are recognized when paid.

Plan Benefits

Plan obligations for claims incurred but not reported are estimated based upon historic claims experience and actual claims reported subsequent to the Plan's year-end. Plan obligations for claims incurred by active participants but not reported as of September 30, 2024 and 2023, are not recognized until paid under modified cash basis. Plan obligations and related activities are disclosed in Note 4.

**MISSISSIPPI METHODIST SENIOR SERVICES, INC**  
**EMPLOYEE BENEFIT PLAN**  
Year Ended September 30, 2024

**NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS**

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**Note 2. Continued**

Stop-Loss Insurance

The Plan has a specific stop-loss insurance policy with Companion Life Insurance. Coverage consists of medical and prescription drugs with specific attachment point per person of \$125,000 and an aggregate specific deductible of \$50,000. Premiums for stop-loss insurance are included in insurance premiums in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds totaling approximately \$193,000 for the year ended September 30, 2024, have been netted with claims paid in the accompanying statements of changes in net assets available for benefits.

Administrator Fees

Administrator expense may be paid by the Company or the Plan, at the Company's discretion.

**Note 3. Fair Value Measurements**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under Accounting Standards Codification ("ASC") Topic 820 are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include:
  - Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability; and
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

As of September 30, 2024 and 2023, the Plan's investments consisted solely of interest-bearing cash accounts in the amount of \$53,712 and \$185,282, respectively, with Cadence Bank and therefore, are not required to be reported within the fair value hierarchy. There were no other investments at September 30, 2024 and 2023.

**MISSISSIPPI METHODIST SENIOR SERVICES, INC**  
**EMPLOYEE BENEFIT PLAN**  
Year Ended September 30, 2024

**NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS**

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**Note 4. Plan's Benefit Obligations**

The Plan's benefit obligations represent the amounts currently payable to or on behalf of participants and their dependents and other obligations for current benefit coverage at estimated amounts (claims incurred but not reported). Plan obligations are estimated by the Company based on claims history.

The following tables summarize the Plan's benefit obligations:

	As of September 30,	
	2024	2023
Amounts currently payable to or on behalf of employees and their dependents		
Claims currently payable and incurred but not reported	\$ 509,598	\$ 391,983

	Year Ended September 30,	
	2024	2023
Claims payable and incurred but not reported at the beginning of the year	\$ 391,983	\$ 354,143
Claims paid	(6,601,596)	(5,328,309)
Claims incurred	6,719,211	5,366,149
Claims payable and incurred but not reported at the end of the year	\$ 509,598	\$ 391,983

The estimate of benefit obligations is determined based on certain assumptions pertaining to claim severity and frequency which are subject to change. Due to uncertainties inherent in the process of developing these estimates and assumptions, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**Note 5. Income Tax Status**

The Plan has not requested a determination letter from the Internal Revenue Service ("IRS") to determine if the Plan is in compliance with the Internal Revenue Code ("IRC") and therefore, not subject to tax. However, the Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirement of the IRC.

**Note 6. Related Party Transactions**

The Plan uses Cigna as the record keeper of the Plan; therefore, any transactions between the two entities qualify as exempt party-in-interest transactions. The Plan paid administrative fees of approximately \$468,000 to Cigna for the year ended September 30, 2024.

**MISSISSIPPI METHODIST SENIOR SERVICES, INC**  
**EMPLOYEE BENEFIT PLAN**  
Year Ended September 30, 2024

**NOTES TO FINANCIAL STATEMENTS – MODIFIED CASH BASIS**

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**Note 7. Risks and Uncertainties**

The Plan invests in interest-bearing deposit accounts; however, the accounts do not exceed those guaranteed by the Federal Deposit Insurance Corporation or any other government agency.

The adequacy of Plan assets available to cover future claims, combined with estimated funding, is dependent on future claims experience, which may fluctuate significantly from year to year.

**Note 8. Reconciliation of Financial Statements to the Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements as of September 30, 2024 and 2023, to the Form 5500:

	As of	
	September 30, 2024	September 30, 2023
Net assets available for benefits per the financial statements	\$ 386,612	\$ 468,045
Less: Benefit obligations currently payable	(509,598)	(391,983)
Net assets available for benefits per the Form 5500	\$ (122,986)	\$ 76,062

The following is a reconciliation of net decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended September 30, 2024:

Net decrease in net assets available for benefits	\$ (81,433)
Add: Amounts payable at end of year	(509,598)
Less: Amounts payable at beginning of year	391,983
Net loss per the Form 5500	\$ (199,048)

**Note 9. Subsequent Events**

The Plan has evaluated subsequent events through July 10, 2025, the date the financial statements were available to be issued and incorporated events considered significant within the consolidated financial statements.

## SUPPLEMENTAL INFORMATION

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.  
EMPLOYEE BENEFIT PLAN**

Employer Identification Number 64-6026549

Plan Number: 946

Schedule H - Line 4(i)

Schedule of Assets (Held at End of Year)

September 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Rate of Interest, Par or Maturity Date	(d) Cost	(e) Current Value
	Interest-bearing cash account			
	*Cadence Bank	Cash and cash equivalents	\$ 53,712	\$ 53,712

\*Denotes party-in-interest

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - single transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cadence Cash Account Prescription Rebates	\$ -	\$ 506,682	\$ -	\$ -	\$ 506,682	\$ 506,682	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	250,000	-	-	250,000	250,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	197,364	-	-	-	197,364	197,364	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	169,195	-	-	-	169,195	169,195	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	162,222	-	-	-	162,222	162,222	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	158,654	-	-	-	158,654	158,654	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	151,924	-	-	-	151,924	151,924	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	147,572	-	-	-	147,572	147,572	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	146,005	-	-	-	146,005	146,005	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	144,738	-	-	144,738	144,738	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	141,000	-	-	-	141,000	141,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	140,438	-	-	-	140,438	140,438	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 139,874	\$ -	\$ -	\$ -	\$ 139,874	\$ 139,874	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,584	-	-	-	135,584	135,584	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,453	-	-	-	135,453	135,453	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,422	-	-	-	135,422	135,422	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,422	-	-	-	135,422	135,422	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	132,594	-	-	-	132,594	132,594	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	130,222	-	-	-	130,222	130,222	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	129,999	-	-	-	129,999	129,999	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	127,578	-	-	-	127,578	127,578	-
*Cadence Bank	Cadence Cash Account Contributions	-	127,143	-	-	127,143	127,143	-
*Cadence Bank	Cadence Cash Account Contributions	-	127,143	-	-	127,143	127,143	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,604	-	-	126,604	126,604	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,604	-	-	126,604	126,604	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 126,604	\$ -	\$ -	\$ 126,604	\$ 126,604	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	126,604	-	-	126,604	126,604	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	126,072	-	-	-	126,072	126,072	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	124,332	-	-	124,332	124,332	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 124,332	\$ -	\$ -	\$ 124,332	\$ 124,332	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	124,332	-	-	124,332	124,332	-
*Cadence Bank	Cadence Cash Account Contributions	-	124,332	-	-	124,332	124,332	-
*Cadence Bank	Cadence Cash Account Contributions	-	123,871	-	-	123,871	123,871	-
*Cadence Bank	Cadence Cash Account Contributions	-	123,871	-	-	123,871	123,871	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	122,000	-	-	-	122,000	122,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	120,865	-	-	-	120,865	120,865	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	118,733	-	-	-	118,733	118,733	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	117,519	-	-	117,519	117,519	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	116,258	-	-	-	116,258	116,258	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	115,875	-	-	-	115,875	115,875	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	115,209	-	-	-	115,209	115,209	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	110,882	-	-	-	110,882	110,882	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 110,882	\$ -	\$ -	\$ -	\$ 110,882	\$ 110,882	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	110,227	-	-	-	110,227	110,227	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	110,052	-	-	-	110,052	110,052	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	108,866	-	-	-	108,866	108,866	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	105,626	-	-	-	105,626	105,626	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	105,440	-	-	-	105,440	105,440	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	101,820	-	-	-	101,820	101,820	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Candance Bank	Candance Cash Account Claim Benefit Plan	100,000	-	-	-	100,000	100,000	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Candance Bank	Candance Cash Account Claim Benefit Plan	\$ 100,000	\$ -	\$ -	\$ -	\$ 100,000	\$ 100,000	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	100,000	-	-	-	100,000	100,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	98,631	-	-	-	98,631	98,631	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	97,950	-	-	-	97,950	97,950	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 96,054	\$ -	\$ -	\$ 96,054	\$ 96,054	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	95,668	-	-	-	95,668	95,668	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 95,105	\$ -	\$ -	\$ 95,105	\$ 95,105	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Candance Bank	Candance Cash Account Claim Benefit Plan	90,067	-	-	-	90,067	90,067	-
*Candance Bank	Candance Cash Account Claim Benefit Plan	90,067	-	-	-	90,067	90,067	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	90,000	-	-	-	90,000	90,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	88,961	-	-	-	88,961	88,961	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	85,508	-	-	-	85,508	85,508	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	85,034	-	-	-	85,034	85,034	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	84,088	-	-	-	84,088	84,088	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	\$ 82,490	\$ -	\$ -	\$ -	\$ 82,490	\$ 82,490	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	82,490	-	-	-	82,490	82,490	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	81,002	-	-	-	81,002	81,002	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	79,731	-	-	-	79,731	79,731	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	78,778	-	-	-	78,778	78,778	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	75,991	-	-	-	75,991	75,991	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	75,000	-	-	-	75,000	75,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	74,122	-	-	74,122	74,122	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	71,000	-	-	-	71,000	71,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	67,110	-	-	-	67,110	67,110	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	65,496	-	-	-	65,496	65,496	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	62,548	-	-	-	62,548	62,548	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	58,420	-	-	-	58,420	58,420	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 57,135	\$ -	\$ -	\$ -	\$ 57,135	\$ 57,135	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	53,195	-	-	-	53,195	53,195	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	51,202	-	-	-	51,202	51,202	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	50,000	-	-	-	50,000	50,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	50,000	-	-	-	50,000	50,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	48,014	-	-	48,014	48,014	-
*Cadence Bank	Cadence Cash Account Contributions	-	48,014	-	-	48,014	48,014	-
*Cadence Bank	Cadence Cash Account Contributions	-	47,135	-	-	47,135	47,135	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	47,135	-	-	-	47,135	47,135	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	46,823	-	-	-	46,823	46,823	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	46,476	-	-	-	46,476	46,476	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	46,000	-	-	-	46,000	46,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	36,265	-	-	-	36,265	36,265	-

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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Visa Underwriting	\$ 32,547	\$ -	\$ -	\$ -	\$ 32,547	\$ 32,547	\$ -
*Cadence Bank	Cadence Cash Account Visa Underwriting	32,247	-	-	-	32,247	32,247	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,887	-	-	-	31,887	31,887	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,775	-	-	-	31,775	31,775	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,526	-	-	-	31,526	31,526	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,406	-	-	-	31,406	31,406	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,406	-	-	-	31,406	31,406	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,226	-	-	-	31,226	31,226	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	31,152	-	-	-	31,152	31,152	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,046	-	-	-	31,046	31,046	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	30,986	-	-	-	30,986	30,986	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	30,806	-	-	-	30,806	30,806	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	30,626	-	-	-	30,626	30,626	-

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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 30,399	\$ -	\$ -	\$ -	\$ 30,399	\$ 30,399	\$ -
*Cadence Bank	Cadence Cash Account CHLIC	26,125	-	-	-	26,125	26,125	-
*Cadence Bank	Cadence Cash Account CHLIC	25,837	-	-	-	25,837	25,837	-
*Cadence Bank	Cadence Cash Account CHLIC	25,749	-	-	-	25,749	25,749	-
*Cadence Bank	Cadence Cash Account CHLIC	25,561	-	-	-	25,561	25,561	-
*Cadence Bank	Cadence Cash Account CHLIC	25,559	-	-	-	25,559	25,559	-
*Cadence Bank	Cadence Cash Account CHLIC	25,460	-	-	-	25,460	25,460	-
*Cadence Bank	Cadence Cash Account CHLIC	25,360	-	-	-	25,360	25,360	-
*Cadence Bank	Cadence Cash Account CHLIC	25,330	-	-	-	25,330	25,330	-
*Cadence Bank	Cadence Cash Account CHLIC	25,273	-	-	-	25,273	25,273	-
*Cadence Bank	Cadence Cash Account CHLIC	25,241	-	-	-	25,241	25,241	-
*Cadence Bank	Cadence Cash Account CHLIC	25,015	-	-	-	25,015	25,015	-
*Cadence Bank	Cadence Cash Account CHLIC	24,660	-	-	-	24,660	24,660	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Visa Underwriting	\$ -	\$ 20,838	\$ -	\$ -	\$ 20,838	\$ 20,838	-
Category (iii) - series of transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cash and cash equivalents Prescription Rebates	-	768,939	-	-	768,939	768,939	-
*Cadence Bank	Cash and cash equivalents Contributions	-	6,228,372	-	-	6,228,372	6,228,372	-
*Cadence Bank	Cash and cash equivalents Claims Benefit Payments	6,947,142	-	-	-	6,947,142	6,947,142	-
*Cadence Bank	Cash and cash equivalents Stop Loss Premiums	377,483	-	-	-	377,483	377,483	-
*Cadence Bank	Cash and cash equivalents Plan Admin Expense	305,171	-	-	-	305,171	305,171	-

\*Denotes a party-in-interest

\*\*There were no category (ii) or (iv) reportable transactions for the year ended September 30, 2024

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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - single transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cadence Cash Account Prescription Rebates	\$ -	\$ 506,682	\$ -	\$ -	\$ 506,682	\$ 506,682	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	250,000	-	-	250,000	250,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	197,364	-	-	-	197,364	197,364	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	169,195	-	-	-	169,195	169,195	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	162,222	-	-	-	162,222	162,222	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	158,654	-	-	-	158,654	158,654	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	151,924	-	-	-	151,924	151,924	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	147,572	-	-	-	147,572	147,572	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	146,005	-	-	-	146,005	146,005	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	144,738	-	-	144,738	144,738	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	141,000	-	-	-	141,000	141,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	140,438	-	-	-	140,438	140,438	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 139,874	\$ -	\$ -	\$ -	\$ 139,874	\$ 139,874	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,584	-	-	-	135,584	135,584	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,453	-	-	-	135,453	135,453	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,422	-	-	-	135,422	135,422	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	135,422	-	-	-	135,422	135,422	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	132,594	-	-	-	132,594	132,594	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	130,222	-	-	-	130,222	130,222	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	129,999	-	-	-	129,999	129,999	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	127,578	-	-	-	127,578	127,578	-
*Cadence Bank	Cadence Cash Account Contributions	-	127,143	-	-	127,143	127,143	-
*Cadence Bank	Cadence Cash Account Contributions	-	127,143	-	-	127,143	127,143	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,604	-	-	126,604	126,604	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,604	-	-	126,604	126,604	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 126,604	\$ -	\$ -	\$ 126,604	\$ 126,604	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	126,604	-	-	126,604	126,604	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	126,072	-	-	-	126,072	126,072	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	126,071	-	-	126,071	126,071	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	125,648	-	-	125,648	125,648	-
*Cadence Bank	Cadence Cash Account Contributions	-	124,332	-	-	124,332	124,332	-

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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 124,332	\$ -	\$ -	\$ 124,332	\$ 124,332	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	124,332	-	-	124,332	124,332	-
*Cadence Bank	Cadence Cash Account Contributions	-	124,332	-	-	124,332	124,332	-
*Cadence Bank	Cadence Cash Account Contributions	-	123,871	-	-	123,871	123,871	-
*Cadence Bank	Cadence Cash Account Contributions	-	123,871	-	-	123,871	123,871	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	122,000	-	-	-	122,000	122,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	120,865	-	-	-	120,865	120,865	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	118,733	-	-	-	118,733	118,733	-
*Cadence Bank	Cadence Cash Account Prescription Rebates	-	117,519	-	-	117,519	117,519	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	116,258	-	-	-	116,258	116,258	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	115,875	-	-	-	115,875	115,875	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	115,209	-	-	-	115,209	115,209	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	110,882	-	-	-	110,882	110,882	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 110,882	\$ -	\$ -	\$ -	\$ 110,882	\$ 110,882	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	110,227	-	-	-	110,227	110,227	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	110,052	-	-	-	110,052	110,052	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	108,866	-	-	-	108,866	108,866	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	105,626	-	-	-	105,626	105,626	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	105,440	-	-	-	105,440	105,440	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	101,820	-	-	-	101,820	101,820	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Cadence Bank	Cadence Cash Account Contributions	-	100,083	-	-	100,083	100,083	-
*Candance Bank	Candance Cash Account Claim Benefit Plan	100,000	-	-	-	100,000	100,000	-

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(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Candance Bank	Candance Cash Account Claim Benefit Plan	\$ 100,000	\$ -	\$ -	\$ -	\$ 100,000	\$ 100,000	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	100,000	-	-	-	100,000	100,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	98,631	-	-	-	98,631	98,631	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	98,029	-	-	98,029	98,029	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	97,950	-	-	-	97,950	97,950	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
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Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 96,054	\$ -	\$ -	\$ 96,054	\$ 96,054	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,054	-	-	96,054	96,054	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Contributions	-	96,029	-	-	96,029	96,029	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	95,668	-	-	-	95,668	95,668	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Contributions	\$ -	\$ 95,105	\$ -	\$ -	\$ 95,105	\$ 95,105	\$ -
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Cadence Bank	Cadence Cash Account Contributions	-	95,105	-	-	95,105	95,105	-
*Candance Bank	Candance Cash Account Claim Benefit Plan	90,067	-	-	-	90,067	90,067	-
*Candance Bank	Candance Cash Account Claim Benefit Plan	90,067	-	-	-	90,067	90,067	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	90,000	-	-	-	90,000	90,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	88,961	-	-	-	88,961	88,961	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	85,508	-	-	-	85,508	85,508	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	85,034	-	-	-	85,034	85,034	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	84,088	-	-	-	84,088	84,088	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
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Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	\$ 82,490	\$ -	\$ -	\$ -	\$ 82,490	\$ 82,490	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	82,490	-	-	-	82,490	82,490	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	81,002	-	-	-	81,002	81,002	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	79,731	-	-	-	79,731	79,731	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	78,778	-	-	-	78,778	78,778	-
*Cadence Bank	Cadence Cash Account Claim Benefit Plan	75,991	-	-	-	75,991	75,991	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	75,000	-	-	-	75,000	75,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	74,122	-	-	74,122	74,122	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	71,000	-	-	-	71,000	71,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	67,110	-	-	-	67,110	67,110	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	65,496	-	-	-	65,496	65,496	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	62,548	-	-	-	62,548	62,548	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	58,420	-	-	-	58,420	58,420	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 57,135	\$ -	\$ -	\$ -	\$ 57,135	\$ 57,135	\$ -
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	53,195	-	-	-	53,195	53,195	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	51,202	-	-	-	51,202	51,202	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	50,000	-	-	-	50,000	50,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	50,000	-	-	-	50,000	50,000	-
*Cadence Bank	Cadence Cash Account Contributions	-	48,014	-	-	48,014	48,014	-
*Cadence Bank	Cadence Cash Account Contributions	-	48,014	-	-	48,014	48,014	-
*Cadence Bank	Cadence Cash Account Contributions	-	47,135	-	-	47,135	47,135	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	47,135	-	-	-	47,135	47,135	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	46,823	-	-	-	46,823	46,823	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	46,476	-	-	-	46,476	46,476	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	46,000	-	-	-	46,000	46,000	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	36,265	-	-	-	36,265	36,265	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Visa Underwriting	\$ 32,547	\$ -	\$ -	\$ -	\$ 32,547	\$ 32,547	\$ -
*Cadence Bank	Cadence Cash Account Visa Underwriting	32,247	-	-	-	32,247	32,247	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,887	-	-	-	31,887	31,887	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,775	-	-	-	31,775	31,775	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,526	-	-	-	31,526	31,526	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,406	-	-	-	31,406	31,406	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,406	-	-	-	31,406	31,406	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,226	-	-	-	31,226	31,226	-
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	31,152	-	-	-	31,152	31,152	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	31,046	-	-	-	31,046	31,046	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	30,986	-	-	-	30,986	30,986	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	30,806	-	-	-	30,806	30,806	-
*Cadence Bank	Cadence Cash Account Visa Underwriting	30,626	-	-	-	30,626	30,626	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Claim Benefit Payment	\$ 30,399	\$ -	\$ -	\$ -	\$ 30,399	\$ 30,399	\$ -
*Cadence Bank	Cadence Cash Account CHLIC	26,125	-	-	-	26,125	26,125	-
*Cadence Bank	Cadence Cash Account CHLIC	25,837	-	-	-	25,837	25,837	-
*Cadence Bank	Cadence Cash Account CHLIC	25,749	-	-	-	25,749	25,749	-
*Cadence Bank	Cadence Cash Account CHLIC	25,561	-	-	-	25,561	25,561	-
*Cadence Bank	Cadence Cash Account CHLIC	25,559	-	-	-	25,559	25,559	-
*Cadence Bank	Cadence Cash Account CHLIC	25,460	-	-	-	25,460	25,460	-
*Cadence Bank	Cadence Cash Account CHLIC	25,360	-	-	-	25,360	25,360	-
*Cadence Bank	Cadence Cash Account CHLIC	25,330	-	-	-	25,330	25,330	-
*Cadence Bank	Cadence Cash Account CHLIC	25,273	-	-	-	25,273	25,273	-
*Cadence Bank	Cadence Cash Account CHLIC	25,241	-	-	-	25,241	25,241	-
*Cadence Bank	Cadence Cash Account CHLIC	25,015	-	-	-	25,015	25,015	-
*Cadence Bank	Cadence Cash Account CHLIC	24,660	-	-	-	24,660	24,660	-

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.**  
**EMPLOYEE BENEFIT PLAN**  
Employer Identification Number: 64-6026549  
Plan Number: 946  
Schedule H, Line 4(j)  
Schedule of Reportable Transactions  
Year Ended September 30, 2024

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*Cadence Bank	Cadence Cash Account Visa Underwriting	\$ -	\$ 20,838	\$ -	\$ -	\$ 20,838	\$ 20,838	-
Category (iii) - series of transactions in excess of 5% of Plan assets:								
*Cadence Bank	Cash and cash equivalents Prescription Rebates	-	768,939	-	-	768,939	768,939	-
*Cadence Bank	Cash and cash equivalents Contributions	-	6,228,372	-	-	6,228,372	6,228,372	-
*Cadence Bank	Cash and cash equivalents Claims Benefit Payments	6,947,142	-	-	-	6,947,142	6,947,142	-
*Cadence Bank	Cash and cash equivalents Stop Loss Premiums	377,483	-	-	-	377,483	377,483	-
*Cadence Bank	Cash and cash equivalents Plan Admin Expense	305,171	-	-	-	305,171	305,171	-

\*Denotes a party-in-interest

\*\*There were no category (ii) or (iv) reportable transactions for the year ended September 30, 2024

**MISSISSIPPI METHODIST SENIOR SERVICES, INC.  
EMPLOYEE BENEFIT PLAN**

Employer Identification Number 64-6026549

Plan Number: 946

Schedule H - Line 4(i)

Schedule of Assets (Held at End of Year)

September 30, 2024

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity, Rate of Interest, Par or Maturity Date	(d) Cost	(e) Current Value
	Interest-bearing cash account			
	*Cadence Bank	Cash and cash equivalents	\$ 53,712	\$ 53,712

\*Denotes party-in-interest