

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2023

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT
1b Three-digit plan number (PN): 001
1c Effective date of plan: 05/01/1977
2a Plan sponsor's name (employer, if for a single-employer plan): NORTH MISSISSIPPI HEALTH SERVICES, INC.
Mailing address (include room, apt., suite no. and street, or P.O. Box): 830 SOUTH GLOSTER STREET, TUPELO, MS 38801
2b Employer Identification Number (EIN): 64-0653269
2c Plan Sponsor's telephone number: 662-377-3056
2d Business code (see instructions): 622000

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

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

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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4893
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1837
	6a(2)	1686
	6b	1719
	6c	1218
	6d	4623
	6e	245
	6f	4868
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORTH MISSISSIPPI HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>64-0653269</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>437894345</u>
	b Actuarial value	2b	<u>481683779</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1726</u>	<u>236226907</u>
	b For terminated vested participants	<u>1330</u>	<u>52308442</u>
	c For active participants	<u>1837</u>	<u>183343826</u>
	d Total	<u>4893</u>	<u>471879175</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.27 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>6634745</u>
	b Expected plan-related expenses	6b	<u>2329542</u>
	c Target normal cost	6c	<u>8597627</u>

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

SIGN HERE		
	Signature of actuary	<u>07/15/2025</u>
	<u>AGNIESZKA E. WELKIE</u>	Date
	Type or print name of actuary	<u>23-07308</u>
	<u>AON CONSULTING, INC.</u>	Most recent enrollment number
	Firm name	<u>281-882-6116</u>
	<u>MSC# 17866, P.O. BOX 803507</u>	Telephone number (including area code)
	<u>DALLAS, TX 75380</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	23578263	
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	23578263	
10	Interest on line 9 using prior year's actual return of <u>0.61</u> %	143827	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		12095397
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> %		659199
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		12754596
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	23722090	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)		

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.07 %
15	Adjusted funding target attainment percentage	15	102.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/11/2023		14014	12/20/2023		13665
10/19/2023		5176	01/04/2024		18976
10/26/2023		14166	01/17/2024		13568
11/09/2023		13851	01/30/2024		13324
11/21/2023		13842	02/14/2024		13973
12/06/2023		13849	02/28/2024		13842
			Totals ▶	18(b)	18(c) 312494

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

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

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/14/2024		13882	06/04/2024		13456
03/26/2024		13620	06/20/2024		13541
04/09/2024		13656	07/02/2024		13704
04/23/2024		14164	07/16/2024		13452
05/08/2024		13699	07/29/2024		13193
05/22/2024		13881			
Totals ▶			18(b)		18(c)

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code)..... **21b** 62

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	8597627
b Excess assets, if applicable, but not greater than line 31a	31b	8597627

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	
	Carryover balance	Prefunding balance
35 Balances elected for use to offset funding requirement		Total balance

36 Additional cash requirement (line 34 minus line 35)..... **36**

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37**

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

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

A Name of plan NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTH MISSISSIPPI HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 64-0653269	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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27-2436452

(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?
11 27 28 51	NONE	1304125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FORVIS MAZARS, LLP

44-0160260

(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	NONE	30775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CADENCE BANK

64-0117230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	62950	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTH MISSISSIPPI HEALTH SERVICES, INC.	D Employer Identification Number (EIN) 64-0653269	

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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5393267	174655822
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	419746482	317027801

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	425139749	491683623
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	425139749	491683623

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	13000000	
(B) Participants	2a(1)(B)	312495	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		13312495
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	2166060	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2166060
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	285850214	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	292347832	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-6497618
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	80584186	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		89565123

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21664692	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		21664692
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1356557	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1356557
j Total expenses. Add all expense amounts in column (b) and enter total	2j		23021249

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		66543874
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	X		317027801
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 541983.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NORTH MISSISSIPPI HEALTH SERVICES, INC.</u>	D Employer Identification Number (EIN) <u>64-0653269</u>	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 64-0782370

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	28
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	0
b Enter the amount contributed by the employer to the plan for this plan year	6b	0
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 57.0 %
 High-Yield Debt: 1.0 % Real Assets: 2.0 % Cash or Cash Equivalents: 36.0 % Other: 4.0 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	64-0653269	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	64-0653269	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT						
Plan Year Begin Date	10/01/2023	Plan Year End Date	09/30/2024	EIN	64-0653269	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						




North Mississippi Health Services, Inc. Retirement Plan and Trust Agreement

EIN 64-0653269 PN 001

**Independent Auditor's Report, Financial Statements,
and Supplemental Schedules**

September 30, 2024 and 2023



**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Contents
September 30, 2024 and 2023**

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Independent Auditor's Report

Plan Administrator
North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Tupelo, Mississippi

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

We have performed audits of the financial statements of North Mississippi Health Services, Inc. Retirement Plan and Trust Agreement (Plan), an employee benefit plan subject to the *Employee Retirement Income Security Act of 1974* (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023 and the related statements of changes in net assets available for benefits for the years then ended and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be

independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the Board of Directors of North Mississippi Health Services, Inc., the Plan's sponsor, voted on May 20, 2024 to terminate the Plan effective July 21, 2024, and management determined liquidation was imminent. As a result, the Plan changed its basis of accounting from the going concern basis used in presenting the Plan's financial statements to the liquidation basis used in presenting the Plan's financial statements. 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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 audits.

Other Matters – Supplemental Schedules Required by ERISA

The supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

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

Forvis Mazars, LLP

**Jackson, Mississippi
July 14, 2025**

Federal Employer Identification Number: 44-0160260

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Statements of Net Assets Available for Benefits
September 30, 2024 and 2023**

	2024 (In Liquidation)	2023 (Ongoing)
ASSETS		
Investments, at fair value		
Cash equivalents	\$ 174,655,822	\$ 5,393,267
Equity commingled funds	-	87,414,876
Fixed income commingled funds	272,081,389	298,235,221
Hedge funds	44,946,412	34,096,385
Total Investments	491,683,623	425,139,749
Net Assets Available for Benefits	\$ 491,683,623	\$ 425,139,749

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2024 and 2023**

	2024 (In Liquidation)	2023 (Ongoing)
Additions to Net Assets Attributed to Contributions		
Sponsor	\$ 13,000,000	\$ 13,000,000
Participants	312,495	401,127
Total Contributions	<u>13,312,495</u>	<u>13,401,127</u>
Investment Income		
Dividends and interest	2,166,060	261,537
Net appreciation in fair value of investments	74,086,568	1,169,301
Net Investment Income	<u>76,252,628</u>	<u>1,430,838</u>
Net Investment Income and Contributions	<u>89,565,123</u>	<u>14,831,965</u>
Deductions from Net Assets Attributed to		
Benefits paid to participants	21,664,692	20,161,681
Administrative expenses	1,356,557	1,455,941
Total Deductions	<u>23,021,249</u>	<u>21,617,622</u>
Net Increase (Decrease)	66,543,874	(6,785,657)
Net Assets Available for Benefits, Beginning of Year	<u>425,139,749</u>	<u>431,925,406</u>
Net Assets Available for Benefits, End of Year	<u>\$ 491,683,623</u>	<u>\$ 425,139,749</u>

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

Note 1. Description of Plan

The following are major provisions of the North Mississippi Health Services, Inc. Retirement Plan and Trust Agreement (Plan) and are presented for general information purposes only. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA), as amended. Participants should refer to the plan agreement for more complete information.

General

The Plan is a defined benefit plan which covers substantially all qualifying North Mississippi Health Services, Inc. (NMHS or Sponsor) employees and employees of any subsidiary in which the sole membership interest (or in the case of a for-profit subsidiary, more than 50% of the voting stock) is owned directly or indirectly by NMHS. The Plan is administered by the Sponsor.

An employee is generally eligible to enter the Plan on attaining age 21 and completing one year of employment with at least 1,000 hours of service. Effective March 31, 2014, no new entrants were admitted to the Plan. Employees who are ineligible for admittance to the Plan (generally those employees hired on or after April 1, 2014) are eligible to receive a supplemental matching contribution based on years of service within the North Mississippi Health Services, Inc. Employer Savings Plan.

Plan Termination

As voted on May 20, 2024, the Plan was amended to be hereby terminated, effective as of the termination date of July 21, 2024. An application for termination was filed with the Public Benefit Guaranty Corporation (PBGC) on November 19, 2024. The Plan will begin the distribution process in 2025 and is positioned for full termination by the end of 2026.

Contributions

Each year participants make contributions equal to 1% of total compensation, as defined in the Plan.

Each year NMHS makes contributions to the Plan for the difference between the cost of funding the Plan based on actuarial computations and employee contributions. Contributions ceased effective July 21, 2024.

Pension Benefits

Monthly benefits are generally payable upon retirement, disability, or death. Monthly benefit payments are determined by application of a benefit ratio to a participant's average compensation for the highest three consecutive calendar years' earnings for the last ten calendar years of employment prior to retirement. The Plan permits early retirement after participants complete ten years of vesting service and attain age 55. If the present value of the vested accrued benefit is \$5,000 or less, benefits are payable to participants in one lump-sum payment following termination of service when the participants make distribution requests. Otherwise, benefits are paid in monthly installments in the form of a Qualified Joint and Survivor Annuity, unless participants elect another form of annuity. If employees terminate before rendering five years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributed to the employer contributions.

Effective January 1, 2016, benefit accruals were frozen for any participants whose age plus years of service is less than 65 as of January 1, 2016.

Vesting

Each participant's participant-funded benefit, including employee contributions and earnings, is fully vested at all times. Each participant becomes 100% vested in his or her employer-funded benefit upon completion of five years of credited service. Upon Plan termination on July 21, 2024, all participants became 100% vested.

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

In the opinion of the plan administrator, the Plan is in compliance with ERISA, as amended, and other applicable laws.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The September 30, 2024 accompanying financial statements of the Plan have been prepared on the liquidation basis of accounting for the period July 22, 2024 through September 30, 2024 (“liquidation period”) and the ongoing basis for the period October 1, 2023 through July 21, 2024 (“ongoing period”), in accordance with accounting principles generally accepted in the United States of America. The financial statement activity for the liquidation period is considered immaterial.

The September 30, 2023 accompanying financial statements of the Plan have been prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America.

Cash Equivalents

The Plan considers investments with an original maturity of three months or less to be cash equivalents.

Valuation of Investments 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.

The Plan’s Investment Committee determines the Plan’s valuation policies utilizing information provided by its investment advisers, custodians, and insurance companies. See Note 7 for a discussion of fair value measurements.

Under the terms of a trust agreement between Cadence Bank (the trustee) and the Plan, the trustee has been granted discretionary authority concerning purchases and sales of investments. Also in accordance with the trust agreement, the Plan periodically appoints selected investment managers for the Plan, with investment authority similar to that of the trustee. The Plan does not require any collateral or other security from the trustee or the investment managers to support its investments.

The Plan holds units of various Aon Hewitt Group Trust Funds (Aon Hewitt) offered through a private placement. The units are valued daily using net asset value (NAV) as a practical expedient to fair value. The NAVs are based on the fair value of each fund’s underlying investments.

The Plan also has investments in alternative funds, which represent investments in hedge funds through fund-of-funds structures generally organized as corporations. The Plan’s investments in alternative funds are recorded at NAV as a practical expedient to fair value. The estimated fair value of these alternative funds is based on the most recent valuations by external investment managers. The Plan reviews and evaluates the values provided by the managers and agrees with the valuation methods and assumptions used to determine those values. Therefore, the Plan believes the carrying amount of these financial instruments is a reasonable estimate of fair value. Because these assets are not readily marketable, their estimated fair value is subject to uncertainty and, therefore, may differ from the fair value that would have been used had a ready market for such investments existed.

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

Brokers' commissions are deducted from the proceeds of marketable securities sold or included in the cost of such purchases. Investment transactions are accounted for on a trade-date basis. The cost basis of securities sold is determined by the specific identification method. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments purchased and sold, as well as held during the year.

All investment values were considered to materially approximate the liquidation basis of accounting.

Administrative Expenses

Certain administrative expenses, including fees paid to investment managers and the trustee, are paid directly by NMHS. The Plan is responsible for any administrative expenses not paid by NMHS.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets, liabilities, and information regarding the actuarial value of accumulated plan benefits at the date of the financial statements and changes therein. Actual results may differ from those estimates.

Risks and Uncertainties

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution by the trustee.

Accumulated Plan Benefits

Accumulated plan benefits, are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. The accumulated plan benefits for active employees are based on their average compensation during the highest three years for the last ten calendar years of employment on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

The significant actuarial assumptions used in the valuation as of October 1, 2024 were:

(i) Mortality

Pri-2012 mortality table with a 65% Blue Collar, 35% White Collar adjustment with a generational projection of mortality improvement using scale MP-2021.

(ii) Withdrawal From Service

Plan experience study as of October 1, 2021. The withdrawal rates among active employees tend to be highly correlated with both age and service but vary more by service in the early years of employment (generally the first three to five years). However, as the Plan has been closed to new participants for more than five years, service is no longer a relevant factor in withdrawal rates for the Plan.

(iii) Investment Return

5.24% compounded annually, net of investment expenses.

(iv) Retirement Age

Varies based on age and years of service with a weighted average retirement age of 63.

The significant actuarial assumptions used in the valuation as of October 1, 2023 were:

(i) Mortality

Pri-2012 mortality table with a 65% Blue Collar, 35% White Collar adjustment with a generational projection of mortality improvement using scale MP-2021.

(ii) Withdrawal From Service

Plan experience study as of October 1, 2021. The withdrawal rates among active employees tend to be highly correlated with both age and service but vary more by service in the early years of employment (generally the first three to five years). However, as the Plan has been closed to new participants for more than five years, service is no longer a relevant factor in withdrawal rates for the Plan.

(iii) Investment Return

5.80% compounded annually, net of investment expenses.

(iv) Retirement Age

Varies based on age and years of service with a weighted average retirement age of 63.

The significant actuarial assumptions used in the valuation as of October 1, 2022 were:

(i) Mortality

Pri-2012 mortality table with a 65% Blue Collar, 35% White Collar adjustment with a generational projection of mortality improvement using scale MP-2021.

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

(ii) Withdrawal From Service

Plan experience study as of October 1, 2021. The withdrawal rates among active employees tend to be highly correlated with both age and service but vary more by service in the early years of employment (generally the first 3 to 5 years). However, as the Plan has been closed to new participants for more than 5 years, service is no longer a relevant factor in withdrawal rates for the Plan.

(iii) Investment Return

5.20% compounded annually, net of investment expenses.

(iv) Retirement Age

Varies based on age and years of service with a weighted average retirement age of 63.

The actuarial present value of accumulated plan benefits as of September 30, 2023 (for 2024 plan year) and 2022 (for 2023 plan year) follows:

	2024 (Liquidation Period)	2024 (Ongoing Period)	2023 (Ongoing)
Vested benefits			
Active participants	\$ 175,571,009	\$ 170,137,182	\$ 195,959,705
Inactive participants with deferred benefits	57,866,873	49,081,434	48,995,648
Inactive participants receiving benefits	<u>254,957,496</u>	<u>220,707,350</u>	<u>212,902,004</u>
	488,395,378	439,925,966	457,857,357
Nonvested benefits	<u>-</u>	<u>1,047,597</u>	<u>1,055,136</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 488,395,378</u></u>	<u><u>\$ 440,973,563</u></u>	<u><u>\$ 458,912,493</u></u>

Changes in the actuarial present value of accumulated plan benefits follow:

	2024 (In Liquidation)	2023 (Ongoing)
Actuarial present value of accumulated plan benefits at beginning of year	\$ 458,912,493	\$ 448,155,080
Increase (decrease) during the year attributable to		
Interest accumulation	23,345,927	22,827,931
Benefits paid	(20,160,201)	(18,547,877)
Change in actuarial assumptions	(30,741,765)	59,881
Other changes	<u>9,617,109</u>	<u>6,417,478</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 440,973,563</u></u>	<u><u>\$ 458,912,493</u></u>

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

	July 22, 2024 - September 30, 2024	October 1, 2023 - July 21, 2024
Actuarial present value of accumulated plan benefits at beginning of period	\$ 475,275,272	\$ 440,973,563
Increase (decrease) during the year attributable to		
Interest accumulation	4,389,855	20,487,706
Benefits paid	(3,697,849)	(17,970,619)
Change in actuarial assumptions	12,212,383	19,299,430
Other changes	215,717	12,485,192
Actuarial present value of accumulated plan benefits at end of period	<u>\$ 488,395,378</u>	<u>\$ 475,275,272</u>

The “other changes” component represents the normal operation of the Plan. It consists primarily of the increase due to ongoing benefit accruals (if any) and those items of plan experience that are not associated with plan asset performance.

As indicated, the information outlined above was determined as of September 30, 2024, 2023, and 2022. The change in actuarial assumptions is related to the change in discount rate and the employee contribution accumulation rate and mortality assumption for lump sum payments.

Note 3. Certification of Plan Trustee

The plan administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor’s (DOL’s) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Cadence Bank, a qualified institution, has certified the following investment information included in the accompanying financial statements, and ERISA-required supplemental schedules are complete and accurate to the best of their knowledge:

- Investments as shown in the statements of net assets available for benefits as of September 30, 2024 and 2023.
- Investment income as shown in the statements of changes in net assets available for benefits for the years ended September 30, 2024 and 2023.
- Investment information included in the accompanying schedule of assets (held at end of year) as of September 30, 2024 and the accompanying schedule of reportable transactions for the year ended September 30, 2024.

The Plan’s independent auditors did not perform auditing procedures with respect to this certified information, except for comparing such certified investment information to the related investment information included in the financial statements and ERISA-required supplemental schedules.

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

Note 4. Funding Policy

As a condition of participation, employees are required to contribute 1% of their salary to the Plan. Present employees' accumulated contributions as of September 30, 2023 (for the 2024 plan year) were approximately \$18,477,000, including current year interest credit of 3.94%. Present employees' accumulated contributions as of September 30, 2022 (for the 2023 plan year) were approximately \$19,695,000, including current year interest credit of 3.94%.

NMHS has voluntarily agreed to make contributions to the Plan sufficient to provide the Plan with assets to pay pension benefits to plan participants. NMHS' contributions for the years ended September 30, 2024 and 2023 satisfied the minimum funding requirements of ERISA.

Contributions to the Plan are designed to fund current service costs on a current basis and to fund, over 30 years, the established accrued benefit cost arising from qualified service prior to establishment of the Plan.

Note 5. Plan Termination

As the Plan undergoes the process of termination, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- c. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations discussed below.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonvested benefits.

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

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

Note 6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated April 12, 2018 stating that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7. Disclosures About Fair Value of Plan Assets and Liabilities

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. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy comprises three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at September 30, 2024 or 2023.

Cash equivalents are stated at cost, which approximates fair value.

Investment funds, as discussed in Note 2, are reported at the NAV reported by the fund managers, which is used as a practical expedient to estimate the fair value of the Plan's interest therein, unless it is probable that all or a portion of the investment will be sold for an amount different from NAV. As of September 30, 2024, the Plan had no plans or intentions to sell investments at amounts different from NAV.

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at September 30, 2024 and 2023:

	Fair Value	Fair Value Measurements		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2024				
Cash equivalents	\$ 174,655,822	\$ 174,655,822	\$ -	\$ -
Investment measured at NAV (A)	<u>317,027,801</u>			
Investment at fair value	<u><u>\$ 491,683,623</u></u>			
September 30, 2023				
Cash equivalents	\$ 5,393,267	\$ 5,393,267	\$ -	\$ -
Investment measured at NAV (A)	<u>419,746,482</u>			
Investment at fair value	<u><u>\$ 425,139,749</u></u>			

- (A) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the years ended September 30, 2024 and 2023. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections, and cash flows. Such securities are classified in Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy.

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Notes to Financial Statements
September 30, 2024 and 2023**

Note 8. Related Party and Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

Certain plan investments are held in the Aon Hewitt Group Trust funds which are managed by Aon Hewitt. Aon Hewitt is the investment advisor and investment manager of the Plan; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services totaled \$1,304,125 and \$873,601 for the years ended September 30, 2024 and 2023, respectively.

NMHS provides certain administrative services at no cost to the Plan.

Note 9. Subsequent Events

On June 12, 2025, the Plan received a favorable determination letter from the Internal Revenue Service confirming the termination of the Plan complies with applicable qualification requirements under the Internal Revenue Code, and that there was no impact on the Plan's qualifications of not being subject to tax.

Effective June 30, 2025, the Plan entered into an annuity purchase agreement with Massachusetts Mutual Life Insurance Company to purchase a group annuity contract which will begin paying pension benefits to participants and beneficiaries effective September 1, 2025.

The Plan has evaluated subsequent events through July 14, 2025, which is the date the financial statements were available to be issued.

Supplemental Schedules

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 64-0653269 PN 001
September 30, 2024**

<u>(a) (b) Identity of Issuer and Description of Investment</u>	<u>(c) Shares or Units</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
Cash Equivalents			
G/S Financial Square Government - Money Market	173,636,518	\$ 174,655,822	\$ 174,655,822
Total cash equivalents		<u>174,655,822</u>	<u>174,655,822</u>
Fixed Income Commingled Funds			
* Aon Hewitt Group Trust Long Fixed Active Credit	20,744,483	198,780,806	186,907,793
* Aon Hewitt Group Trust Mid Line of Credit Fund	12,098	124,992	136,345
* Aon Hewitt Group Trust U.S. Intermediate Government Bond Fund	6,457,711	61,194,618	63,414,721
* Aon Hewitt Group Trust U.S. Intermediate Active Credit	2,075,099	21,000,000	21,622,530
Total fixed income commingled funds		<u>281,100,416</u>	<u>272,081,389</u>
Hedge Funds			
* Aon Core Real Estate Class I	808,523	8,870,434	10,454,201
* Aon Diversifying Alternatives	1,836	2,155,112	2,803,426
* Aon Return Enhancing Alternatives Initial Class	2,336	2,336,402	3,287,374
* Aon Return Enhancing Alternatives June 2018	9,000	9,000,000	12,546,457
* Aon Return Enhancing Alternatives March 2020	4,000	4,000,000	5,428,197
* Nisa Ultra Mid Treasury CIF Class A	613,801	7,400,000	7,531,771
* Nisa Ultra Long Treasury CIF Class A	217,240	2,000,000	2,894,986
Total hedge funds		<u>35,761,948</u>	<u>44,946,412</u>
Total assets held for investment		<u>\$ 491,518,186</u>	<u>\$ 491,683,623</u>

* Party-in-interest

North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 64-0653269 PN 001
Year Ended September 30, 2024

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* Aon Hewitt Group Trust	US Intermediate Govt Bond					
	Purchases	\$ 55,000,000	\$ -	\$ 55,000,000	\$ 55,000,000	\$ -
	Purchases	\$ 6,000,000	\$ -	\$ 6,000,000	\$ 6,000,000	\$ -
* Aon Hewitt Group Trust	Long Fixed Active Credit					
	Purchases	\$ 4,000,000	\$ -	\$ 4,000,000	\$ 4,000,000	\$ -
	Purchases	\$ 4,000,000	\$ -	\$ 4,000,000	\$ 4,000,000	\$ -
	Purchases	\$ 8,000,000	\$ -	\$ 8,000,000	\$ 8,000,000	\$ -
	Sales	\$ -	\$ 34,000,000	\$ 39,439,752	\$ 34,000,000	\$ (5,439,752)
	Sales	\$ -	\$ 34,000,000	\$ 38,557,119	\$ 34,000,000	\$ (4,557,119)
	Sales	\$ -	\$ 11,000,000	\$ 12,430,438	\$ 11,000,000	\$ (1,430,438)
* Aon Hewitt Group Trust	Intermediate Active Credit					
	Purchases	\$ 21,000,000	\$ -	\$ 21,000,000	\$ 21,000,000	\$ -
	Purchases	\$ 3,200,000	\$ -	\$ 3,200,000	\$ 3,200,000	\$ -
	Purchases	\$ 1,500,000	\$ -	\$ 1,500,000	\$ 1,500,000	\$ -
	Purchases	\$ 5,500,000	\$ -	\$ 5,500,000	\$ 5,500,000	\$ -
* Aon Hewitt Group Trust	Global Equity					
	Sales	\$ -	\$ 500,000	\$ 297,337	\$ 500,000	\$ 202,663
	Sales	\$ -	\$ 2,500,000	\$ 1,437,433	\$ 2,500,000	\$ 1,062,567
	Sales	\$ -	\$ 1,000,000	\$ 528,653	\$ 1,000,000	\$ 471,347
	Sales	\$ -	\$ 1,500,000	\$ 813,856	\$ 1,500,000	\$ 686,144
	Sales	\$ -	\$ 1,000,000	\$ 549,579	\$ 1,000,000	\$ 450,421
	Sales	\$ -	\$ 2,100,000	\$ 1,087,079	\$ 2,100,000	\$ 1,012,921
	Sales	\$ -	\$ 7,500,000	\$ 3,873,303	\$ 7,500,000	\$ 3,626,697
	Sales	\$ -	\$ 11,376,453	\$ 5,872,960	\$ 11,376,453	\$ 5,503,493
* Aon Hewitt Group Trust	Non-US Active Equity					
	Sales	\$ -	\$ 2,000,000	\$ 1,500,562	\$ 2,000,000	\$ 499,438
	Sales	\$ -	\$ 700,000	\$ 494,705	\$ 700,000	\$ 205,295
	Sales	\$ -	\$ 690,000	\$ 500,925	\$ 690,000	\$ 189,075
	Sales	\$ -	\$ 1,035,000	\$ 756,053	\$ 1,035,000	\$ 278,947
	Sales	\$ -	\$ 2,900,000	\$ 2,028,175	\$ 2,900,000	\$ 871,825
	Sales	\$ -	\$ 6,800,000	\$ 4,784,154	\$ 6,800,000	\$ 2,015,846
	Sales	\$ -	\$ 10,013,826	\$ 7,084,075	\$ 10,013,826	\$ 2,929,751
* Aon Hewitt Group Trust	20 Year US Treasury					
	Sales	\$ -	\$ 2,000,000	\$ 2,698,935	\$ 2,000,000	\$ (698,935)
	Sales	\$ -	\$ 25,000,000	\$ 34,643,546	\$ 25,000,000	\$ (9,643,546)
	Sales	\$ -	\$ 63,723,046	\$ 90,796,196	\$ 63,723,046	\$ (27,073,150)

North Mississippi Health Services, Inc.
 Retirement Plan and Trust Agreement
 Schedule H, Line 4j – Schedule of Reportable Transactions
 EIN: 64-0653269 PN 001
 Year Ended September 30, 2024

(Continued)

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
G/S Financial	Square Govt Mmkt #465					
	Purchases	\$ 232,537,782	\$ -	\$ 232,537,782	\$ 232,537,782	\$ -
	Sales	\$ -	\$ 64,274,387	\$ 64,274,387	\$ 64,274,387	\$ -

*Party-in-interest

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> <hr/> 2023 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 07/21/2024

▶ **Round off amounts to nearest dollar.**
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan North Mississippi Health Services Retirement Plan & Trust Agreement	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF North Mississippi Health Services, Inc.	D Employer Identification Number (EIN) 64-0653269	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>10</u>	Day <u>01</u>	Year <u>2023</u>
2 Assets:			
a Market value.....	2a	437,894,345	
b Actuarial value.....	2b	481,683,779	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	1,726	236,226,907	236,226,907
b For terminated vested participants.....	1,330	52,308,442	52,308,442
c For active participants.....	1,837	182,174,353	183,343,826
d Total.....	4,893	470,709,702	471,879,175
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.27%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	6,634,745	
b Expected plan-related expenses.....	6b	2,329,542	
c Target normal cost.....	6c	8,597,627	

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

SIGN HERE	AGNIESZKA E. WELKIE <i>AEW</i>	07/09/2025
	Signature of actuary	Date
	AGNIESZKA E. WELKIE	2307308
	Type or print name of actuary	Most recent enrollment number
	AON CONSULTING, INC.	281-882-6116
	Firm name	Telephone number (including area code)
	MSC# 17866 PO BOX 803507 DALLAS TX 75380	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	23,578,263	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	23,578,263	0
10	Interest on line 9 using prior year's actual return of <u>0.61</u> %.....	143,827	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		12,095,397
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.45</u> %.....		659,199
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		12,754,596
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	23,722,090	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	102.07%
15	Adjusted funding target attainment percentage.....	15	102.07%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	109.00%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/11/2023	0	14,014	04/09/2024	0	13,656	
10/19/2023	0	5,176	04/23/2024	0	14,164	
10/26/2023	0	14,166	05/08/2024	0	13,699	
11/09/2023	0	13,851	05/22/2024	0	13,881	
11/21/2023	0	13,842	06/04/2024	0	13,456	
12/06/2023	0	13,849	06/20/2024	0	13,541	
12/20/2023	0	13,665	07/02/2024	0	13,704	
01/04/2024	0	18,976	07/16/2024	0	13,452	
01/17/2024	0	13,568	07/29/2024	0	13,193	
01/30/2024	0	13,324				
02/14/2024	0	13,973				
02/28/2024	0	13,842				
03/14/2024	0	13,882				
03/26/2024	0	13,620				
Totals ▶			18(b)	0	18(c)	312,494

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	8,597,627
b Excess assets, if applicable, but not greater than line 31a	31b	8,597,627

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 North Mississippi Health Services Retirement Plan & Trust Agreement
 EIN: 64-0653269 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	5.00%	1.0000	2.75
56	5.00%	0.9500	2.66
57	5.00%	0.9025	2.57
58	5.00%	0.8574	2.49
59	7.00%	0.8145	3.36
60	10.00%	0.7575	4.54
61	15.00%	0.6817	6.24
62	20.00%	0.5795	7.19
63	15.00%	0.4636	4.38
64	25.00%	0.3940	6.30
65	50.00%	0.2955	9.60
66	40.00%	0.1478	3.90
67	40.00%	0.0887	2.38
68	40.00%	0.0532	1.45
69	40.00%	0.0319	0.88
70	100.00%	0.0192	1.34
Weighted Average			62.03

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

A change in employee contribution accumulation rate from 3.94% for 2022 to 5.33% for 2023.

A change in the mortality assumption for lump sum payments from the 2022 plan year IRC section 417(e)(3) mortality table to the 2023 plan year IRC section 417(e)(3) mortality table.

These changes were made to better reflect the anticipated plan experience. The changes do not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of October 2023), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.00%
3rd Segment Rate	5.74%
Effective Interest Rate	5.27%
Interest Rates for Purposes Other Than Minimum Funding	Based on segment rates with no lookback (as of October 2023), without regard to interest rate stabilization
1st Segment Rate	3.82%
2nd Segment Rate	4.59%
3rd Segment Rate	4.63%
Effective Interest Rate	4.57%
Salary Increases	3.00%
Employee Contribution Accumulation Interest Rate	5.33% per year. 120% of the Federal mid-term rate effective as of the first day of the current plan year.
Optional Payment Form Election Percentage	Single life with modified cash refund annuity.
Lump Sum Payment Form Conversion	Current 417(e) mortality table and funding interest rates.
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63
Mortality Rates	
Healthy and Disabled	2023 static mortality table for annuitants and non-annuitants per section 1.430(h)(3)-1(a)(3) and IRS Notice 2022-22
Withdrawal Rates	See Table 2
Decrement Timing	Beginning of year
Surviving Spouse Benefit	It is assumed that 70% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

Benefit and Compensation Limits

Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$265,000 and the 401(a)(17) compensation limit of \$330,000.

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2021 Plan Year

5.20%

The applicable third segment rate limitation is 6.11%.

2022 Plan Year

5.20%

The applicable third segment rate limitation is 5.92%.

2023 Plan Year

5.80%

The applicable third segment rate limitation is 5.74%.

Trust Expenses Included in Target Normal Cost

\$2,329,542 Prior year administrative and investment expense plus PBGC premiums, with adjustment for any significant changes.

Actuarial Method

Standard unit credit cost method

Valuation Date

October 1, 2023

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

Table 1

Retirement Rates

Age	Rate
55	5%
56	5%
57	5%
58	5%
59	7%
60	10%
61	15%
62	20%
63	15%
64	25%
65	50%
66	40%
67	40%
68	40%
69	40%
70	100%

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 North Mississippi Health Services Retirement Plan & Trust Agreement
 EIN: 64-0653269 PN: 001

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	8.90%	45	4.60%
21	8.90%	46	4.60%
22	8.90%	47	4.60%
23	8.90%	48	4.60%
24	8.90%	49	4.60%
25	8.90%	50	4.00%
26	8.90%	51	4.00%
27	8.90%	52	4.00%
28	8.90%	53	4.00%
29	8.90%	54	4.00%
30	8.30%	55	8.00%
31	7.70%	56	8.00%
32	7.10%	57	8.00%
33	6.50%	58	8.00%
34	5.90%	59	8.00%
35	5.30%	60	8.00%
36	5.00%	61	8.00%
37	4.70%	62	8.00%
38	4.40%	63	8.00%
39	4.30%	64	8.00%
40	5.30%	65+	8.00%
41	5.30%		
42	5.30%		
43	5.30%		
44	5.30%		

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Plan Name	North Mississippi Health Services, Inc. Retirement Plan and Trust Agreement.
Effective Date	The Plan became effective on May 1, 1977 and was most recently restated January 1, 2012.
Plan Year	October 1 to September 30.
Plan Freeze	
Participation	Effective March 31, 2014 no new participants are allowed and rehires are not allowed re-entry into the Plan.
Grandfathered Participant	Any participant whose age plus years of service was 65 or greater as of January 1, 2016.
Non-grandfathered Participant	Any participant whose age plus years of service was less than 65 as of January 1, 2016.
Benefit	Effective January 1, 2016 benefits in the Plan were frozen for Non-grandfathered Participants as of January 1, 2016.
Covered Group	All employees of the Company are covered except for the following excluded job classifications: Independent Contractors Leased Employees Employees who are not U.S. citizens, do not reside in the U.S, and who receive no earned income from the Company which constitutes income from sources within the United States. Union Employees covered through a collective bargaining agreement
Eligibility	
Eligibility Date	October 1 and April 1 of each plan year.
Eligibility Requirement	Employees become eligible to participate in the Plan on the eligibility date coincident with or following the date on which they have: Completed 1,000 hours during the preceding plan year, Attained age 21, and Agreed to make participant contributions to the Plan.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

Definitions

Participant Contributions	An employee must make a contribution of one percent (1%) of total compensation to participate in the Plan.
Benefit Service	Each plan year in which an eligible participant has 1,000 or more hours of employment is counted as a year of benefit service. There is no partial year of benefit service earned when an eligible participant has less than 1,000 hours of employment during a plan year. For Non-grandfathered Participants, the Benefit Service was frozen as of September 30, 2015, unless they worked 250 hours between October 1, 2015 and December 31, 2015, then it was frozen as of December 31, 2015.
Vesting Service	Each plan year in which an eligible participant has 1,000 or more hours of employment is counted as a year of vesting service. There is no partial year of vesting service earned when an eligible participant has less than 1,000 hours of employment during a plan year.
Compensation	Plan compensation is defined as salary or wages paid by the Company.
Average Compensation	Average of the highest 3 consecutive plan years of compensation out of the last 10 plan years of employment. For Non-grandfathered Participants, the Average Compensation was frozen as of September 30, 2015. If the Compensation between October 1, 2015 and December 31, 2015 is greater than the Compensation between October 1, 2012 and September 30, 2013, it will be used in the calculation of Average Compensation.
Participant Funded Benefit	A monthly amount equal to the sum of total participant contributions plus interest converted to the normal form of benefits.
Accrued Benefit	A monthly amount equal to the greater of the participant funded benefit and (1) or (2) below: (1) An amount equal to (a) plus (b) plus (c): (a) 1.250% of Average Compensation times years of Benefit Service up to 20 years (b) 1.500% of Average Compensation times years of Benefit Service in excess of 20 years but not to exceed 30 years (c) 1.666% of Average Compensation times years of Benefit Service in excess of 30 years

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

(2) An amount equal to (a) plus (b) plus (c) determined as of March 8, 1996:

(a) 1.200% of Average Compensation times years of Benefit Service up to 20 years

(b) 1.500% of Average Compensation times years of Benefit Service in excess of 20 years but not to exceed 30 years

(c) 1.800% of Average Compensation times years of Benefit Service in excess of 30 years

Normal Retirement Benefit

Eligibility

Age 65.

Benefit

The benefit calculated at normal retirement.

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefit

The benefit calculated at early retirement as the normal retirement benefit reduced 1/180th for each month of the first five years and 1/360th for each of the next five years preceding normal retirement.

Disability Retirement

The Plan does not provide disability benefits.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

Accrued benefit based on service at date of termination, with payments deferred until normal retirement date. Benefits may commence prior to normal retirement if the participant met the early retirement eligibility requirement. The benefit is reduced in the same manner as the early retirement benefit.

Form of Benefits

Normal Form

For an unmarried participant, the automatic form of benefit is a life with modified cash refund annuity. For a married participant, the automatic form of benefit is a 50% joint and survivor annuity.

Optional Forms

(3) Life annuity

(4) Joint and survivor annuity with percentage continuation to the survivor

(5) Life annuity with 60, 120, or 180 monthly payments guaranteed

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
North Mississippi Health Services Retirement Plan & Trust Agreement
EIN: 64-0653269 PN: 001

(6) Lump sum if total value is less than \$5,000

Pre-Retirement Death Benefits

Eligibility

Any vested participant who has been married for at least one year at the time of death.

Benefit

50% of the participant's accrued benefit at the time of death, adjusted for the 50% joint and survivor annuity form of payment, payable on the first day of month following the participant's normal retirement date. If the survivor elects early commencement, the benefit is further reduced in the same manner as the early retirement benefit.

Special Death Benefit

Eligibility

Any vested participant without a qualifying spouse or any participant with less than five years of vesting service at the time of death.

Benefit

A lump sum equal to the present value of the participant funded benefit at the time of death.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- The plan is terminated as of July 21, 2024.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 North Mississippi Health Services Retirement Plan & Trust Agreement
 EIN: 64-0653269 PN: 001

Schedule SB, line 26a—Schedule of Active Participant Data as of
 October 1, 2023

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34				19	2					
35-39				66 \$67,773	99 \$69,401	2				
40-44				25 \$73,121	132 \$68,886	93 \$73,576	5			
45-49				23 \$72,757	82 \$69,056	130 \$69,208	85 \$70,782	3		
50-54				14 \$75,765	67 \$72,595	88 \$75,689	104 \$78,478	87	5	
55-59				20 \$78,526	58 \$59,984	52 \$71,847	76 \$74,345	113 \$82,206	56 \$81,274	8
60-64				10 \$83,060	30 \$59,867	31 \$73,181	38 \$74,588	55 \$90,930	46 \$74,330	39
65-69				3	15	11	8	14	2	14
70+				1	1	2		1	1	1

N-1,837

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 North Mississippi Health Services Retirement Plan & Trust Agreement
 EIN: 64-0653269 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2023	1,962,019	3,295,317	21,270,841	26,528,177
2024	3,650,094	1,378,456	20,467,169	25,495,719
2025	5,340,380	1,619,176	20,175,432	27,134,988
2026	6,865,400	1,788,798	19,834,561	28,488,759
2027	8,279,808	2,132,200	19,442,100	29,854,108
2028	9,567,214	2,239,606	19,041,713	30,848,533
2029	10,722,271	2,482,302	18,602,236	31,806,809
2030	11,784,497	2,715,166	18,124,890	32,624,553
2031	12,663,654	2,940,361	17,615,963	33,219,978
2032	13,472,991	3,104,708	17,079,695	33,657,394
2033	14,164,590	3,415,502	16,498,672	34,078,764
2034	14,693,686	3,594,727	15,878,973	34,167,386
2035	15,114,980	3,765,150	15,198,835	34,078,965
2036	15,404,327	3,951,437	14,486,821	33,842,585
2037	15,605,381	4,058,246	13,744,975	33,408,602
2038	15,737,624	4,230,802	12,985,778	32,954,204
2039	15,808,020	4,317,445	12,204,993	32,330,458
2040	15,785,805	4,337,164	11,401,591	31,524,560
2041	15,701,539	4,324,966	10,581,100	30,607,605
2042	15,567,950	4,329,503	9,749,853	29,647,306
2043	15,315,753	4,296,939	8,914,966	28,527,658
2044	15,034,335	4,266,841	8,084,237	27,385,413
2045	14,687,411	4,231,940	7,265,963	26,185,314
2046	14,272,659	4,154,904	6,468,732	24,896,295
2047	13,773,501	4,067,866	5,701,064	23,542,431
2048	13,221,423	3,932,256	4,971,058	22,124,737
2049	12,614,818	3,810,490	4,286,009	20,711,317
2050	11,956,906	3,663,569	3,652,033	19,272,508
2051	11,262,977	3,498,660	3,073,806	17,835,443
2052	10,548,525	3,328,915	2,554,392	16,431,832
2053	9,814,948	3,151,527	2,095,054	15,061,529
2054	9,073,397	2,969,596	1,695,305	13,738,298
2055	8,334,969	2,782,489	1,353,139	12,470,597
2056	7,608,628	2,595,274	1,065,163	11,269,065
2057	6,902,112	2,409,466	826,901	10,138,479
2058	6,222,491	2,226,190	633,155	9,081,836
2059	5,575,840	2,046,528	478,309	8,100,677
2060	4,966,994	1,871,509	356,695	7,195,198
2061	4,399,331	1,702,131	262,830	6,364,292
2062	3,875,065	1,539,342	191,619	5,606,026
2063	3,395,143	1,383,992	138,495	4,917,630
2064	2,959,320	1,236,818	99,498	4,295,636
2065	2,566,414	1,098,432	71,299	3,736,145
2066	2,214,507	969,292	51,185	3,234,984
2067	1,901,120	849,699	37,004	2,787,823

Schedule SB Attachment (Form 5500)—October 1, 2023 Plan Year
 North Mississippi Health Services Retirement Plan & Trust Agreement
 EIN: 64-0653269 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2068	1,623,454	739,820	27,093	2,390,367
2069	1,378,593	639,659	20,201	2,038,453
2070	1,163,643	549,073	15,409	1,728,125
2071	975,826	467,789	12,055	1,455,670
2072	812,526	395,423	9,673	1,217,622

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
EIN: 64-0653269 PN 001
September 30, 2024**

<u>(a) (b) Identity of Issuer and Description of Investment</u>	<u>(c) Shares or Units</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
Cash Equivalents			
G/S Financial Square Government - Money Market	173,636,518	\$ 174,655,822	\$ 174,655,822
Total cash equivalents		<u>174,655,822</u>	<u>174,655,822</u>
Fixed Income Commingled Funds			
* Aon Hewitt Group Trust Long Fixed Active Credit	20,744,483	198,780,806	186,907,793
* Aon Hewitt Group Trust Mid Line of Credit Fund	12,098	124,992	136,345
* Aon Hewitt Group Trust U.S. Intermediate Government Bond Fund	6,457,711	61,194,618	63,414,721
* Aon Hewitt Group Trust U.S. Intermediate Active Credit	2,075,099	21,000,000	21,622,530
Total fixed income commingled funds		<u>281,100,416</u>	<u>272,081,389</u>
Hedge Funds			
* Aon Core Real Estate Class I	808,523	8,870,434	10,454,201
* Aon Diversifying Alternatives	1,836	2,155,112	2,803,426
* Aon Return Enhancing Alternatives Initial Class	2,336	2,336,402	3,287,374
* Aon Return Enhancing Alternatives June 2018	9,000	9,000,000	12,546,457
* Aon Return Enhancing Alternatives March 2020	4,000	4,000,000	5,428,197
* Nisa Ultra Mid Treasury CIF Class A	613,801	7,400,000	7,531,771
* Nisa Ultra Long Treasury CIF Class A	217,240	2,000,000	2,894,986
Total hedge funds		<u>35,761,948</u>	<u>44,946,412</u>
Total assets held for investment		<u>\$ 491,518,186</u>	<u>\$ 491,683,623</u>

* Party-in-interest

**North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 64-0653269 PN 001
Year Ended September 30, 2024**

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* Aon Hewitt Group Trust	US Intermediate Govt Bond					
	Purchases	\$ 55,000,000	\$ -	\$ 55,000,000	\$ 55,000,000	\$ -
	Purchases	\$ 6,000,000	\$ -	\$ 6,000,000	\$ 6,000,000	\$ -
* Aon Hewitt Group Trust	Long Fixed Active Credit					
	Purchases	\$ 4,000,000	\$ -	\$ 4,000,000	\$ 4,000,000	\$ -
	Purchases	\$ 4,000,000	\$ -	\$ 4,000,000	\$ 4,000,000	\$ -
	Purchases	\$ 8,000,000	\$ -	\$ 8,000,000	\$ 8,000,000	\$ -
	Sales	\$ -	\$ 34,000,000	\$ 39,439,752	\$ 34,000,000	\$ (5,439,752)
	Sales	\$ -	\$ 34,000,000	\$ 38,557,119	\$ 34,000,000	\$ (4,557,119)
	Sales	\$ -	\$ 11,000,000	\$ 12,430,438	\$ 11,000,000	\$ (1,430,438)
* Aon Hewitt Group Trust	Intermediate Active Credit					
	Purchases	\$ 21,000,000	\$ -	\$ 21,000,000	\$ 21,000,000	\$ -
	Purchases	\$ 3,200,000	\$ -	\$ 3,200,000	\$ 3,200,000	\$ -
	Purchases	\$ 1,500,000	\$ -	\$ 1,500,000	\$ 1,500,000	\$ -
	Purchases	\$ 5,500,000	\$ -	\$ 5,500,000	\$ 5,500,000	\$ -
* Aon Hewitt Group Trust	Global Equity					
	Sales	\$ -	\$ 500,000	\$ 297,337	\$ 500,000	\$ 202,663
	Sales	\$ -	\$ 2,500,000	\$ 1,437,433	\$ 2,500,000	\$ 1,062,567
	Sales	\$ -	\$ 1,000,000	\$ 528,653	\$ 1,000,000	\$ 471,347
	Sales	\$ -	\$ 1,500,000	\$ 813,856	\$ 1,500,000	\$ 686,144
	Sales	\$ -	\$ 1,000,000	\$ 549,579	\$ 1,000,000	\$ 450,421
	Sales	\$ -	\$ 2,100,000	\$ 1,087,079	\$ 2,100,000	\$ 1,012,921
	Sales	\$ -	\$ 7,500,000	\$ 3,873,303	\$ 7,500,000	\$ 3,626,697
	Sales	\$ -	\$ 11,376,453	\$ 5,872,960	\$ 11,376,453	\$ 5,503,493
* Aon Hewitt Group Trust	Non-US Active Equity					
	Sales	\$ -	\$ 2,000,000	\$ 1,500,562	\$ 2,000,000	\$ 499,438
	Sales	\$ -	\$ 700,000	\$ 494,705	\$ 700,000	\$ 205,295
	Sales	\$ -	\$ 690,000	\$ 500,925	\$ 690,000	\$ 189,075
	Sales	\$ -	\$ 1,035,000	\$ 756,053	\$ 1,035,000	\$ 278,947
	Sales	\$ -	\$ 2,900,000	\$ 2,028,175	\$ 2,900,000	\$ 871,825
	Sales	\$ -	\$ 6,800,000	\$ 4,784,154	\$ 6,800,000	\$ 2,015,846
	Sales	\$ -	\$ 10,013,826	\$ 7,084,075	\$ 10,013,826	\$ 2,929,751
* Aon Hewitt Group Trust	20 Year US Treasury					
	Sales	\$ -	\$ 2,000,000	\$ 2,698,935	\$ 2,000,000	\$ (698,935)
	Sales	\$ -	\$ 25,000,000	\$ 34,643,546	\$ 25,000,000	\$ (9,643,546)
	Sales	\$ -	\$ 63,723,046	\$ 90,796,196	\$ 63,723,046	\$ (27,073,150)

North Mississippi Health Services, Inc.
Retirement Plan and Trust Agreement
Schedule H, Line 4j – Schedule of Reportable Transactions
EIN: 64-0653269 PN 001
Year Ended September 30, 2024

(Continued)

<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
G/S Financial	Square Govt Mmkt #465					
	Purchases	\$ 232,537,782	\$ -	\$ 232,537,782	\$ 232,537,782	\$ -
	Sales	\$ -	\$ 64,274,387	\$ 64,274,387	\$ 64,274,387	\$ -

*Party-in-interest

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

B This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information - enter all requested information

1a Name of plan NORTH MISSISSIPPI HEALTH SERVICES, INC. RETIREMENT PLAN & TRUST AGREEMENT	1b Three-digit plan number (PN) ▶ <u>001</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NORTH MISSISSIPPI HEALTH SERVICES, INC. 830 SOUTH GLOSTER STREET TUPELO, MS 38801	1c Effective date of plan <u>05/01/1977</u> 2b Employer Identification Number (EIN) <u>64-0653269</u> 2c Plan Sponsor's telephone number <u>662-377-3056</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE		<u>7/15/25</u>	SONDRA DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>7/15/25</u>	SONDRA DAVIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">4893</td> </tr> </table>	5	4893																		
5	4893																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).																					
a(1) Total number of active participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">1837</td> </tr> <tr> <td>a(2) Total number of active participants at the end of the plan year</td> <td style="text-align: right;">6a(2) 1686</td> </tr> <tr> <td>b Retired or separated participants receiving benefits</td> <td style="text-align: right;">6b 1719</td> </tr> <tr> <td>c Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">6c 1218</td> </tr> <tr> <td>d Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">6d 4623</td> </tr> <tr> <td>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">6e 245</td> </tr> <tr> <td>f Total. Add lines 6d and 6e.</td> <td style="text-align: right;">6f 4868</td> </tr> <tr> <td>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">6g(1) 0</td> </tr> <tr> <td>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">6g(2) 0</td> </tr> <tr> <td>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">6h 0</td> </tr> </table>	6a(1)	1837	a(2) Total number of active participants at the end of the plan year	6a(2) 1686	b Retired or separated participants receiving benefits	6b 1719	c Other retired or separated participants entitled to future benefits.	6c 1218	d Subtotal. Add lines 6a(2), 6b, and 6c.	6d 4623	e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 245	f Total. Add lines 6d and 6e.	6f 4868	g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0	g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0	h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
6a(1)	1837																				
a(2) Total number of active participants at the end of the plan year	6a(2) 1686																				
b Retired or separated participants receiving benefits	6b 1719																				
c Other retired or separated participants entitled to future benefits.	6c 1218																				
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f Total. Add lines 6d and 6e.	6f 4868																				
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1) 0																				
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2) 0																				
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0																				
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="text-align: right;">0</td> </tr> </table>	7	0																		
7	0																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 3H

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____