

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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) <u>WILLIS-KNIGHTON MEDICAL CENTER</u></p> <p><u>2600 GREENWOOD ROAD</u> <u>SHREVEPORT, LA 71103-3908</u></p>	<p>1c Effective date of plan <u>02/01/1973</u></p> <p>2b Employer Identification Number (EIN) <u>72-0400933</u></p> <p>2c Plan Sponsor's telephone number <u>318-212-4000</u></p> <p>2d Business code (see instructions) <u>622000</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/16/2025	JERRY A. FIELDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <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	10800
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)	5919
	6a(2)	6197
	6b	1635
	6c	3182
	6d	11014
	6e	245
	6f	11259
	6g(1)	
6g(2)		
6h		253
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 3D 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	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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>WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN</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>WILLIS-KNIGHTON MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>72-0400933</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>835437782</u>
	b Actuarial value	2b	<u>835437782</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1705</u>	<u>204337928</u>
	b For terminated vested participants	<u>3176</u>	<u>85157040</u>
	c For active participants	<u>5919</u>	<u>248657579</u>
	d Total	<u>10800</u>	<u>538152547</u>
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	<u>5.37 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>24082344</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>24082344</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>07/14/2025</u>
	<u>THOMAS A. VAUGHT</u>	Date
	Type or print name of actuary	<u>23-06120</u>
	<u>USI CONSULTING GROUP</u>	Most recent enrollment number
	Firm name	<u>629-895-7861</u>
	<u>5301 VIRGINIA WAY</u> <u>SUITE 400</u> <u>BRENTWOOD, TN 37027</u>	Telephone number (including area code)
	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)	1119935	
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)	1119935	0
10	Interest on line 9 using prior year's actual return of <u>16.14</u> %	180758	0
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 <u>5.55</u> %		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	1300693	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	154.02 %
15	Adjusted funding target attainment percentage	15	154.27 %
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	150.08 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
	b Contributions made to avoid restrictions adjusted to valuation date	19b 0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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	24082344	
b Excess assets, if applicable, but not greater than line 31a	31b	24082344	
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
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		
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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 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 WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS-KNIGHTON MEDICAL CENTER	D Employer Identification Number (EIN) 72-0400933	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

CADENCE BANK

201 S SPRING ST
TUPELO, MS 38804

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(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.	<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 WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 WILLIS-KNIGHTON MEDICAL CENTER	D Employer Identification Number (EIN) 72-0400933

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	446757	338121
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7756587	8518336
(2) U.S. Government securities	1c(2)	176459587	166113127
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(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)	650774851	882643435
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	835437782	1057613019
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	1000000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	1000000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	835437782	1056613019

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)	0	
(B) Participants	2a(1)(B)	0	
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	347190	
(B) U.S. Government securities	2b(1)(B)	1407130	
(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)		1754320
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	11523805	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11523805
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	20100000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20100000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(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)		227717181
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		240995306

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19820069	
(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)		19820069
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		19820069

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		221175237
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: EISNERAMPER LLP

(2) EIN: 87-1363769

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 539117.

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>WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WILLIS-KNIGHTON MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>72-0400933</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>64-0782370</u>		
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	6

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

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

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

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

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

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

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

Part III	Amendments
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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.
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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	

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: 77.9 %
 High-Yield Debt: 21.1 % Real Assets: _____% Cash or Cash Equivalents: _____% Other: 1.0 %

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 02 / 28 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705276A.

WILLIS-KNIGHTON MEDICAL CENTER
EMPLOYEES RETIREMENT PLAN

SHREVEPORT, LOUISIANA

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

I N D E X

INDEPENDENT AUDITORS' REPORT

FINANCIAL STATEMENTS

Exhibit	A	Statements of Accumulated Plan Benefits and Net Assets Available for Benefits at September 30, 2024 and September 30, 2023
Exhibit	B	Statements of Changes in Accumulated Plan Benefits and Net Assets Available for Benefits for the Years Ended September 30, 2024 and September 30, 2023

Exhibit	C	Notes to Financial Statements
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SUPPLEMENTAL SCHEDULE

Schedule	1	Investments at September 30, 2024
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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator, Participants, and Beneficiaries
of the Willis-Knighton Medical Center Employees Retirement Plan
Shreveport, Louisiana

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

We have performed audits of the financial statements of the Willis-Knighton Medical Center Employees Retirement Plan (the "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 accumulated plan benefits and net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in accumulated plan benefits and net assets available for benefits for each of 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 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 September 30, 2024 and 2023 and for each of the years then ended, stating that the certified investment information, as described in Note 7 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 Auditors' 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 Auditors' 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.

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 for one year after the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 audit.

Other Matters

The supplemental schedule of investments (held at end of year) as of September 30, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including the form and content, is 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 schedule, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, is 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 schedule 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).

EisnerAmper LLP

EISNERAMPER LLP
Baton Rouge, Louisiana
July 15, 2025

EISNERAMPER
LLP



WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
STATEMENTS OF ACCUMULATED PLAN BENEFITS AND NET ASSETS AVAILABLE FOR BENEFITS
AT SEPTEMBER 30, 2024 AND SEPTEMBER 30, 2023

<u>ACCUMULATED PLAN BENEFITS</u>	<u>2024</u>	September 30 <u>2023</u>
Actuarial Present Value of Vested Benefits:		
Participants Currently Receiving Payments	208,723,749	190,529,564
Other Participants	<u>281,196,953</u>	<u>266,897,498</u>
Total Vested Benefits	489,920,702	457,427,062
Actuarial Present Value of Nonvested Benefits	<u>2,897,857</u>	<u>2,812,190</u>
Total Actuarial Present Value of Accumulated Plan Benefits	492,818,559	460,239,252
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
<u>Assets</u>		
Investments, at Fair Value: (Note 7)		
Money Market Funds	8,518,336	7,756,587
U. S. Government Securities	166,113,127	176,459,587
Vanguard Total Stock Market Index Fund	<u>882,643,435</u>	<u>650,774,851</u>
Total Investments	1,057,274,898	834,991,025
Accrued Interest and Dividends Receivable	<u>338,121</u>	<u>446,756</u>
Total Assets	<u>1,057,613,019</u>	<u>835,437,781</u>
<u>Liabilities</u>		
Due to Broker for Securities Purchased	<u>1,000,000</u>	<u> </u>
Total Liabilities	<u>1,000,000</u>	<u> </u>
Net Assets Available for Benefits	<u>1,056,613,019</u>	<u>835,437,781</u>
Excess of Net Assets Available for Benefits Over Actuarial Present Value of Accumulated Plan Benefits	<u>563,794,460</u>	<u>375,198,529</u>

The Accompanying Notes Are An Integral Part of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS AND
NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2024 AND SEPTEMBER 30, 2023

	Year Ended September 30	
	<u>2024</u>	<u>2023</u>
<u>NET INCREASE IN ACTUARIAL PRESENT</u>		
<u>VALUE OF ACCUMULATED PLAN BENEFITS</u>		
<u>Increase (Decrease) Attributable to:</u>		
Benefits Accumulated	22,441,877	23,322,344
Increase in the Discount Period	29,957,499	27,807,422
Benefits Paid	(19,820,069)	(17,807,857)
Net Increase in Actuarial Present Value of Accumulated Plan Benefits	32,579,307	33,321,909
<u>NET INCREASE (DECREASE) IN NET ASSETS</u>		
<u>AVAILABLE FOR BENEFITS</u>		
<u>Investment Income:</u>		
Interest	1,754,320	1,798,855
Dividends	11,523,805	10,237,341
Net Appreciation in Fair Value of Investments (Notes 7 and 8)	<u>227,717,182</u>	<u>105,341,218</u>
Total Investment Income	240,995,307	117,377,414
<u>Other (Deductions) from Net Assets:</u>		
Benefits Paid Directly to Participants	(19,820,069)	(17,807,857)
Net Increase in Net Assets Available for Benefits	<u>221,175,238</u>	<u>99,569,557</u>
<u>Increase in Net Assets Available for Benefits Over the Increase in</u>		
<u>Actuarial Present Value of Accumulated Plan Benefits</u>	188,595,931	66,247,648
<u>Excess of Net Assets Available for Benefits Over Actuarial</u>		
<u>Present Value of Accumulated Plan Benefits</u>		
Beginning of the Year	<u>375,198,529</u>	<u>308,950,881</u>
End of the Year	<u>563,794,460</u>	<u>375,198,529</u>

The Accompanying Notes Are An Integral Part of These Financial Statements

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLANNOTES TO FINANCIAL STATEMENTSNote 1 - Description of Plan

The following brief description of the Willis-Knighton Medical Center Employees Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

The Plan is a defined benefit pension plan covering substantially all full-time employees of Willis-Knighton Medical Center and South Shreveport Pharmacy, Inc. (the Employers) who have completed one year of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Normal retirement is 65 years of age with five years of participation. Early retirement is 55 years of age with five years of participation. A participant may postpone retirement beyond the normal retirement age.

Benefits to retired employees are paid directly from plan assets.

Normal benefits payable monthly over the participant's lifetime are as follows:

- (a) .8 percent of average monthly compensation, multiplied by years of credited services not in excess of twenty (20) years; plus
- (b) 1.06 percent of average monthly compensation, multiplied by the number of years of credited service in excess of twenty (20) years but not in excess of forty (40) years; plus
- (c) .5 percent of average monthly compensation in excess of the Social Security covered compensation, multiplied by the number of years of credited service not in excess of twenty (20) years; plus
- (d) .65 percent of average monthly compensation in excess of the Social Security covered compensation, multiplied by the number of years of credited service in excess of twenty (20) years but not in excess of forty (40) years.

Average monthly compensation is based on the participant's compensation for the five consecutive plan years out of the last ten years before retirement that produces the highest average monthly income. Participants who, as of September 30, 1994, had their accrued benefit based on compensation in excess of \$150,000 per year had their benefit frozen as of that date and will accrue additional benefits for years after September 30, 1994 based on the compensation limit in effect on the date of retirement. The applicable compensation limits are: October 1, 1994 through September 30, 1997, \$150,000; October 1, 1997 through September 30, 2000, \$160,000; and beginning October 1, 2000, \$170,000. For employees hired on or after October 1, 2020, compensation is limited to \$100,000.

The excess benefit percentage contained in (c) and (d) above shall not exceed the maximum permitted excess benefit limits contained in Internal Revenue Service Regulation 1.401(a)(4)-3.

The monthly pension benefit payments to participants who began receiving benefits prior to October 1, 2003 are adjusted for the annual cost-of-living increase equal to the annual change in the Consumer Price Index subject to a maximum annual increase of four percent. Participants who start their monthly retirement benefits on or after October 1, 2003 do not receive an annual cost-of-living increase.

Early retirement benefits are actuarially reduced and late retirement benefits are the same as normal retirement benefits.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of Plan (Continued)

A participant is not vested in the plan until completion of five years of service, after which time the participant becomes 100 percent vested in the participant's accrued plan benefit.

In the event of a participant's death: If, on the date of death, the participant has not reached his early retirement date, the pre-retirement death benefit to the named beneficiary shall be equal to the actuarial equivalent of the participant's accrued benefit; if, on the date of death, the participant has reached his early retirement date, the benefit to the named beneficiary shall be equal to the greater of the actuarial equivalent of the participant's accrued benefit or the actuarial equivalent of the participant's early retirement benefit. This benefit shall not be less than the qualified pre-retirement survivor annuity defined in the Plan Document.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosures. Accordingly, actual results may differ from those estimates. See Note 10.

Investment Valuation and Income Recognition

Investments are reported at estimated fair value which 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. See Note 9.

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

Differences Between Form 5500 and Financial Statements

Any gains or losses on sales or maturities of investments (other than registered investment companies such as mutual funds) are required to be shown separately on Form 5500, whereas in the financial statements these amounts are included as a component of appreciation or depreciation in asset value. This is a difference in classification which does not affect total income.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to 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. 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 and funding are determined by USI Insurance Services as of September 30, 2024 and September 30, 2023. The actuarial present value of accumulated plan benefits is that 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. The significant actuarial assumptions used in the calculations of the actuarial present value of accumulated plan benefits at September 30, 2024 and September 30, 2023 are as follows:

1. Discount Rate - 6.65 percent per annum compounded annually (pre- and post-retirement).
2. Life Expectancy of Participants - Pri-2012 Mortality Tables with generational improvement under projection scale MP-2021.
3. Disability Rate - The 1985 Pension Disability Table (male) Class 1 is used. Specimen rates are as follows:

<u>Age</u>	<u>Rate of Disablement</u>
25	0.038%
40	0.117
55	0.722

4. Termination and Retirement Rate - A table developed based on plan experience is used.
5. Salary Increases - Four percent per annum compounded annually.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Significant Accounting Policies (Continued)

6. Retirement Age - A table based on plan experience is used:

<u>Age</u>	<u>Rate of Retirement</u>
55	2%
56	1
57	1
58	1
59	6
60	1
61	1
62	10
63	10
64	3
65	100

7. Cost-of-Living Increase - None for benefit payments commencing on or after October 1, 2003. Three percent per annum compounded annually, for benefit payments commencing prior to October 1, 2003.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. When the Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. See Note 5.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Note 3 - Funding Policy

The Employers' funding policy is to make annual contributions to the Plan in amounts such that all employees' benefits will be provided at retirement. Such contributions are determined actuarially using the aggregate cost method. No Employers' contributions for the years ended September 30, 2024 or September 30, 2023 were necessary to meet the minimum funding requirements of ERISA.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 4 - Tax Status

The plan obtained its latest determination letter on May 1, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by taxing jurisdictions, generally for three years after the filing of its Form 5500. There are currently no audits for any tax periods in progress.

Note 5 - Plan Termination

Although it has not expressed any intention to do so, the Employers have the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event that the Plan terminates, 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 Pension Benefit Guaranty Corporation (PBGC) (a U. S. governmental 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 if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2024 and 2023, that ceiling (which is adjusted periodically) is \$7,108 and \$6,750 per month, respectively.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 6 - Administration of Plan Assets

Cadence Bank is the trustee for the Plan, holding the Plan's assets, under the direction of the Plan Administrator, Willis-Knighton Medical Center.

Administrative expenses for accounting, audit, trustee, and actuarial fees are paid by the Plan Sponsor.

Note 7 - Information Certified by the Trustees

The following information was compiled from data certified by the trustee (Note 6) as being complete and accurate:

- a. Information included in the Statements of Accumulated Plan Benefits and Net Assets Available for Benefits:
 - 1. Investments, at Fair Value
 - 2. Accrued Interest and Dividends Receivable
 - 3. Due to Broker for Securities Purchased
- b. Information included in the Statements of Changes in Accumulated Plan Benefits and Net Assets Available for Benefits:
 - 1. Interest Income
 - 2. Dividend Income
 - 3. Net Appreciation (Depreciation) in Fair Value of Investments
- c. All information included in the Schedule of Assets Held for Investment Purposes (Schedule 1)

The following table presents the investments that represent five percent or more of the Plan's net assets available for benefits:

	September 30			
	<u>2024</u>		<u>2023</u>	
	<u>Amount</u>	<u>Percentage of Net Assets Available for Benefits</u>	<u>Amount</u>	<u>Percentage of Net Assets Available for Benefits</u>
Vanguard Total Stock Market Index Fund	\$882,643,435	83.54	\$650,774,851	77.90

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 8 - Net Appreciation (Depreciation) in Fair Value of Investments

Investments that the Plan holds at September 30, 2024 and September 30, 2023 changed in value during the years then ended as follows:

<u>Investments</u>	Net Appreciation in Fair Value for the Years Ended September 30	
	<u>2024</u>	<u>2023</u>
U.S. Government Securities	\$ 9,775,974	\$ 3,957,488
Vanguard Total Stock Market Index Fund	<u>217,941,208</u>	<u>101,383,730</u>
	<u>\$ 227,717,182</u>	<u>\$ 105,341,218</u>

Note 9 - Fair Value Measurements

Accounting standards establish a framework for measuring fair value reported in financial statements. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access (observe).

Level 2 Inputs to the valuation methodology include

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 9 - Fair Value Measurements (Continued)

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

Principal Cash and Money Market Funds: Valued at the NAV (net asset value) of shares held by the plan at year end.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Vanguard Total Stock Market Index Fund: Valued at the closing price reported on the active market on which the fund is traded.

Corporate Bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issues with similar credit ratings.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of September 30, 2024 and 2023:

	Investments at Fair Value as of September 30, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund	\$ 8,518,336	\$	\$	\$ 8,518,336
U.S. Government Securities		166,113,127		166,113,127
Vanguard Total Stock Market Index Fund	<u>882,643,435</u>			<u>882,643,435</u>
Total Assets at Fair Value	<u>\$ 891,161,771</u>	<u>\$ 166,113,127</u>	<u>\$ - 0 -</u>	<u>\$ 1,057,274,898</u>

	Investments at Fair Value as of September 30, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money Market Fund	\$ 7,756,587	\$	\$	\$ 7,756,587
U.S. Government Securities		176,459,587		176,459,587
Vanguard Total Stock Market Index Fund	<u>650,774,851</u>			<u>650,774,851</u>
Total Assets at Fair Value	<u>\$ 658,531,438</u>	<u>\$ 176,459,587</u>	<u>\$ - 0 -</u>	<u>\$ 834,991,025</u>

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 10- Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various 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 statements of accumulated plan benefits and of net assets available for benefits.

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

Note 11- Subsequent Events

Management has evaluated subsequent events through July 15, 2025, the date the financial statements were available to be issued, and determined there are no events that occurred subsequent to September 30, 2024 that would require adjustment to, or disclosure in, the financial statements.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLANINVESTMENTSAT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	(c)		Number of Units or Principal Amount	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Interest Rate</u>	<u>Maturity Date</u>			
Money Market Fund:					
G/S Financial Square Govt Mmkt			8,518,336	8,518,336	8,518,336
U.S. Government Securities:					
FAMC Bond	0.570%	09/17/25	1,000,000	1,000,000	965,310
FFCB Bond	0.320%	12/23/24	1,500,000	1,500,000	1,485,045
FFCB Bond	0.330%	12/23/24	1,550,000	1,550,000	1,534,330
FFCB Bond	0.375%	01/15/25	1,000,000	1,000,000	987,840
FFCB Bond	0.390%	07/14/25	1,000,000	1,000,000	970,130
FFCB Bond	0.440%	11/04/24	4,000,000	4,000,000	3,983,920
FFCB Bond	0.440%	12/09/24	2,000,000	2,000,000	1,983,920
FFCB Bond	0.450%	02/02/26	1,000,000	1,000,000	957,270
FFCB Bond	0.470%	11/18/24	2,000,000	2,000,000	1,987,940
FFCB Bond	0.470%	01/27/25	1,500,000	1,500,000	1,479,480
FFCB Bond	0.500%	02/04/26	500,000	500,000	477,955
FFCB Bond	0.520%	10/14/25	2,499,730	2,499,880	2,405,325
FFCB Bond	0.530%	09/29/25	1,000,000	1,000,000	966,130
FFCB Bond	0.530%	10/22/25	2,000,000	2,000,000	1,933,720
FFCB Bond	0.540%	11/03/25	3,500,000	3,500,000	3,376,065
FFCB Bond	0.550%	09/16/25	500,000	500,000	483,600
FFCB Bond	0.570%	08/12/25	1,000,000	1,000,000	970,420
FFCB Bond	0.590%	02/17/26	1,000,000	1,000,000	954,980
FFCB Bond	0.600%	04/21/25	1,000,000	1,000,000	979,240
FFCB Bond	0.610%	08/25/25	2,000,000	2,000,000	1,939,080
FFCB Bond	0.680%	08/04/25	1,000,000	1,000,000	971,800
FFCB Bond	0.680%	03/09/26	1,000,000	1,000,000	955,690
FFCB Bond	0.700%	02/18/26	1,000,000	1,000,000	959,170
FFCB Bond	0.700%	08/13/26	1,000,000	1,000,000	944,840
FFCB Bond	0.710%	04/21/25	1,000,000	1,000,000	980,290
FFCB Bond	0.730%	05/27/25	1,000,000	1,000,000	977,550
FFCB Bond	0.780%	07/20/26	1,000,000	1,000,000	947,700
FFCB Bond	0.870%	09/01/26	1,000,000	1,000,000	946,010
FFCB Bond	1.000%	05/04/26	500,000	500,000	478,685
FFCB Bond	1.030%	11/17/25	500,000	500,000	485,050
FFCB Bond	1.140%	10/20/26	965,000	965,000	915,476
FFCB Bond	1.370%	12/28/26	500,000	500,000	475,125
FFCB Bond	1.460%	11/30/26	502,280	501,285	475,925
FFCB Bond	1.820%	10/17/24	1,004,140	1,000,840	998,680
FHLB Bond	0.310%	12/30/24	1,000,000	1,000,000	988,660
FHLB Bond	0.375%	12/13/24	1,004,160	1,000,830	991,410
FHLB Bond	0.500%	04/14/25	499,475	499,825	489,915
FHLB Bond	0.500%	09/22/25	1,000,000	1,000,000	963,880
FHLB Bond	0.500%	02/09/26	1,000,000	1,000,000	955,460
FHLB Bond	0.520%	02/12/26	999,545	999,805	955,480
FHLB Bond	0.540%	10/29/25	3,000,000	3,000,000	2,886,870
FHLB Bond	0.550%	03/04/25	2,000,000	2,000,000	1,967,700

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

INVESTMENTS

AT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	Interest <u>Rate</u>	Maturity <u>Date</u>	(c)		(e) <u>Current Value</u>
			Number of Units or Principal <u>Amount</u>	(d) <u>Cost</u>	
U.S. Government Securities: (Continued)					
FHLB Bond	0.550%	08/26/25	999,700	999,900	969,310
FHLB Bond	0.550%	10/29/25	1,000,000	1,000,000	963,860
FHLB Bond	0.570%	09/29/25	1,000,000	1,000,000	968,910
FHLB Bond	0.580%	09/03/25	1,000,000	1,000,000	966,320
FHLB Bond	0.580%	09/11/25	1,000,000	1,000,000	965,630
FHLB Bond	0.580%	11/24/25	1,000,000	1,000,000	962,200
FHLB Bond	0.580%	01/28/26	500,000	500,000	478,815
FHLB Bond	0.600%	08/05/25	1,000,000	1,000,000	969,310
FHLB Bond	0.600%	08/27/25	2,000,000	2,000,000	1,938,200
FHLB Bond	0.600%	08/24/26	1,000,000	1,000,000	941,160
FHLB Bond	0.600%	10/29/26	1,000,000	1,000,000	937,040
FHLB Bond	0.625%	01/22/26	1,000,000	1,000,000	958,730
FHLB Bond	0.625%	07/28/26	1,000,000	1,000,000	943,900
FHLB Bond	0.690%	02/12/26	1,000,000	1,000,000	957,720
FHLB Bond	0.720%	07/21/25	625,000	625,000	607,238
FHLB Bond	0.740%	08/12/26	1,000,000	1,000,000	944,740
FHLB Bond	0.750%	06/24/25	347,222	347,222	338,122
FHLB Bond	0.750%	02/24/26	999,200	999,650	956,350
FHLB Bond	0.800%	03/25/26	1,000,000	1,000,000	955,380
FHLB Bond	0.840%	07/27/26	1,000,000	1,000,000	947,740
FHLB Bond	0.850%	04/28/25	960,000	960,000	941,232
FHLB Bond	0.875%	10/28/25	975,000	975,000	943,488
FHLB Bond	0.875%	05/26/26	1,000,000	1,000,000	951,770
FHLB Bond	0.890%	07/15/26	1,000,000	1,000,000	949,530
FHLB Bond	0.920%	06/30/26	1,342,105	1,342,105	1,276,812
FHLB Bond	0.950%	09/30/26	500,000	500,000	472,615
FHLB Bond	1.000%	05/28/25	1,000,000	1,000,000	977,930
FHLB Bond	1.000%	02/20/26	1,000,000	1,000,000	961,200
FHLB Bond	1.000%	03/30/26	1,000,000	1,000,000	958,220
FHLB Bond	1.000%	06/30/26	1,000,000	1,000,000	952,720
FHLB Bond	1.000%	07/27/26	500,000	500,000	475,270
FHLB Bond	1.000%	07/27/26	1,000,000	1,000,000	950,540
FHLB Bond	1.000%	08/26/26	1,000,000	1,000,000	948,280
FHLB Bond	1.000%	10/14/26	948,746	949,297	898,748
FHLB Bond	1.000%	11/27/26	600,000	600,000	565,698
FHLB Bond	1.000%	12/30/26	1,000,000	1,000,000	940,410
FHLB Bond	1.010%	03/30/26	1,000,000	1,000,000	958,360
FHLB Bond	1.100%	04/22/26	600,000	600,000	574,830
FHLB Bond	1.10%	10/13/26	1,000,000	1,000,000	948,070
FHLB Bond	1.12%	10/28/26	975,000	975,000	923,735
FHLB Bond	1.150%	05/23/25	1,000,000	1,000,000	979,370
FHLB Bond	1.150%	10/28/26	499,890	499,935	474,010
FHLB Bond	1.200%	04/28/26	1,000,000	1,000,000	960,210

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

INVESTMENTS

AT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	<u>Interest Rate</u>	<u>Maturity Date</u>	(c)		(e) <u>Current Value</u>
			<u>Number of Units or Principal Amount</u>	<u>(d) Cost</u>	
U.S. Government Securities: (Continued)					
FHLB Bond	1.30%	11/24/26	498,910	499,385	474,605
FHLB Bond	1.350%	05/22/26	1,000,000	1,000,000	959,620
FHLB Bond	1.375%	12/01/26	499,565	499,755	475,125
FHLB Bond	1.630%	02/14/25	1,000,000	1,000,000	987,620
FHLB Bond	2.750%	03/13/26	535,735	515,420	493,440
FHLB Bond	3.000%	07/28/25	2,500,000	2,500,000	2,473,125
FHLB Bond	3.125%	12/12/25	328,383	312,213	298,251
FHLB Bond	3.400%	04/29/27	1,500,000	1,500,000	1,481,970
FHLB Bond	3.500%	04/28/27	500,000	500,000	495,190
FHLB Bond	4.250%	03/28/25	1,000,000	1,000,000	1,000,590
FHLB Bond	4.460%	10/25/24	500,000	500,000	499,890
FHLB Bond		02/17/26	499,840	499,840	480,770
FHLM Note	0.300%	12/30/24	1,000,000	1,000,000	989,450
FHLM Note	0.330%	12/30/24	400,000	400,000	395,808
FHLM Note	0.400%	10/21/24	1,000,000	1,000,000	997,570
FHLM Note	0.400%	12/17/24	2,000,000	2,000,000	1,981,420
FHLM Note	0.410%	10/28/24	1,000,000	1,000,000	996,730
FHLM Note	0.500%	06/17/25	1,000,000	1,000,000	973,670
FHLM Note	0.500%	09/30/25	3,000,000	3,000,000	2,905,200
FHLM Note	0.500%	10/23/25	1,500,000	1,500,000	1,449,540
FHLM Note	0.500%	10/29/25	1,000,000	1,000,000	966,540
FHLM Note	0.500%	10/29/25	2,998,960	2,999,550	2,897,430
FHLM Note	0.500%	11/24/25	1,500,000	1,500,000	1,446,645
FHLM Note	0.520%	09/30/25	1,500,000	1,500,000	1,447,170
FHLM Note	0.520%	01/07/26	1,000,000	1,000,000	960,280
FHLM Note	0.530%	10/28/25	1,000,000	1,000,000	966,220
FHLM Note	0.550%	10/28/25	1,000,000	1,000,000	966,430
FHLM Note	0.570%	10/08/25	1,500,000	1,500,000	1,443,435
FHLM Note	0.600%	10/15/25	1,000,000	1,000,000	964,910
FHLM Note	0.600%	11/12/25	2,000,000	2,000,000	1,931,460
FHLM Note	0.600%	11/25/25	1,000,000	1,000,000	964,640
FHLM Note	0.610%	10/29/25	1,000,000	1,000,000	966,780
FHLM Note	0.650%	10/27/25	999,620	999,830	965,770
FHLMC Note	0.450%	11/19/24	1,000,000	1,000,000	994,140
FHLMC Note	0.500%	06/30/25	1,000,000	1,000,000	972,350
FHLMC Note	0.500%	12/30/25	1,999,660	1,999,840	1,920,700
FHLMC Note	0.600%	08/12/25	1,000,000	1,000,000	968,860
FHLMC Note	0.600%	09/15/25	1,000,000	1,000,000	965,720
FHLMC Note	0.625%	08/20/25	1,000,000	1,000,000	970,400
FHLMC Note	0.800%	07/14/26	1,000,000	1,000,000	948,350
FHLMC Note	0.850%	05/20/26	1,000,000	1,000,000	953,620
FNMA Note	0.400%	12/23/24	1,000,000	1,000,000	990,030
FNMA Note	0.420%	11/18/24	1,000,000	1,000,000	994,230

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

INVESTMENTS

AT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	Interest <u>Rate</u>	Maturity <u>Date</u>	(c)		(d) <u>Cost</u>	(e) <u>Current Value</u>
			Number of Units or Principal <u>Amount</u>			
U.S. Government Securities: (Continued)						
FNMA Note	0.500%	10/20/25	1,723,747		1,723,891	1,666,711
FNMA Note	0.500%	11/07/25	1,002,630		1,001,130	962,380
FNMA Note	0.540%	10/27/25	1,000,000		1,000,000	966,520
FNMA Note	0.550%	10/27/25	1,000,000		1,000,000	966,670
FNMA Note	0.560%	10/22/25	1,500,000		1,500,000	1,450,815
FNMA Note	0.560%	11/17/25	1,500,000		1,500,000	1,443,060
FNMA Note	0.580%	10/20/25	2,000,000		2,000,000	1,928,920
FNMA Note	0.450%	08/19/25	1,000,000		1,000,000	967,010
FNMA Note	0.500%	08/14/25	2,250,000		2,250,000	2,182,095
FNMA Note	0.500%	08/19/25	2,000,000		2,000,000	1,934,960
FNMA Note	0.500%	08/25/25	1,000,000		1,000,000	968,940
FNMA Note	0.500%	08/27/25	1,499,100		1,499,700	1,449,915
FNMA Note	0.520%	02/25/25	1,000,000		1,000,000	983,080
FNMA Note	0.560%	08/12/25	1,000,000		1,000,000	968,660
FNMA Note	0.570%	08/18/25	1,000,000		1,000,000	968,130
FNMA Note	0.600%	07/29/25	999,370		999,800	970,230
FNMA Note	0.600%	08/27/25	1,000,000		1,000,000	967,450
FNMA Note	0.625%	08/28/25	1,000,000		1,000,000	970,200
FNMA Note	0.650%	07/30/25	1,000,000		1,000,000	970,580
FNMA Note	0.700%	07/14/25	1,000,000		1,000,000	973,590
FNMA Note	0.700%	07/21/25	1,000,000		1,000,000	971,780
FNMA Note	0.750%	07/20/27	998,240		998,960	918,948
Total U.S. Government Securities					171,589,888	166,113,127
Mutual Funds:						
Vanguard Total Stock Market			3,412,765		320,513,830	882,643,435
Total Investments					500,622,054	1,057,274,898

Willis-Knighton Medical Center Employees Retirement Plan
Schedule SB, Line 26 - Schedule of Active Participant Data

Willis-Knighton Medical Center Employees Retirement Plan
 EIN: 72-0400933
 Plan number: 001

AGE GROUP		YEARS OF SERVICE										
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP	
Under 25	Number	110	91	2	0	0	0	0	0	0	0	203
	Avg Comp*	54,921	73,071	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
25 - 29	Number	164	284	96	1	0	0	0	0	0	0	545
	Avg Comp*	56,371	60,509	63,930	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
30 - 34	Number	137	206	240	77	2	0	0	0	0	0	662
	Avg Comp*	61,530	73,071	70,587	67,465	N/A	N/A	N/A	N/A	N/A	N/A	
35 - 39	Number	110	169	231	177	68	4	0	0	0	0	759
	Avg Comp*	65,885	79,930	80,717	80,297	74,411	N/A	N/A	N/A	N/A	N/A	
40 - 44	Number	92	127	177	163	123	45	1	0	0	0	728
	Avg Comp*	56,655	79,694	77,832	90,013	74,949	83,579	N/A	N/A	N/A	N/A	
45 - 49	Number	77	99	163	105	110	84	44	2	0	0	684
	Avg Comp*	63,532	74,103	76,210	81,920	82,380	90,461	85,585	N/A	N/A	N/A	
50 - 54	Number	63	102	122	81	112	112	79	26	0	0	697
	Avg Comp*	52,087	61,805	69,745	81,580	90,221	93,331	95,389	87,276	N/A	N/A	
55 - 59	Number	46	69	104	79	86	78	89	48	18	6	623
	Avg Comp*	55,141	61,391	73,253	74,250	75,567	81,871	98,602	94,687	N/A	N/A	
60 - 64	Number	33	44	75	94	90	67	60	38	39	25	565
	Avg Comp*	53,382	58,330	66,726	74,497	72,678	77,915	79,589	87,986	98,743	88,988	
65 - 69	Number	7	17	39	59	56	41	27	23	6	23	298
	Avg Comp*	N/A	N/A	62,059	68,042	73,592	83,457	82,653	85,686	N/A	86,657	
70 - UP	Number	7	5	19	23	30	32	18	11	5	5	155
	Avg Comp*	N/A	N/A	N/A	72,890	85,415	82,341	N/A	N/A	N/A	N/A	
		846	1,213	1,268	859	677	463	318	148	68	59	5,919

* Average compensation is omitted for cells with fewer than 20 participants.

Schedule SB, Part V – Actuarial Assumptions and Methods

Plan Name: Willis-Knighton Medical Center Employees Retirement Plan
EIN/PN: 72-0400933 / 001

Minimum Funding Annual Interest Rates	24-month segment rates averaged through the end of September 2023 and published in October 2023 (as prescribed by IRC 430) and adjusted to reflect ARPA: <ul style="list-style-type: none">• Segment 1 (0 – 5 years) 4.75%• Segment 2 (5 to 20 years) 5.00%• Segment 3 (more than 20 years) 5.74%• Effective Interest Rate 5.37%
Maximum Deductible Annual Interest Rates	24-month segment rates averaged through the end of September 2023 and published in October 2023 (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">• Segment 1 (0 – 5 years) 3.82%• Segment 2 (5 to 20 years) 4.59%• Segment 3 (more than 20 years) 4.63%• Effective Interest Rate 4.59%
Annual Expected Return on Assets	Interest Rate for developing Actuarial Value of Assets; limited to third segment rate 4.00% Rationale: as selected by the Plan Sponsor
PBGC and LDROM Annual Interest Rates	24-month segment rates averaged through the end of September 2023 and published in October 2023 using the Standard Method (as prescribed by IRC 430) as follows: <ul style="list-style-type: none">• Segment 1 (0 – 5 years) 5.58%• Segment 2 (5 to 20 years) 5.66%• Segment 3 (more than 20 years) 5.56%• Effective Interest Rate 5.60%
ASC 960 Discount Rate	Discount Rate 6.65% Rationale: as selected by the Plan Sponsor to align with ASC 715 results
Salary Scale	4.00% per year, compounded annually
Cost of Living Increases	3.00% per year, compounded annually for benefit payments that commences prior to October 1, 2003
Mortality	Funding: Mortality as provided in Notice 2018-2, male and female, with different rate for annuitants and nonannuitants (as prescribed by IRC 430). ASC 960-20: Pri-2012 Mortality Table with generational improvement under Projection Scale MP-2021 Rationale: to align with ASC 715 results

Rates of Retirement

Actives are assume to retire based on age as follows:

<u>Age</u>	<u>Rate</u>
55	2%
56-58	1
59	6
60-61	1
62-63	10
64	3
65	100

Terminated Vested participants and Deferred Beneficiaries are assumed to commence at Normal Retirement Date.

Rationale: - as adopted by Plan Sponsor based on plan experience

Rates of Turnover

Rates developed based on plan experience. Sample rates:

<u>Age</u>	<u>Male Rate</u>	<u>Female Rate</u>
25	16.00%	22.70%
40	7.75	7.75
55	1.55	1.55

Rates of Disability

1985 Male Pension Disability Table Class 1. Sample rates:

<u>Age</u>	<u>Rate</u>
25	0.038%
40	0.117
55	0.722

Assumptions Made In Valuing Spouse’s Benefit

All employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Optional Form Selection

All employees are assumed to elect the life annuity form of benefit.

Provision for Expenses

The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for Minimum Required Contribution purposes.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover Balance and/or Prefunding Balance if necessary to meet the minimum funding requirement.

Asset Method Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date.

ASC 960-20: Market Value of Assets plus, any contributions for prior plan years that will be made in this plan year.

Funding Method Pure Unit Credit

The actuarial liabilities shown in this report are determined using software purchased from an outside vendor which was developed for this purpose. Certain information is entered into this model in order to generate the liabilities. These inputs include economic and non-economic assumptions, plan provisions, and census information. We rely on the coding within the software to value the liabilities using the actuarial methods and assumptions selected. Both the input to and the output from the model is checked for accuracy and reviewed for reasonableness.

Employees Valued Only participants as of the valuation date were valued.

Changes in Assumptions and Methods since the Last Actuarial Valuation The interest rates used for determining the funding target were 4.75%, 5.18% and 5.92%. These rates were updated to the rates required for the current plan year.

The mortality table for the funding target was changed as required under PPA '06.

Justification for Changes in Actuarial Assumptions The only assumption changes were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any "Change in Actuarial Assumptions."

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2023

**This Form is Open to Public
Inspection**

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

▶ **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 WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Willis-Knighton Medical Center		D Employer Identification Number (EIN) 72-0400933	
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	835,437,782	
b Actuarial value.....	2b	835,437,782	
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.....	1,705	204,337,928	204,337,928
b For terminated vested participants.....	3,176	85,157,040	85,157,040
c For active participants.....	5,919	248,657,579	252,047,276
d Total.....	10,800	538,152,547	541,542,244
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.....			5.37%
6 Target normal cost			
a Present value of current plan year accruals.....			24,082,344
b Expected plan-related expenses.....			0
c Target normal cost.....			24,082,344

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	<i>Thomas A. Vaught</i> Signature of actuary	<u>7/14/25</u> Date	
THOMAS A. VAUGHT	Type or print name of actuary	2306120	Most recent enrollment number
USI CONSULTING GROUP	Firm name	629-895-7861	Telephone number (including area code)
5301 VIRGINIA WAY SUITE 400 BRENTWOOD TN 37027	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 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** 64

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	24,082,344
b Excess assets, if applicable, but not greater than line 31a	31b	24,082,344

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

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	

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

Willis-Knighton Medical Center Employees Retirement Plan
EIN: 72-0400933
PN: 001

Attachment to 2023 Form 5500, Schedule SB
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age is equal to the normal retirement age of 64.

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

Refer to the Actuarial Assumptions attachment.

Willis-Knighton Medical Center Employees Retirement Plan

EIN: 72-0400933 PN:001 Plan Year End: 09-30-2024

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving	Total
2023	\$2,960,603	\$758,650	\$18,554,010	\$22,273,263
2024	\$4,629,632	\$1,142,851	\$18,268,315	\$24,040,798
2025	\$5,948,195	\$1,577,455	\$17,956,449	\$25,482,099
2026	\$7,358,191	\$2,111,527	\$17,604,386	\$27,074,104
2027	\$8,922,316	\$2,659,213	\$17,237,731	\$28,819,259
2028	\$10,463,549	\$3,031,090	\$16,839,704	\$30,334,343
2029	\$12,180,267	\$3,416,026	\$16,396,774	\$31,993,067
2030	\$13,094,329	\$3,778,329	\$15,899,627	\$32,772,285
2031	\$14,036,622	\$4,139,173	\$15,356,260	\$33,532,055
2032	\$15,141,115	\$4,467,172	\$14,796,547	\$34,404,833
2033	\$16,151,861	\$4,859,936	\$14,230,051	\$35,241,847
2034	\$17,087,298	\$5,278,981	\$13,643,061	\$36,009,340
2035	\$18,095,533	\$5,780,406	\$13,026,177	\$36,902,116
2036	\$18,873,311	\$6,232,989	\$12,379,974	\$37,486,273
2037	\$19,488,852	\$6,657,700	\$11,705,635	\$37,852,187
2038	\$20,393,836	\$7,006,490	\$11,005,072	\$38,405,398
2039	\$20,936,468	\$7,296,261	\$10,281,122	\$38,513,851
2040	\$21,459,349	\$7,579,189	\$9,537,672	\$38,576,210
2041	\$21,722,496	\$7,897,594	\$8,779,822	\$38,399,911
2042	\$21,913,204	\$8,007,475	\$8,013,948	\$37,934,628
2043	\$22,060,253	\$8,111,608	\$7,247,621	\$37,419,482
2044	\$22,218,483	\$8,191,167	\$6,489,425	\$36,899,076
2045	\$22,312,465	\$8,290,608	\$5,748,646	\$36,351,719
2046	\$22,304,465	\$8,378,528	\$5,034,804	\$35,717,797
2047	\$22,187,746	\$8,399,050	\$4,357,126	\$34,943,922
2048	\$21,993,999	\$8,393,597	\$3,724,016	\$34,111,612
2049	\$21,727,828	\$8,345,728	\$3,142,495	\$33,216,050
2050	\$21,481,710	\$8,295,923	\$2,617,695	\$32,395,328
2051	\$21,054,160	\$8,162,969	\$2,152,542	\$31,369,671
2052	\$20,501,887	\$7,977,826	\$1,747,674	\$30,227,387
2053	\$19,776,209	\$7,790,886	\$1,401,640	\$28,968,734
2054	\$19,099,853	\$7,538,916	\$1,111,225	\$27,749,994
2055	\$18,343,804	\$7,249,105	\$871,924	\$26,464,832
2056	\$17,514,675	\$6,929,618	\$678,305	\$25,122,598
2057	\$16,680,541	\$6,596,253	\$524,388	\$23,801,181
2058	\$15,801,263	\$6,247,251	\$404,057	\$22,452,572
2059	\$14,885,082	\$5,881,433	\$311,408	\$21,077,923
2060	\$13,973,527	\$5,510,224	\$240,992	\$19,724,743
2061	\$13,064,281	\$5,136,127	\$188,000	\$18,388,408

2062	\$12,153,777	\$4,766,073	\$148,352	\$17,068,202
2063	\$11,266,967	\$4,405,343	\$118,715	\$15,791,025
2064	\$10,398,162	\$4,056,861	\$96,459	\$14,551,483
2065	\$9,562,305	\$3,719,739	\$79,580	\$13,361,623
2066	\$8,761,473	\$3,396,313	\$66,586	\$12,224,372
2067	\$7,999,664	\$3,087,474	\$56,398	\$11,143,537
2068	\$7,278,029	\$2,793,918	\$48,247	\$10,120,195
2069	\$6,596,230	\$2,516,159	\$41,598	\$9,153,986
2070	\$5,953,992	\$2,254,531	\$36,075	\$8,244,599
2071	\$5,350,800	\$2,009,217	\$31,424	\$7,391,441
2072	\$4,786,092	\$1,780,262	\$27,462	\$6,593,816

Schedule SB, Part V – Summary of Plan Provisions

Plan Name: Willis-Knighton Medical Center Employees Retirement Plan
EIN/PN: 72-0400933 / 001

Plan Sponsor	Willis-Knighton Medical Center
EIN/PN	72-0400933/001
Effective Date	The plan was adopted effective February 1, 1973. The plan was restated in its entirety effective October 1, 2019. Amendment 1 to the 2019 restatement was effect October 1, 2020.
Plan Year	The plan year is the twelve consecutive month period beginning October 1 and ending September 30.
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following completion of one year of service.
Year of vesting service	completion of at least 1000 hours of service during a plan year.
Year of eligibility service	completion of at least 1000 hours of service during a twelve consecutive month period measured from date of employment and anniversaries thereof.
Considered Compensation	total non-deferred compensation which is actually paid to a participant by the employer and compensation deferred under IRC Section 403(b).
Average Compensation	the average compensation received by a participant during the five consecutive plan years (in which the participant has completed 1,000 Hours of Service) which produce the highest average compensation.
Covered Compensation	the amount of compensation with respect to which old-age and survivors insurance benefits would be provided under the Social Security Act if, for each year until the Employee reaches age 65, his annual compensation is at least equal to the maximum amount of earnings considered wages for such year under section 3121(a)(1) of the Internal Revenue Code as amended through the date of determination of such amount.
Normal Retirement Age	the later of age 65 and the fifth anniversary of employment.
Normal Retirement Date	the first day of the month coincident with or next following normal retirement age.
Accrued Benefit	the accrued benefit at any time is determined as for normal retirement considering service and compensation only to the date of determination.

Normal Retirement Benefit

A monthly retirement income payable for the participant's lifetime equal to 0.8% of average monthly compensation plus 0.5% of average monthly compensation in excess of Table I of Covered Compensation, multiplied by the number of years of credited service. The years of credited service applied to the excess portion of the benefit is limited to 40.

Participants who, as of September 30, 1994, had their accrued benefit based on compensation in excess of \$150,000 per year had their benefit frozen as of that date and will accrue additional benefits for years after September 30, 1994 based on the compensation limit in effect on the date of retirement. The applicable compensation limits are: October 1, 1994 through September 30, 1997, \$150,000; October 1, 1997 through September 30, 2000, \$160,000; and beginning October 1, 2000, \$170,000. For employees hired on or after October 1, 2020, compensation is limited to \$100,000.

Effective October 1, 1995, the normal retirement benefit was changed to (a) + (b) + (c) + (d) where:

- a) 0.8% of Monthly Plan Compensation, multiplied by years of Benefit Accrual Service not in excess of twenty (20) years; plus
- b) 1.06% of Monthly Plan Compensation, multiplied by years of Benefit Accrual Service in excess of twenty (20) years but not in excess of forty (40) years; plus
- c) 0.5% of Monthly Plan Compensation in excess of Social Security Covered Compensation multiplied by years of Benefit Accrual Service not in excess of twenty (20) years; plus
- d) 0.65% of Monthly Plan Compensation in excess of Social Security Covered Compensation multiplied by years of Benefit Accrual Service in excess of twenty (20) years but not in excess of forty (40) years.

The excess benefit percentage contained in (c) and (d) above shall not exceed the maximum permitted excess benefit limits contained in Internal Revenue Service Regulation 1.401(a)(4)-3.

Post-Retirement Cost of Living Adjustment

For participants in pay status prior to October 1, 2003, the Plan provides that as of each October 1st, such monthly pension benefits will be adjusted for changes in the cost of living. The level of monthly pension benefit payments will be adjusted each October 1 by an inflation factor. This factor is equal to 100% of the annual change in the consumer price index as of June of the prior plan year. The maximum automatic annual adjustment each October is 4%.

For participants who commence their monthly retirement benefits on and after October 1, 2003 will not be adjusted for inflation increases.

Early Retirement Benefit

Eligibility for early retirement occurs upon the attainment of age 55 and the completion of five years of service. The deferred benefit is the participant's accrued benefit; it is reduced for payment prior to normal retirement. The reduction is 1/15th per year for the first 5 years prior to 65 and 1/30th per year for the next five.

Late Retirement Benefit	If a participant remains in active employment after his normal retirement date, the commencement of his retirement benefits will be deferred until his actual retirement date. Upon retirement, the participant will receive the monthly benefit to which he is entitled at his actual retirement date based on his average monthly compensation and service at that time.
Pre-retirement Death Benefit	If, on the date of death, the participant had not reached his early retirement date, the pre-retirement death benefit shall be equal to the actuarial equivalent of the participant's accrued benefit. If, on the date of death, the participant had reached his early retirement date, the benefit shall be equal to the greater of the actuarial equivalent of the participant's accrued benefit or the actuarial equivalent of the participant's early retirement benefit. This benefit shall not be less than the qualified pre-retirement survivor annuity, and shall be subject to the requirements of the Retirement Equity Act of 1984 as described in Article 6.
Termination Benefit	<p>A participant is fully vested upon completion of 5 years of service.</p> <p>Should a participant terminate employment prior to the completion of 5 years of service for any reason other than death or retirement, he will be entitled to no benefit from the plan.</p>
Optional Forms of Payments	<p>Life-only pension (normal form of benefit)</p> <p>Joint and survivor annuity with 50%, 75%, or 100% continuation to surviving spouse.</p> <p>Single lump-sum payment if less than \$5,000 or vested accrued benefit less than \$50 per month.</p> <p>Ten-year certain and life thereafter</p> <p>The amount of an optional form shall be determined as the actuarial equivalent of the benefit payable in the form of a life-only pension.</p>
Changes from Prior Year	None
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes.

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLANINVESTMENTSAT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	(c)		Number of Units or Principal Amount	(d) <u>Cost</u>	(e) <u>Current Value</u>
	<u>Interest Rate</u>	<u>Maturity Date</u>			
Money Market Fund:					
G/S Financial Square Govt Mmkt			8,518,336	8,518,336	8,518,336
U.S. Government Securities:					
FAMC Bond	0.570%	09/17/25	1,000,000	1,000,000	965,310
FFCB Bond	0.320%	12/23/24	1,500,000	1,500,000	1,485,045
FFCB Bond	0.330%	12/23/24	1,550,000	1,550,000	1,534,330
FFCB Bond	0.375%	01/15/25	1,000,000	1,000,000	987,840
FFCB Bond	0.390%	07/14/25	1,000,000	1,000,000	970,130
FFCB Bond	0.440%	11/04/24	4,000,000	4,000,000	3,983,920
FFCB Bond	0.440%	12/09/24	2,000,000	2,000,000	1,983,920
FFCB Bond	0.450%	02/02/26	1,000,000	1,000,000	957,270
FFCB Bond	0.470%	11/18/24	2,000,000	2,000,000	1,987,940
FFCB Bond	0.470%	01/27/25	1,500,000	1,500,000	1,479,480
FFCB Bond	0.500%	02/04/26	500,000	500,000	477,955
FFCB Bond	0.520%	10/14/25	2,499,730	2,499,880	2,405,325
FFCB Bond	0.530%	09/29/25	1,000,000	1,000,000	966,130
FFCB Bond	0.530%	10/22/25	2,000,000	2,000,000	1,933,720
FFCB Bond	0.540%	11/03/25	3,500,000	3,500,000	3,376,065
FFCB Bond	0.550%	09/16/25	500,000	500,000	483,600
FFCB Bond	0.570%	08/12/25	1,000,000	1,000,000	970,420
FFCB Bond	0.590%	02/17/26	1,000,000	1,000,000	954,980
FFCB Bond	0.600%	04/21/25	1,000,000	1,000,000	979,240
FFCB Bond	0.610%	08/25/25	2,000,000	2,000,000	1,939,080
FFCB Bond	0.680%	08/04/25	1,000,000	1,000,000	971,800
FFCB Bond	0.680%	03/09/26	1,000,000	1,000,000	955,690
FFCB Bond	0.700%	02/18/26	1,000,000	1,000,000	959,170
FFCB Bond	0.700%	08/13/26	1,000,000	1,000,000	944,840
FFCB Bond	0.710%	04/21/25	1,000,000	1,000,000	980,290
FFCB Bond	0.730%	05/27/25	1,000,000	1,000,000	977,550
FFCB Bond	0.780%	07/20/26	1,000,000	1,000,000	947,700
FFCB Bond	0.870%	09/01/26	1,000,000	1,000,000	946,010
FFCB Bond	1.000%	05/04/26	500,000	500,000	478,685
FFCB Bond	1.030%	11/17/25	500,000	500,000	485,050
FFCB Bond	1.140%	10/20/26	965,000	965,000	915,476
FFCB Bond	1.370%	12/28/26	500,000	500,000	475,125
FFCB Bond	1.460%	11/30/26	502,280	501,285	475,925
FFCB Bond	1.820%	10/17/24	1,004,140	1,000,840	998,680
FHLB Bond	0.310%	12/30/24	1,000,000	1,000,000	988,660
FHLB Bond	0.375%	12/13/24	1,004,160	1,000,830	991,410
FHLB Bond	0.500%	04/14/25	499,475	499,825	489,915
FHLB Bond	0.500%	09/22/25	1,000,000	1,000,000	963,880
FHLB Bond	0.500%	02/09/26	1,000,000	1,000,000	955,460
FHLB Bond	0.520%	02/12/26	999,545	999,805	955,480
FHLB Bond	0.540%	10/29/25	3,000,000	3,000,000	2,886,870
FHLB Bond	0.550%	03/04/25	2,000,000	2,000,000	1,967,700

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

INVESTMENTS

AT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	Interest <u>Rate</u>	Maturity <u>Date</u>	(c)		(e) <u>Current Value</u>
			Number of Units or Principal <u>Amount</u>	(d) <u>Cost</u>	
U.S. Government Securities: (Continued)					
FHLB Bond	0.550%	08/26/25	999,700	999,900	969,310
FHLB Bond	0.550%	10/29/25	1,000,000	1,000,000	963,860
FHLB Bond	0.570%	09/29/25	1,000,000	1,000,000	968,910
FHLB Bond	0.580%	09/03/25	1,000,000	1,000,000	966,320
FHLB Bond	0.580%	09/11/25	1,000,000	1,000,000	965,630
FHLB Bond	0.580%	11/24/25	1,000,000	1,000,000	962,200
FHLB Bond	0.580%	01/28/26	500,000	500,000	478,815
FHLB Bond	0.600%	08/05/25	1,000,000	1,000,000	969,310
FHLB Bond	0.600%	08/27/25	2,000,000	2,000,000	1,938,200
FHLB Bond	0.600%	08/24/26	1,000,000	1,000,000	941,160
FHLB Bond	0.600%	10/29/26	1,000,000	1,000,000	937,040
FHLB Bond	0.625%	01/22/26	1,000,000	1,000,000	958,730
FHLB Bond	0.625%	07/28/26	1,000,000	1,000,000	943,900
FHLB Bond	0.690%	02/12/26	1,000,000	1,000,000	957,720
FHLB Bond	0.720%	07/21/25	625,000	625,000	607,238
FHLB Bond	0.740%	08/12/26	1,000,000	1,000,000	944,740
FHLB Bond	0.750%	06/24/25	347,222	347,222	338,122
FHLB Bond	0.750%	02/24/26	999,200	999,650	956,350
FHLB Bond	0.800%	03/25/26	1,000,000	1,000,000	955,380
FHLB Bond	0.840%	07/27/26	1,000,000	1,000,000	947,740
FHLB Bond	0.850%	04/28/25	960,000	960,000	941,232
FHLB Bond	0.875%	10/28/25	975,000	975,000	943,488
FHLB Bond	0.875%	05/26/26	1,000,000	1,000,000	951,770
FHLB Bond	0.890%	07/15/26	1,000,000	1,000,000	949,530
FHLB Bond	0.920%	06/30/26	1,342,105	1,342,105	1,276,812
FHLB Bond	0.950%	09/30/26	500,000	500,000	472,615
FHLB Bond	1.000%	05/28/25	1,000,000	1,000,000	977,930
FHLB Bond	1.000%	02/20/26	1,000,000	1,000,000	961,200
FHLB Bond	1.000%	03/30/26	1,000,000	1,000,000	958,220
FHLB Bond	1.000%	06/30/26	1,000,000	1,000,000	952,720
FHLB Bond	1.000%	07/27/26	500,000	500,000	475,270
FHLB Bond	1.000%	07/27/26	1,000,000	1,000,000	950,540
FHLB Bond	1.000%	08/26/26	1,000,000	1,000,000	948,280
FHLB Bond	1.000%	10/14/26	948,746	949,297	898,748
FHLB Bond	1.000%	11/27/26	600,000	600,000	565,698
FHLB Bond	1.000%	12/30/26	1,000,000	1,000,000	940,410
FHLB Bond	1.010%	03/30/26	1,000,000	1,000,000	958,360
FHLB Bond	1.100%	04/22/26	600,000	600,000	574,830
FHLB Bond	1.10%	10/13/26	1,000,000	1,000,000	948,070
FHLB Bond	1.12%	10/28/26	975,000	975,000	923,735
FHLB Bond	1.150%	05/23/25	1,000,000	1,000,000	979,370
FHLB Bond	1.150%	10/28/26	499,890	499,935	474,010
FHLB Bond	1.200%	04/28/26	1,000,000	1,000,000	960,210

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

INVESTMENTS

AT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	Interest <u>Rate</u>	Maturity <u>Date</u>	(c)		(e) <u>Current Value</u>
			Number of Units or Principal <u>Amount</u>	(d) <u>Cost</u>	
U.S. Government Securities: (Continued)					
FHLB Bond	1.30%	11/24/26	498,910	499,385	474,605
FHLB Bond	1.350%	05/22/26	1,000,000	1,000,000	959,620
FHLB Bond	1.375%	12/01/26	499,565	499,755	475,125
FHLB Bond	1.630%	02/14/25	1,000,000	1,000,000	987,620
FHLB Bond	2.750%	03/13/26	535,735	515,420	493,440
FHLB Bond	3.000%	07/28/25	2,500,000	2,500,000	2,473,125
FHLB Bond	3.125%	12/12/25	328,383	312,213	298,251
FHLB Bond	3.400%	04/29/27	1,500,000	1,500,000	1,481,970
FHLB Bond	3.500%	04/28/27	500,000	500,000	495,190
FHLB Bond	4.250%	03/28/25	1,000,000	1,000,000	1,000,590
FHLB Bond	4.460%	10/25/24	500,000	500,000	499,890
FHLB Bond		02/17/26	499,840	499,840	480,770
FHLM Note	0.300%	12/30/24	1,000,000	1,000,000	989,450
FHLM Note	0.330%	12/30/24	400,000	400,000	395,808
FHLM Note	0.400%	10/21/24	1,000,000	1,000,000	997,570
FHLM Note	0.400%	12/17/24	2,000,000	2,000,000	1,981,420
FHLM Note	0.410%	10/28/24	1,000,000	1,000,000	996,730
FHLM Note	0.500%	06/17/25	1,000,000	1,000,000	973,670
FHLM Note	0.500%	09/30/25	3,000,000	3,000,000	2,905,200
FHLM Note	0.500%	10/23/25	1,500,000	1,500,000	1,449,540
FHLM Note	0.500%	10/29/25	1,000,000	1,000,000	966,540
FHLM Note	0.500%	10/29/25	2,998,960	2,999,550	2,897,430
FHLM Note	0.500%	11/24/25	1,500,000	1,500,000	1,446,645
FHLM Note	0.520%	09/30/25	1,500,000	1,500,000	1,447,170
FHLM Note	0.520%	01/07/26	1,000,000	1,000,000	960,280
FHLM Note	0.530%	10/28/25	1,000,000	1,000,000	966,220
FHLM Note	0.550%	10/28/25	1,000,000	1,000,000	966,430
FHLM Note	0.570%	10/08/25	1,500,000	1,500,000	1,443,435
FHLM Note	0.600%	10/15/25	1,000,000	1,000,000	964,910
FHLM Note	0.600%	11/12/25	2,000,000	2,000,000	1,931,460
FHLM Note	0.600%	11/25/25	1,000,000	1,000,000	964,640
FHLM Note	0.610%	10/29/25	1,000,000	1,000,000	966,780
FHLM Note	0.650%	10/27/25	999,620	999,830	965,770
FHLMC Note	0.450%	11/19/24	1,000,000	1,000,000	994,140
FHLMC Note	0.500%	06/30/25	1,000,000	1,000,000	972,350
FHLMC Note	0.500%	12/30/25	1,999,660	1,999,840	1,920,700
FHLMC Note	0.600%	08/12/25	1,000,000	1,000,000	968,860
FHLMC Note	0.600%	09/15/25	1,000,000	1,000,000	965,720
FHLMC Note	0.625%	08/20/25	1,000,000	1,000,000	970,400
FHLMC Note	0.800%	07/14/26	1,000,000	1,000,000	948,350
FHLMC Note	0.850%	05/20/26	1,000,000	1,000,000	953,620
FNMA Note	0.400%	12/23/24	1,000,000	1,000,000	990,030
FNMA Note	0.420%	11/18/24	1,000,000	1,000,000	994,230

WILLIS-KNIGHTON MEDICAL CENTER EMPLOYEES RETIREMENT PLAN

INVESTMENTS

AT SEPTEMBER 30, 2024

Plan No. 001 - Employer Identification Number 72-0400933

Form 5500, Schedule H, Item 4i - Schedule of Assets Held for Investment Purposes at End of Year

(a and b) <u>Issue</u>	Interest <u>Rate</u>	Maturity <u>Date</u>	(c)		(d) <u>Cost</u>	(e) <u>Current Value</u>
			Number of Units or Principal <u>Amount</u>			
U.S. Government Securities: (Continued)						
FNMA Note	0.500%	10/20/25	1,723,747		1,723,891	1,666,711
FNMA Note	0.500%	11/07/25	1,002,630		1,001,130	962,380
FNMA Note	0.540%	10/27/25	1,000,000		1,000,000	966,520
FNMA Note	0.550%	10/27/25	1,000,000		1,000,000	966,670
FNMA Note	0.560%	10/22/25	1,500,000		1,500,000	1,450,815
FNMA Note	0.560%	11/17/25	1,500,000		1,500,000	1,443,060
FNMA Note	0.580%	10/20/25	2,000,000		2,000,000	1,928,920
FNMA Note	0.450%	08/19/25	1,000,000		1,000,000	967,010
FNMA Note	0.500%	08/14/25	2,250,000		2,250,000	2,182,095
FNMA Note	0.500%	08/19/25	2,000,000		2,000,000	1,934,960
FNMA Note	0.500%	08/25/25	1,000,000		1,000,000	968,940
FNMA Note	0.500%	08/27/25	1,499,100		1,499,700	1,449,915
FNMA Note	0.520%	02/25/25	1,000,000		1,000,000	983,080
FNMA Note	0.560%	08/12/25	1,000,000		1,000,000	968,660
FNMA Note	0.570%	08/18/25	1,000,000		1,000,000	968,130
FNMA Note	0.600%	07/29/25	999,370		999,800	970,230
FNMA Note	0.600%	08/27/25	1,000,000		1,000,000	967,450
FNMA Note	0.625%	08/28/25	1,000,000		1,000,000	970,200
FNMA Note	0.650%	07/30/25	1,000,000		1,000,000	970,580
FNMA Note	0.700%	07/14/25	1,000,000		1,000,000	973,590
FNMA Note	0.700%	07/21/25	1,000,000		1,000,000	971,780
FNMA Note	0.750%	07/20/27	998,240		<u>998,960</u>	<u>918,948</u>
Total U.S. Government Securities					171,589,888	166,113,127
Mutual Funds:						
Vanguard Total Stock Market			3,412,765		<u>320,513,830</u>	<u>882,643,435</u>
Total Investments					<u>500,622,054</u>	<u>1,057,274,898</u>