

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information						
1a	Name of plan BEEBE MEDICAL CENTER PENSION PLAN	1b	Three-digit plan number (PN) ▶	001			
		1c	Effective date of plan 01/01/1975				
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) BEEBE HEALTHCARE 424 SAVANNAH ROAD LEWES, DE 19958	2b	Employer Identification Number (EIN) 51-0067938	2c	Plan Sponsor's telephone number 302-645-3300	2d	Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ASHLEY FOSTER
	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 ☐ Same as Plan Sponsor ASHLEY FOSTER 424 SAVANNAH ROAD LEWES, DE 19958		3b Administrator's EIN 51-0067938
		3c Administrator's telephone number 302-645-3300
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 1813
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) 639 6a(2) 534 6b 751 6c 467 6d 1752 6e 45 6f 1797 6g(1) 6g(2) 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7

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

1A 3H

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

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 BEEBE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BEEBE HEALTHCARE	D Employer Identification Number (EIN) 51-0067938
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
	a Market value	2a	128133771	
	b Actuarial value	2b	128902633	
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	766	52079062	52079062
	b For terminated vested participants	409	13173282	13173282
	c For active participants	639	40560822	40604702
	d Total	1814	105813166	105857046
4	If the plan is in at-risk status, check the box and complete lines (a) and (b): ☐			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.21 %	
6	Target normal cost			
	a Present value of current plan year accruals	6a	2801298	
	b Expected plan-related expenses	6b	50000	
	c Target normal cost	6c	2851298	

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 JOHN R. POPIOLEK Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 1900 MARKET STREET FLOOR 8 PHILADELPHIA, PA 19103-3527 Address of the firm	10/08/2025 Date 23-05696 Most recent enrollment number 215-246-6000 Telephone number (including area code)
--------------------------	---	--

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	5693463
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	5693463
10 Interest on line 9 using prior year's actual return of 14.23 %	0	810180
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.33 %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6503643

Part III Funding Percentages

14 Funding target attainment percentage	14	115.62 %
15 Adjusted funding target attainment percentage	15	121.77 %
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	118.91 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 65
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	2851298
b Excess assets, if applicable, but not greater than line 31a		31b	2851298
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan BEEBE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BEEBE HEALTHCARE	D Employer Identification Number (EIN) 51-0067938	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MARQUETTE ASSOCIATES

300 S HIGH STREET
WEST CHESTER, PA 19382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 17 50	NONE	139073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILMINGTON TRUST, NATIONAL ASSOC

16-1486454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 51 62	TRUSTEE	61755	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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:	JEFFERSON, URIAN, DOANE & STERNER	b EIN:	51-0212284
c Position:	ACCOUNTANT		
d Address:	651 N. BEDFORD ST. EXT. P.O. BOX 830 GEORGETOWN, DE 19947-0830	e Telephone:	302-856-3900

Explanation: ACCOUNTANT RETIRED AND SELECTED NEW AUDIT FIRM.

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 of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan BEEBE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BEEBE HEALTHCARE	D Employer Identification Number (EIN) 51-0067938

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	11774	1550382
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	0	59551885
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	53342747
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	11250065	10929527
(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)	6566651	0
(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)	110305281	3159092
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	1296016

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	128133771	129829649
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	128133771	129829649

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	1463820	
(C) Corporate debt instruments	2b(1)(C)	1577743	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	173652	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3215215
(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)	855485	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		855485
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	82670073	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	82365751	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-4283302	
(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)		472037
(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)		6517232
c Other income	2c		2387
d Total income. Add all income amounts in column (b) and enter total	2d		7083376

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5187161	
(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)		5187161
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)	138582	
(6) Bank or trust company trustee/custodial fees	2i(6)	61755	
(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)		200337
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5387498

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1695878
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: **GRANT THORNTON LLP**

(2) EIN: **36-6055558**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 554615.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan BEEBE MEDICAL CENTER PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BEEBE HEALTHCARE				D Employer Identification Number (EIN) 51-0067938	
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): 51-0067938					
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	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 0.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 89.0 %

High-Yield Debt: 0.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 2.0 % Other: 0.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Financial Statements and Report of
Independent Certified Public
Accountants

Beebe Medical Center Pension Plan

December 31, 2024 and 2023

Contents

Page

Report of Independent Certified Public Accountants	3
Financial Statements	
Statements of net assets available for benefits	6
Statements of changes in net assets available for benefits	7
Notes to financial statements	8
Supplemental Information	
Schedule H, line 4i - schedule of assets (held at end of year)	16
Schedule H, line 4j - schedule of reportable transactions	21

GRANT THORNTON LLP

Two Commerce Square
2001 Market St., Suite 800
Philadelphia, PA 19103

D +1 215 561 4200

F +1 215 561 1066

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Pension Committee
Beebe Medical Center Pension Plan,

Opinion

We have audited the financial statements of Beebe Medical Center Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 20X2, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and accumulated plan benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

We conducted our audits of the financial statements in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in

conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US 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 US GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental schedules required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2024 and reportable transactions for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain

additional procedures. These additional procedures included 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 US GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Other matter - Auditor's report on the 2023 financial statements

The financial statements of the Plan as of and for the year ended December 31, 2023 were audited by other auditors. Those auditors expressed an unmodified opinion on those 2023 financial statements in their report dated October 8, 2024.

Grant Thornton LLP

Philadelphia, Pennsylvania
October 13, 2025

Beebe Medical Center Pension Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

	2024	2023
ASSETS		
Investments, at fair value		
Short-term securities	\$ 3,159,092	\$ 2,771,554
Registered investment companies (mutual funds)	-	107,533,727
Limited partnership investment funds	10,929,527	11,250,065
Fixed Income Investments	114,190,648	-
Common/collective trust	-	6,566,651
Total investments at fair value	128,279,267	128,121,997
Receivables		
Accrued income	1,550,382	11,774
Total receivables	1,550,382	11,774
Total assets	129,829,649	128,133,771
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 129,829,649</u>	<u>\$ 128,133,771</u>

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

Beebe Medical Center Pension Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the years ended December 31,

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS		
Investment income		
Interest and dividend income	\$ 4,070,700	\$ 2,407,777
Net appreciation in fair value of investments	<u>3,012,675</u>	<u>13,975,350</u>
Subtotal	7,083,376	16,383,127
Less: investment expenses	<u>200,337</u>	<u>150,461</u>
Net investment income	<u>6,883,039</u>	<u>16,232,666</u>
Total additions to net assets	<u>6,883,039</u>	<u>16,232,666</u>
DEDUCTIONS FROM NET ASSETS		
Benefits paid directly to participants	5,187,161	4,817,476
Administrative expenses	<u>-</u>	<u>19,420</u>
Total deductions from net assets	<u>5,187,161</u>	<u>4,836,896</u>
Net increase	1,695,878	11,395,770
NET ASSETS AVAILABLE FOR BENEFITS		
Net assets available for benefits at beginning of year	<u>128,133,771</u>	<u>116,738,001</u>
Net assets available for benefits at end of year	<u><u>\$ 129,829,649</u></u>	<u><u>\$ 128,133,771</u></u>

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

Beebe Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE A - DESCRIPTION OF THE PLAN

The Beebe Medical Center Pension Plan (the Plan) is a noncontributory defined benefit plan, which covers long-tenured employees of Beebe Medical Center (the Medical Center). The Plan provides for retirement and pre-retirement death benefits. Employees were eligible for participation in the Plan upon completion of 1,000 hours of service during a one-year period, the attainment of age 21, and were employed at Beebe Medical Center or Beebe Medical Group (formerly Beebe Physician Network, Inc.) at December 31, 2013, provided the employee was first hired or rehired by Beebe Medical Group prior to July 1, 2008. Employees first hired or rehired after January 1, 2014 are not eligible to participate in the plan. Participants should refer to the plan agreement for more complete information. The Plan provides for 100% vesting after five years of qualified service. The participants' accumulated plan benefits are based on years of qualified service, their annual compensation, and their age at retirement. Generally, benefit payments commence at the employees' social security normal retirement age. Participants who had attained age 55 with at least 10 years of service at January 1, 2006, are eligible for normal retirement benefits at the age of 65. Early reduced retirement benefits can be elected after the participant has reached the age of 55 and completed at least 10 years of service. Employees that participated in a separate Supplemental Qualified Executive Retirement Program and who contributed additional funds to the Plan receive an enhanced benefit at retirement.

Employees that are 100% vested in the Plan are eligible for pre-retirement death benefits payable to their spouse. For any participant who dies after meeting the requirements for early retirement, the spouse's benefit is 50% of the amount that would have been payable to the participant had they retired on the day prior to their death with their benefit in the joint and 50% survivor annuity. Prior to eligibility for early retirement, the spouse of any vested participant would be entitled to a joint and 50% survivor annuity in the event of the participant's death. Payments would start at the time the deceased would have attained the plan's earliest retirement age. There are no death benefits available for unmarried vested participants.

The Plan is administered by the Medical Center's Pension, Investment and Finance Committees, which are committees of selected board of directors and employees of the Medical Center. The Committees have overall responsibility for the operation and administration of the Plan according to the Investment Policy Statement and related Addendums.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Medical Center's present intention is to make contributions to the Plan in amounts sufficient to annually fund the Plan's normal cost plus a portion of any unfunded accrued actuarial liability. The Plan's funding policy is to meet or exceed the ERISA minimum funding requirements. For the years ended December 31, 2024 and 2023 the Plan has met the minimum funding requirements.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all. Information about the plan agreement, the vesting and benefit provisions, and the PBGC benefit guarantee is contained in the Plan's summary plan description.

Beebe Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

NOTE B - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting under accounting principles generally accepted in the United States of America.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value of the investment in the common/collective trust fund was based on the fair value of the fund's net assets as determined by the trustee of the fund, primarily using quoted prices for similar assets in active markets. The fair value of the investment in the private limited partnership investment funds are based on the fair value of the fund's net assets using net asset value on a quarterly basis. See Note D for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Administrative and Investment Expenses

Costs related to investment management and direct benefit payments are paid from pension plan assets. Expenses for the Plan that are paid by the Medical Center are excluded from these financial statements.

Payment of Benefits

Benefit payments to participants are recorded upon their distribution.

Subsequent Events

Management has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

NOTE C - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which 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 under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Beebe Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 accumulated plan benefits are as follows:

	December 31,	
	2024	2023
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 52,224,607	\$ 45,482,569
Other participants	50,087,347	41,423,795
Total vested benefits	102,311,954	86,906,364
Nonvested benefits	51,134	127,493
Total actuarial present value of accumulated plan benefits	<u>\$ 102,363,088</u>	<u>\$ 87,033,857</u>

The changes in accumulated plan benefits are as follows:

	December 31,	
	2024	2023
Actuarial present value of accumulated plan benefits at the beginning of year	\$ 87,033,857	\$ 84,399,693
Increase (decrease) during the year attributable to:		
Benefits accumulated	2,144,724	2,461,487
Actuarial (gains)/losses	1,413,581	(921,518)
Decrease in the discount period	6,060,950	5,911,671
Assumption changes	10,897,137	-
Benefits paid	<u>(5,187,161)</u>	<u>(4,817,476)</u>
Net increase	15,329,231	2,634,164
Actuarial present value of accumulated plan benefits at the end of year	<u>\$ 102,363,088</u>	<u>\$ 87,033,857</u>

Significant assumptions underlying the above actuarial computations are:

<u>Return on Assets / Discount Rate</u>	<u>Year</u>	<u>Discount Rate</u>
	2024	6%
	2023	7%

Beebe Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

Mortality tables:

As of December 31, 2024	Pri-2012 adjusted with scale MP-2021
As of December 31, 2023	Pri-2012 adjusted with scale MP-2021

Retirement age	Age	Rate of Retirement
	55 - 57	2.0%
	58 - 59	7.0%
	60 - 61	3.0%
	62 - 64	8.0%
	65	10.0%
	66 - 75	25.0%
	Over 75	100.0%

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

The computation of the actuarial present value of accumulated plan benefits were made as of January 1. Had the valuation been performed as of December 31, there would be no material differences.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount 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 fair value measurements authoritative literature establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable input be used when available. Observable inputs are inputs that the market participants would use in pricing the asset developed based on market data obtained from sources independent of Beebe Medical Center Pension Plan. Unobservable inputs are inputs that reflect Beebe Medical Center Pension Plan assumptions about the assumptions market participants would use in pricing the asset developed based on the best information available in the circumstances. The hierarchy is measured in three levels based on the reliability of inputs. The Plan does not hold any assets valued under Level 3.

Level 1 - Valuations based on quoted prices in active markets for identical assets that the Plan has the ability to access. Valuation adjustments and block discounts are not applied to Level 1 instruments.

Level 2 - Valuations based on significant observable market-based inputs including quoted prices for similar securities, interest rates, prepayment speed and credit risk.

Beebe Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety. The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy.

Fixed income securities including U.S. Treasury notes, bonds, strips and tips are considered level 1 as they are traded in active markets, providing readily available and unadjusted quoted prices. U.S. government agencies mortgage backed securities such as GNMA are also considered Level 1 as they are highly liquid and backed by the full faith and credit of the U.S. government. All other U.S. agencies mortgage backed securities, municipal obligations, and corporate and foreign bonds are considered Level 2 as their fair value is determined using observable market data for similar instruments.

Short-term securities are valued using the amortized cost method and are therefore considered Level 2.

The common/collective trust fund is valued at the net asset value (NAV) of units of an investment company collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The Plan invests a portion of its assets in private limited partnership investment funds. These real estate and infrastructure funds report their investment assets at fair value, and report a NAV per share on a quarterly basis. In accordance with Accounting Standards Codification 820, the Plan has elected to apply the practical expedient and to value its investment in private limited partnership investment funds at their respective NAV at each quarter.

The following is a summary of the levels used as of December 31, 2024 and 2023, in valuing the Plan assets.

<u>Description</u>	2024			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Short-term securities	\$ -	\$ 3,159,092	\$ -	\$ 3,159,092
Fixed income investments	<u>58,169,505</u>	<u>56,021,143</u>	<u>-</u>	<u>114,190,648</u>
Total assets in the fair value hierarchy	<u>\$ 58,169,505</u>	<u>\$ 59,180,235</u>	<u>\$ -</u>	117,349,740
Investment assets measured at NAV				<u>10,929,527</u>
Total investments				<u>\$128,279,267</u>

Beebe Medical Center Pension Plan

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

<u>Description</u>	2023			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Short-term securities	\$ -	\$ 2,771,554	\$ -	\$ 2,771,554
Mutual funds	<u>107,533,727</u>	<u>-</u>	<u>-</u>	<u>107,533,727</u>
Total assets in the fair value hierarchy	<u>\$107,533,727</u>	<u>\$ 2,771,554</u>	<u>\$ -</u>	110,305,281
Investment assets measured at NAV				<u>17,816,716</u>
Total investments				<u>\$ 128,121,997</u>

NOTE E - FAIR VALUE OF INVESTMENTS USING NET ASSET VALUE

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Private limited partnership investment:				
Clarion Lion Properties	\$ 4,414,996	N/A	Quarterly	90 Days
			Semi-annual – 4% penalty until January 1, 2026, on redemption	
JP Morgan IIF ERISA	<u>6,514,531</u>	N/A		90 Days
Total	<u>\$ 10,929,527</u>			
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Private limited partnership investment:				
Clarion Lion Properties	\$ 5,390,771	N/A	Quarterly	90 Days
			Semi-annual – 4% penalty until January 1, 2026 on redemption	
JP Morgan IIF ERISA	5,859,294	N/A		90 Days
Common/collective trust fund	<u>6,566,651</u>	N/A	Daily	Daily
Total	<u>\$ 17,816,716</u>			

- (a) *Institutional hedge fund*: Fund of third-party managed hedge funds to achieve capital appreciation not highly correlated with equity or fixed income markets.

Beebe Medical Center Pension Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2024 and 2023

- (b) Real Estate fund: Fund of strategically diversified real estate assets across property sectors in major markets throughout the United States.

NOTE F - INCOME TAX STATUS

The Plan has received a determination letter from the Internal Revenue Service dated November 21, 2014, stating that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. The Plan is required to operate in conformity with the Code to maintain its qualification. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that that Plan, as amended, as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. If the Plan were subject to interest and penalties, they would be paid by the Plan Sponsor from non-pension plan assets.

NOTE G - 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. Therefore, the value, liquidity, and related income of the securities are sensitive to changes in economic conditions, delinquencies, or defaults, or both, and may be adversely affected by shifts in the markets perception of the issuers and changes in interest rates. Due to the level of risk associated with 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 net assets available for benefits.

The Plan has varying degrees of concentrations in investments, which exposes the Plan to additional risk of those investments experiencing a material change in value.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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 H - PARTY-IN-INTEREST TRANSACTIONS

Wilmington Trust and Marquette Associates, Inc. are both a party-in-interest to the Plan. Investment and administrative fees are paid by the Plan to these entities for Plan investment management and trustee services. These transactions are exempt party-in-interest transactions under ERISA.

NOTE I - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2024 financial statements for subsequent events through October 13, 2025, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events that would require recognition or disclosure in the financial statements.

SUPPLEMENTAL INFORMATION

Beebe Medical Center Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 51-0067938, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Short-term securities			
	BlackRock	BlackRock Liquidity FedFund	\$ 3,159,092	\$ 3,159,092
	Total Money Market Funds		3,159,092	3,159,092
	Total Cash & Cash Equivalents		\$ 3,159,092	\$ 3,159,092
	Fixed Income Securities			
	U.S. Treasury Obligations			
	U.S. Treasury Obligations	U.S. TREASURY BONDS 1.250% 5/15/50	1,062,450	993,219
	U.S. Treasury Obligations	U.S. TREASURY BONDS 2.250% 2/15/52	9,145,651	8,534,040
	U.S. Treasury Obligations	U.S. TREASURY BONDS 2.375% 2/15/42	8,062,633	7,753,579
	U.S. Treasury Obligations	U.S. TREASURY BONDS 4.125% 11/30/29	118,772	118,637
	U.S. Treasury Obligations	U.S. TREASURY BONDS 4.250% 2/15/54	9,434,011	8,842,439
	U.S. Treasury Obligations	U.S. TREASURY BONDS 4.250% 8/15/54	416,971	414,593
	U.S. Treasury Obligations	U.S. TREASURY BONDS 4.250% 11/15/34	43,972	43,827
	U.S. Treasury Obligations	U.S. TREASURY BONDS 4.500% 2/15/44	19,306,959	18,535,807
	U.S. Treasury Obligations	U.S. TREASURY BONDS 4.625% 5/15/44	4,856,194	4,562,279
	U.S. Treasury Obligations	U.S. TREASURY NOTES 3.875% 8/15/34	621,757	593,799
	U.S. Treasury Obligations	U.S. TREASURY NOTES 4.000% 1/31/29	1,212,896	1,189,478
	U.S. Treasury Obligations	U.S. TREASURY NOTES 4.000% 2/15/34	2,340,517	2,282,346
	U.S. Treasury Obligations	U.S. TREASURY NOTES 4.000% 7/31/29	376,750	374,961
	U.S. Treasury Obligations	U.S. TREASURY NOTES 4.500% 4/15/27	1,157,989	1,163,813
	U.S. Treasury Obligations	U.S. TREASURY NOTES 4.625% 4/30/29	2,146,704	2,122,137
	U.S. Treasury Obligations	U.S. TREASURY NOTES 4.875% 4/30/26	129,710	128,995
	U.S. Treasury Obligations	U.S. TREASURY STRIPS Z-CPN 8/15/54	312,629	287,575
	U.S. Treasury Obligations	U.S. TREASURY TIPS 0.125% 7/15/30	91,786	92,098
	Total U.S. Treasury Obligations		60,838,349	58,033,623
	U.S. Government Agencies			
	U.S. Government Agencies	FHLMC PL #ZS7930 3.000% 1/01/33	129,186	129,233
	U.S. Government Agencies	FHLMC SER 4107 CMO 2.000% 10/15/41	71,710	71,142
	U.S. Government Agencies	FHLMC SER 5228 CMO 2.500% 10/25/41	130,880	128,859
	U.S. Government Agencies	FNMA PL #AS8893 2.500% 2/01/32	105,294	105,867
	U.S. Government Agencies	FNMA PL #CB0745 2.500% 6/01/36	71,699	71,566
	U.S. Government Agencies	FNMA PL #FS4760 2.500% 4/01/36	85,472	85,823
	U.S. Government Agencies	FNMA PL #MA2868 2.500% 1/01/32	63,037	63,524
	U.S. Government Agencies	GNMA SER 126 CMO 1.750% 2/20/41	81,826	81,678
	U.S. Government Agencies	GNMA SER 70 CMO 1.750% 11/20/40	54,147	54,204
	U.S. Government Agencies	SBA SER 10A ABS 5.168% 5/01/43	122,173	123,335
	U.S. Government Agencies	SBA SER 10B ABS 4.380% 9/10/34	120,000	115,795
	U.S. Government Agencies	SBA SER 20B ABS 4.510% 2/01/43	118,322	112,401
	U.S. Government Agencies	SBA SER 20E ABS 2.770% 5/01/35	122,756	121,893
	U.S. Government Agencies	SBA SER 25G ABS 4.890% 7/01/49	76,000	74,032
	U.S. Government Agencies	SBA SER 25I ABS 4.450% 9/01/49	187,000	178,909
	Total U.S. Government Agencies		1,539,502	1,518,262
	Municipal Obligations			
	Municipal Obligations	AMERICAN MUNI BAB 6.053% 2/15/43	576,362	563,858
	Municipal Obligations	MUNICIPAL ELEC GA 6.637% 4/01/57	330,588	315,826
	Municipal Obligations	NEW YORK NY 5.114% 10/01/54	440,000	416,332
	Total Municipal Obligations		\$ 1,346,950	\$ 1,296,016

Beebe Medical Center Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 51-0067938, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate & Foreign Bonds			
	Corporate & Foreign Bonds	ABBVIE INC 4.400% 11/06/42	\$ 273,460	\$ 263,984
	Corporate & Foreign Bonds	ABBVIE INC 5.400% 3/15/54	293,300	279,142
	Corporate & Foreign Bonds	ACE INA HOLDINGS 4.350% 11/03/45	291,027	281,114
	Corporate & Foreign Bonds	AERCAP IRELAND CAP 6.450% 4/15/27	154,023	154,668
	Corporate & Foreign Bonds	AIA GROUP LTD 3.200% 9/16/40	148,600	149,114
	Corporate & Foreign Bonds	AIR LEASE CORP 3.250% 3/01/25	69,712	70,797
	Corporate & Foreign Bonds	ALABAMA POWER CO 3.700% 12/01/47	194,065	186,643
	Corporate & Foreign Bonds	ALEXANDRIA REAL EST 3.375% 8/15/31	55,643	55,486
	Corporate & Foreign Bonds	ALLEGION US HLDG CO 5.600% 5/29/34	50,597	50,252
	Corporate & Foreign Bonds	AMAZON.COM INC 3.450% 4/13/29	37,142	37,401
	Corporate & Foreign Bonds	AMAZON.COM INC 3.950% 4/13/52	386,852	370,609
	Corporate & Foreign Bonds	AMERICAN EXPRESS CO 3.950% 8/01/25	63,013	63,742
	Corporate & Foreign Bonds	AMGEN INC 5.650% 3/02/53	584,773	558,407
	Corporate & Foreign Bonds	AMPHENOL CORP 5.375% 11/15/54	205,096	198,677
	Corporate & Foreign Bonds	AMSR TRUST ABS 4.290% 7/17/41	94,623	96,597
	Corporate & Foreign Bonds	ANALOG DEVICES INC 2.950% 10/01/51	194,578	184,153
	Corporate & Foreign Bonds	ANGLO AMERICAN CAPIT 4.750% 3/16/52	197,952	191,519
	Corporate & Foreign Bonds	ANHEUSER-BUSCH COS 4.900% 2/01/46	668,537	648,381
	Corporate & Foreign Bonds	ANHEUSER-BUSCH INBEV 4.750% 1/23/29	53,020	52,979
	Corporate & Foreign Bonds	ANTHEM INC 2.550% 3/15/31	90,136	89,236
	Corporate & Foreign Bonds	AON CORP/AON GLOBAL 3.900% 2/28/52	242,339	234,758
	Corporate & Foreign Bonds	APPLE INC 2.850% 8/05/61	195,440	185,808
	Corporate & Foreign Bonds	APPLOVIN CORP 5.375% 12/01/31	95,883	96,025
	Corporate & Foreign Bonds	APTIV IRISH HDGS LTD 3.250% 3/01/32	52,352	51,770
	Corporate & Foreign Bonds	APTIV SWISS HDGS LTD 3.100% 12/01/51	341,059	315,706
	Corporate & Foreign Bonds	ARTHUR J GALLAGHER 5.550% 2/15/55	261,359	252,514
	Corporate & Foreign Bonds	ASTRAZENECA PLC 3.000% 5/28/51	107,090	101,355
	Corporate & Foreign Bonds	AT&T INC 2.300% 6/01/27	91,845	93,442
	Corporate & Foreign Bonds	AT&T INC 3.550% 9/15/55	251,810	245,495
	Corporate & Foreign Bonds	AT&T INC 3.650% 9/15/59	291,299	281,507
	Corporate & Foreign Bonds	AT&T INC 3.800% 12/01/57	338,371	327,703
	Corporate & Foreign Bonds	AVIS BUDGET ABS 5.230% 12/20/30	99,590	100,627
	Corporate & Foreign Bonds	BAE SYSTEMS HLDG 4.750% 10/07/44	291,549	284,995
	Corporate & Foreign Bonds	BALTIMORE GAS 5.400% 6/01/53	240,700	233,174
	Corporate & Foreign Bonds	BANK CMO 5.716% 6/15/57	94,756	95,183
	Corporate & Foreign Bonds	BANK OF AMER CRP MTN VAR-CPN 6/19/4	581,815	569,269
	Corporate & Foreign Bonds	BANK OF AMERICA V-Q 3.311% 4/22/42	486,429	471,473
	Corporate & Foreign Bonds	BANK OF AMERICA V-Q 3.419% 12/20/28	183,051	185,043
	Corporate & Foreign Bonds	BARCLAY PLC CONV V-A 5.304% 8/09/26	199,058	200,376
	Corporate & Foreign Bonds	BARCLAYS CMO V-M 5.829% 5/15/57	132,413	127,317
	Corporate & Foreign Bonds	BARCLAYS COMM CMO 6.014% 7/15/57	130,805	130,231
	Corporate & Foreign Bonds	BERKSHIRE HATHAWAY 2.850% 10/15/50	128,659	122,366
	Corporate & Foreign Bonds	BERKSHIRE HATHAWAY 4.450% 1/15/49	293,416	288,705
	Corporate & Foreign Bonds	BHP BILLITON FIN USA 5.000% 9/30/43	242,842	238,239
	Corporate & Foreign Bonds	BK MONTREAL MTN CONV 2.650% 3/08/27	90,080	92,148
	Corporate & Foreign Bonds	BLACKSTONE HLDGS FIN 6.200% 4/22/33	107,878	106,016
	Corporate & Foreign Bonds	BLACKSTONE HOLDINGS 3.500% 9/10/49	340,380	329,759
	Corporate & Foreign Bonds	BMW US CAP LLC 3.450% 4/01/27	37,464	37,922
	Corporate & Foreign Bonds	BOEING CO 5.805% 5/01/50	255,319	242,769
	Corporate & Foreign Bonds	BP CAP MARKETS AMER 3.379% 2/08/61	193,404	180,280
	Corporate & Foreign Bonds	BRISTOL-MYERS 5.550% 2/22/54	196,903	189,166
	Corporate & Foreign Bonds	BROADCOM INC 3.500% 2/15/41	193,968	195,233
	Corporate & Foreign Bonds	BROADCOM INC 3.750% 2/15/51	290,213	286,529
	Corporate & Foreign Bonds	BROADCOM INC 4.000% 4/15/29	89,952	90,433
	Corporate & Foreign Bonds	BROOKFIELD FIN I UK 2.340% 1/30/32	54,339	54,531
	Corporate & Foreign Bonds	BURLINGTON NORTH 4.900% 4/01/44	339,070	329,630
	Corporate & Foreign Bonds	BURLINGTON NORTHN 5.500% 3/15/55	390,710	378,197
	Corporate & Foreign Bonds	BX TRUST CMO V-M 5.83912% 2/15/39	97,383	97,596
	Corporate & Foreign Bonds	CANADIAN NATL MTN 4.950% 6/01/47	196,522	188,668
	Corporate & Foreign Bonds	CANADIAN NATL RR 4.400% 8/05/52	193,789	184,001
	Corporate & Foreign Bonds	CANADIAN PAC RY CO 4.200% 11/15/69	486,229	454,435
	Corporate & Foreign Bonds	CAPITAL ONE FIN V-D 5.884% 7/26/35	41,000	41,239
	Corporate & Foreign Bonds	CARLYLE HLDGS FI 5.625% 3/30/43	244,838	240,593
	Corporate & Foreign Bonds	CATERPILLAR INC 3.803% 8/15/42	241,286	235,596
	Corporate & Foreign Bonds	CHARTER COMM OPT 6.484% 10/23/45	434,556	439,388
	Corporate & Foreign Bonds	CHARTER COMM OPT LLC 3.750% 2/15/28	110,033	111,444
	Corporate & Foreign Bonds	CHARTER COMM OPT LLC 5.375% 5/01/47	386,907	389,866
	Corporate & Foreign Bonds	CIGNA CORP 4.900% 12/15/48	242,274	229,870
	Corporate & Foreign Bonds	CISCO SYSTEMS INC 5.300% 2/26/54	195,591	189,542
	Corporate & Foreign Bonds	CITIGROUP INC V-D 1.122% 1/28/27	129,312	132,527
	Corporate & Foreign Bonds	CITIGROUP INC V-Q 2.666% 1/29/31	52,396	53,085
	Corporate & Foreign Bonds	CITIGROUP INC V-Q 3.878% 1/24/39	340,284	333,436
	Corporate & Foreign Bonds	CITIGROUP INC V-Q 4.281% 4/24/48	290,224	277,454

Beebe Medical Center Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 51-0067938, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate & Foreign Bonds	CNH INDUSTRIAL CAP 1.450% 7/15/26	\$ 93,442	\$ 94,138
	Corporate & Foreign Bonds	COLUMBIA PIPELINES 6.036% 11/15/33	90,677	89,245
	Corporate & Foreign Bonds	COMCAST CORP 2.937% 11/01/56	379,627	358,201
	Corporate & Foreign Bonds	COMCAST CORP 2.987% 11/01/63	390,897	366,847
	Corporate & Foreign Bonds	COMM MORTGAGE CMO 3.765% 2/10/49	94,968	96,724
	Corporate & Foreign Bonds	CON EDISON CO OF NY 5.700% 5/15/54	199,571	195,958
	Corporate & Foreign Bonds	CONOCOPHILLIPS COMP 4.025% 3/15/62	291,095	274,577
	Corporate & Foreign Bonds	CONSTELLATION ST 5.158% 2/16/29	73,880	73,342
	Corporate & Foreign Bonds	CONSUMERS ENERGY CO 3.100% 8/15/50	192,907	178,912
	Corporate & Foreign Bonds	COX COMMUNICATIONS 3.350% 9/15/26	164,553	166,884
	Corporate & Foreign Bonds	COX COMMUNICATIONS 4.500% 6/30/43	293,514	283,975
	Corporate & Foreign Bonds	CSL FINANCE PLC 4.750% 4/27/52	244,048	232,851
	Corporate & Foreign Bonds	CUMMINS INC 5.450% 2/20/54	196,578	191,697
	Corporate & Foreign Bonds	CVS HEALTH CORP 4.780% 3/25/38	289,744	276,694
	Corporate & Foreign Bonds	CVS HEALTH CORP 5.050% 3/25/48	229,341	214,383
	Corporate & Foreign Bonds	CVS HEALTH CORP 7.507% 1/10/32	36,919	36,813
	Corporate & Foreign Bonds	DB MASTER FINAN ABS 4.030% 11/20/47	95,046	96,786
	Corporate & Foreign Bonds	DEERE & CO 3.900% 6/09/42	290,581	283,975
	Corporate & Foreign Bonds	DELTA AIR LINES 2020 2.000% 12/10/29	82,251	83,441
	Corporate & Foreign Bonds	DIAMONDBACK ENER 5.150% 1/30/30	73,554	73,155
	Corporate & Foreign Bonds	DIAMONDBACK ENER 5.750% 4/18/54	290,466	276,837
	Corporate & Foreign Bonds	DOMINION RES 4.900% 8/01/41	338,835	335,610
	Corporate & Foreign Bonds	DTE ENERGY CO 5.850% 6/01/34	89,945	89,311
	Corporate & Foreign Bonds	DUKE ENERGY CORP 5.000% 8/15/52	584,869	571,612
	Corporate & Foreign Bonds	DUKE ENERGY PROGRESS 2.000% 8/15/31	74,032	73,651
	Corporate & Foreign Bonds	DUKE ENRGY CAROLINAS 5.300% 2/15/40	342,143	337,517
	Corporate & Foreign Bonds	ELEVANCE HEALTH 5.650% 6/15/54	536,932	507,851
	Corporate & Foreign Bonds	ELI LILLY & CO 5.100% 2/09/64	292,014	274,134
	Corporate & Foreign Bonds	EMERSON ELECTRIC CO 2.800% 12/21/51	193,305	185,304
	Corporate & Foreign Bonds	ENERGY TRANSFER LP 5.750% 2/15/33	39,438	39,535
	Corporate & Foreign Bonds	ENTERPRISE FLEE ABS 5.610% 4/20/28	50,047	50,865
	Corporate & Foreign Bonds	ENTERPRISE PRODUCTS 4.900% 5/15/46	290,399	280,114
	Corporate & Foreign Bonds	ENTERPRISE PRODUCTS 5.700% 2/15/42	291,207	284,652
	Corporate & Foreign Bonds	ERP OPER LTD PRTNRS 1.850% 8/01/31	73,224	73,426
	Corporate & Foreign Bonds	EXELON CORP 3.350% 3/15/32	53,621	53,120
	Corporate & Foreign Bonds	EXELON CORP 4.100% 3/15/52	242,316	231,840
	Corporate & Foreign Bonds	EXXON MOBIL CORP 4.114% 3/01/46	339,088	324,444
	Corporate & Foreign Bonds	FERGUSON FINANCE PLC 3.250% 6/02/30	185,334	181,732
	Corporate & Foreign Bonds	FIVE CMO V-M 5.6679% 2/10/56	89,946	90,482
	Corporate & Foreign Bonds	FLORIDA POWER 4.050% 10/01/44	193,899	187,337
	Corporate & Foreign Bonds	FLORIDA PWR & LT CO 5.100% 4/01/33	64,054	63,585
	Corporate & Foreign Bonds	FLORIDA PWR & LT CO 5.600% 6/15/54	243,093	234,478
	Corporate & Foreign Bonds	FORD CREDIT AUTO ABS 4.870% 8/15/36	99,328	100,163
	Corporate & Foreign Bonds	FORD MOTOR CRED 6.798% 11/07/28	211,448	207,234
	Corporate & Foreign Bonds	GATX CORP SR 6.050% 3/15/34	72,926	71,052
	Corporate & Foreign Bonds	GEN MOTORS FIN 5.750% 2/08/31	91,526	91,185
	Corporate & Foreign Bonds	GENERAL MOTORS ABS 5.340% 6/15/30	100,430	101,840
	Corporate & Foreign Bonds	GEORGIA POWER 4.300% 3/15/43	192,418	188,102
	Corporate & Foreign Bonds	GLENCORE FINANCE LTD 6.000% 11/15/41	338,347	331,781
	Corporate & Foreign Bonds	GLOBAL ATLANTIC FIN 3.125% 6/15/31	92,285	93,501
	Corporate & Foreign Bonds	GOLDENTREE ABS V-Q 5.9674% 10/20/37	100,140	100,720
	Corporate & Foreign Bonds	GOLDMAN SACHS GP 3.210% 4/22/42	581,004	561,114
	Corporate & Foreign Bonds	GOLDMAN SACHS GP V-Q 3.691% 6/05/28	88,028	89,356
	Corporate & Foreign Bonds	GOLDMAN SACHS GP V-Q 4.017% 10/31/38	288,954	283,681
	Corporate & Foreign Bonds	GS MORTGAGE CMO V- 4.32233% 9/10/38	133,174	135,223
	Corporate & Foreign Bonds	HCA INC. 5.950% 9/15/54	220,061	204,482
	Corporate & Foreign Bonds	HEALTH CARE SVC CORP 5.875% 6/15/54	291,621	280,717
	Corporate & Foreign Bonds	HEALTH CARE SVCS 5.450% 6/15/34	63,826	63,948
	Corporate & Foreign Bonds	HOME DEPOT INC 3.350% 4/15/50	298,995	289,317
	Corporate & Foreign Bonds	HONEYWELL INTL 5.250% 3/01/54	387,527	365,227
	Corporate & Foreign Bonds	HSBC HLDGS PLC V-D 6.332% 3/09/44	241,472	237,695
	Corporate & Foreign Bonds	ING GROEP CONV V-D 5.335% 3/19/30	200,082	200,796
	Corporate & Foreign Bonds	INTEL CORP 4.900% 8/05/52	243,602	213,179
	Corporate & Foreign Bonds	INTERCONTINENTAL EXC 3.000% 6/15/50	130,404	125,182
	Corporate & Foreign Bonds	JP MORGAN CMO V-M 6.000% 11/25/54	45,838	46,313
	Corporate & Foreign Bonds	JPMORGAN CHASE V-Q 3.882% 7/24/38	1,212,729	1,190,200
	Corporate & Foreign Bonds	JPMORGAN CHASE V-Q 4.203% 7/23/29	183,673	183,916
	Corporate & Foreign Bonds	KINDER MORGAN 5.050% 2/15/46	240,405	234,406
	Corporate & Foreign Bonds	KINDER MORGAN ENER 6.375% 3/01/41	196,156	194,110
	Corporate & Foreign Bonds	KKR GROUP FINAN 5.125% 6/01/44	342,775	337,999
	Corporate & Foreign Bonds	KKR GRP FIN CO VI 3.750% 7/01/29	73,078	72,818
	Corporate & Foreign Bonds	KLA CORP 4.950% 7/15/52	194,621	186,316
	Corporate & Foreign Bonds	KROGER CO 4.650% 1/15/48	195,775	188,089
	Corporate & Foreign Bonds	LOCKHEED MARTIN CORP 4.700% 5/15/46	291,032	281,468
	Corporate & Foreign Bonds	LOWE'S COS INC 4.500% 4/15/30	55,088	54,942

Beebe Medical Center Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 51-0067938, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate & Foreign Bonds	LOWE'S COS INC 5.800% 9/15/62	\$ 583,602	\$ 566,175
	Corporate & Foreign Bonds	L3HARRIS TECHNOLOGIE 5.500% 8/15/54	215,059	209,396
	Corporate & Foreign Bonds	MACQUARIE GROUP V-D 6.255% 12/07/34	74,475	74,470
	Corporate & Foreign Bonds	MARATHON PETROLEUM 6.500% 3/01/41	193,117	186,496
	Corporate & Foreign Bonds	MARKEL GROUP INC 6.000% 5/16/54	238,493	235,691
	Corporate & Foreign Bonds	MARSH & MCLENNAN 4.750% 3/15/39	340,675	333,266
	Corporate & Foreign Bonds	MARTIN MAR MTLS 5.500% 12/01/54	261,805	254,686
	Corporate & Foreign Bonds	MASS MUTUAL LIFE 3.375% 4/15/50	195,740	186,920
	Corporate & Foreign Bonds	MCDONALD'S CORP MTN 4.450% 3/01/47	193,262	188,840
	Corporate & Foreign Bonds	MET LIFE GLOBAL MTN 3.050% 6/17/29	136,892	138,660
	Corporate & Foreign Bonds	METLIFE INC 4.721% 12/15/44	240,917	233,963
	Corporate & Foreign Bonds	METLIFE INC 5.000% 7/15/52	243,893	234,923
	Corporate & Foreign Bonds	MICROCHIP TECHNOLOGY 5.050% 2/15/30	93,927	93,349
	Corporate & Foreign Bonds	MICROSOFT CORP 2.921% 3/17/52	388,993	369,953
	Corporate & Foreign Bonds	MIDAMER ENER HLD 6.125% 4/01/36	243,745	241,863
	Corporate & Foreign Bonds	MIDAMERICAN ENERGY 5.300% 2/01/55	293,439	283,392
	Corporate & Foreign Bonds	MOODYS CORP 3.750% 2/25/52	192,225	183,768
	Corporate & Foreign Bonds	MORGAN STANLEY V-D 4.210% 4/20/28	128,203	129,124
	Corporate & Foreign Bonds	MORGAN STANLEY V-Q 3.217% 4/22/42	486,586	473,171
	Corporate & Foreign Bonds	MPLX LP 4.950% 3/14/52	290,492	281,507
	Corporate & Foreign Bonds	NEW YORK LIFE 3.750% 5/15/50	152,184	145,628
	Corporate & Foreign Bonds	NEXTGEAR FLOORP ABS 5.120% 3/15/29	99,492	100,959
	Corporate & Foreign Bonds	NIAGARA MOHAWK POWER 4.119% 11/28/42	248,325	244,692
	Corporate & Foreign Bonds	NORFOLK SOUTHERN 3.800% 8/01/28	110,327	110,431
	Corporate & Foreign Bonds	NORFOLK SOUTHERN 4.050% 8/15/52	534,904	517,955
	Corporate & Foreign Bonds	NORTHEAST UTILITIES 3.150% 1/15/25	111,411	112,916
	Corporate & Foreign Bonds	NORTHERN ST PR-M 6.200% 7/01/37	195,268	192,631
	Corporate & Foreign Bonds	NORTHERN STATES PWR 3.600% 5/15/46	194,392	190,100
	Corporate & Foreign Bonds	NORTHERN STS PWR CO 4.500% 6/01/52	195,329	188,746
	Corporate & Foreign Bonds	NORTHROP GRUMMAN 3.250% 1/15/28	56,197	56,399
	Corporate & Foreign Bonds	NORTHROP GRUMMAN 3.850% 4/15/45	96,346	93,805
	Corporate & Foreign Bonds	NORTHROP GRUMMAN 4.950% 3/15/53	194,475	187,659
	Corporate & Foreign Bonds	NSTAR ELECTRIC CO 4.550% 6/01/52	242,696	234,408
	Corporate & Foreign Bonds	NXP BV/NXP FDG LLC 3.150% 5/01/27	128,372	129,796
	Corporate & Foreign Bonds	OCCIDENTAL PETE CORP 6.050% 10/01/54	180,189	171,731
	Corporate & Foreign Bonds	ONCOR ELECTRIC DELIV 5.350% 10/01/52	240,806	231,821
	Corporate & Foreign Bonds	ORACLE CORP 2.800% 4/01/27	91,566	93,137
	Corporate & Foreign Bonds	ORACLE CORP 3.950% 3/25/51	338,337	333,320
	Corporate & Foreign Bonds	ORACLE CORP 4.000% 11/15/47	486,795	480,161
	Corporate & Foreign Bonds	PENSKE TRUCK LEASING 5.550% 5/01/28	127,876	127,882
	Corporate & Foreign Bonds	PFIZER INC 2.550% 5/28/40	148,812	145,114
	Corporate & Foreign Bonds	PFS FINANCING ABS 4.750% 8/15/29	99,990	99,768
	Corporate & Foreign Bonds	PFS FINANCING ABS 5.340% 4/16/29	100,020	101,323
	Corporate & Foreign Bonds	PG&E WILDFIRE 3.594% 6/01/32	115,438	117,181
	Corporate & Foreign Bonds	PG&E WILDFIRE RECOV 4.451% 12/01/49	482,398	469,244
	Corporate & Foreign Bonds	PHILLIPS 66 CO 3.550% 10/01/26	55,312	55,967
	Corporate & Foreign Bonds	PHILLIPS 66 CO 4.680% 2/15/45	390,327	371,757
	Corporate & Foreign Bonds	PLANET FITNESS ABS 5.765% 6/05/54	129,163	128,147
	Corporate & Foreign Bonds	PLANET FITNESS ABS 6.237% 6/05/54	251,370	250,151
	Corporate & Foreign Bonds	PNC FINANCIAL V-D 6.875% 10/20/34	71,286	70,951
	Corporate & Foreign Bonds	PPL ELECTRIC UTIL 4.125% 6/15/44	293,033	286,868
	Corporate & Foreign Bonds	PROGRESS RESID ABS 3.100% 7/09/29	94,647	96,269
	Corporate & Foreign Bonds	PROGRESS RESIDE ABS 3.000% 8/09/29	97,100	98,336
	Corporate & Foreign Bonds	PRUDENTIAL FIN MTN 5.700% 12/14/36	385,547	379,835
	Corporate & Foreign Bonds	PUBLIC SERVICE MTN 4.150% 11/01/45	195,708	190,280
	Corporate & Foreign Bonds	RIO TINTO FIN USA 5.200% 11/02/40	193,292	187,678
	Corporate & Foreign Bonds	ROGERS COMM INC 3.200% 3/15/27	73,354	74,388
	Corporate & Foreign Bonds	ROGERS COMM INC 4.550% 3/15/52	241,535	231,835
	Corporate & Foreign Bonds	ROGERS COMM INC 5.000% 3/15/44	241,797	234,687
	Corporate & Foreign Bonds	RTX CORPORATION 4.500% 6/01/42	292,337	284,823
	Corporate & Foreign Bonds	RTX CORPORATION 5.375% 2/27/53	111,890	109,198
	Corporate & Foreign Bonds	RTX CORPORATION 6.100% 3/15/34	48,779	48,438
	Corporate & Foreign Bonds	RYDER SYS INC MTN 5.250% 6/01/28	72,903	72,747
	Corporate & Foreign Bonds	RYL BK CAN MTN CONV 3.625% 5/04/27	51,000	51,780
	Corporate & Foreign Bonds	SBA SER 10A ABS 5.035% 3/01/34	200,822	197,881
	Corporate & Foreign Bonds	SBA TOWER TRUST ABS 4.831% 10/15/54	70,000	68,357
	Corporate & Foreign Bonds	SBA TOWER TRUST ABS 6.559% 1/15/28	113,042	113,843
	Corporate & Foreign Bonds	SCHLUMBERGER HLDGS 3.900% 5/17/28	41,279	41,744
	Corporate & Foreign Bonds	SEMPRA ENERGY 6.000% 10/15/39	389,375	387,421
	Corporate & Foreign Bonds	SEQUOIA MORT CMO V-M 6.000% 7/27/54	82,940	83,539
	Corporate & Foreign Bonds	SHELL FINANCE US 3.750% 9/12/46	402,324	368,343
	Corporate & Foreign Bonds	SIMON PROP GP LP 4.250% 11/30/46	291,057	285,460
	Corporate & Foreign Bonds	SIMON PROP GP LP 5.850% 3/08/53	290,777	286,969
	Corporate & Foreign Bonds	SIMON PROPERTY GROUP 3.300% 1/15/26	92,442	93,774
	Corporate & Foreign Bonds	SNAP-ON INC 3.100% 5/01/50	47,703	44,339

Beebe Medical Center Pension Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EMPLOYER ID NO: 51-0067938, PLAN #: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Corporate & Foreign Bonds	SNAP-ON INC 4.100% 3/01/48	\$ 192,984	\$ 184,952
	Corporate & Foreign Bonds	SONOCO PRODS CO 4.600% 9/01/29	94,987	92,514
	Corporate & Foreign Bonds	SOUTHERN CO GAS CAP 4.950% 9/15/34	86,635	83,225
	Corporate & Foreign Bonds	SUBWAY FNDG LLC ABS 6.028% 7/30/54	37,298	37,451
	Corporate & Foreign Bonds	SUBWAY FUNDING ABS 5.566% 7/30/54	86,000	83,567
	Corporate & Foreign Bonds	SUBWAY FUNDING ABS 5.914% 7/30/54	220,000	214,799
	Corporate & Foreign Bonds	SUBWAY FUNDING ABS 6.505% 7/30/54	269,961	270,991
	Corporate & Foreign Bonds	SUNOCO LOGISTICS 5.300% 4/01/44	484,929	474,043
	Corporate & Foreign Bonds	T-MOBILE USA INC 5.050% 7/15/33	91,623	90,085
	Corporate & Foreign Bonds	T-MOBILE USA INC 5.650% 1/15/53	397,417	382,210
	Corporate & Foreign Bonds	TACO BELL FUND ABS 1.946% 8/25/51	89,674	92,670
	Corporate & Foreign Bonds	TAKEDA PHARMACEUTICA 3.175% 7/09/50	192,122	181,387
	Corporate & Foreign Bonds	TEXAS INSTRUMENTS 5.050% 5/18/63	195,935	184,726
	Corporate & Foreign Bonds	TRANSCONT GAS PIPE 4.600% 3/15/48	292,679	278,308
	Corporate & Foreign Bonds	TRANSURBAN FINANCE 3.375% 3/22/27	109,083	110,176
	Corporate & Foreign Bonds	TRICON RESIDENT ABS 5.000% 12/17/40	96,846	97,776
	Corporate & Foreign Bonds	TRICON RESIDENT ABS 5.100% 7/17/40	131,861	130,756
	Corporate & Foreign Bonds	TRUIST FIN MTN V-D 5.711% 1/24/35	50,250	50,383
	Corporate & Foreign Bonds	TTX CO 5.650% 12/01/52	293,009	288,414
	Corporate & Foreign Bonds	UBER TECHNOLOGIES 5.350% 9/15/54	208,826	193,421
	Corporate & Foreign Bonds	UBS GROUP AG V-A 1.364% 1/30/27	186,552	192,354
	Corporate & Foreign Bonds	UNION PAC CORP MTN 3.550% 8/15/39	194,698	190,724
	Corporate & Foreign Bonds	UNION PACIFIC CORP 3.250% 2/05/50	192,775	184,183
	Corporate & Foreign Bonds	UNITED AIR ABS 4.000% 10/11/27	48,091	49,043
	Corporate & Foreign Bonds	UNITED PARCEL SVC 3.625% 10/01/42	172,422	168,227
	Corporate & Foreign Bonds	UNITEDHEALTH GRP 4.750% 5/15/52	195,355	184,212
	Corporate & Foreign Bonds	US BANCORP 5.836% 6/12/34	51,006	50,970
	Corporate & Foreign Bonds	VERISK ANALYTICS INC 5.750% 4/01/33	36,124	35,972
	Corporate & Foreign Bonds	VERIZON COMM INC 2.355% 3/15/32	72,301	72,149
	Corporate & Foreign Bonds	VERIZON COMM INC 3.400% 3/22/41	339,022	328,986
	Corporate & Foreign Bonds	VERIZON COMM INC 3.550% 3/22/51	290,013	279,127
	Corporate & Foreign Bonds	VERIZON COMM INC 3.700% 3/22/61	293,313	274,618
	Corporate & Foreign Bonds	VIRGINIA ELEC & PWR 4.650% 8/15/43	341,647	333,249
	Corporate & Foreign Bonds	WALT DISNEY COMPANY 2.750% 9/01/49	195,015	187,098
	Corporate & Foreign Bonds	WARNERMEDIA HLDG 5.050% 3/15/42	289,400	276,994
	Corporate & Foreign Bonds	WARNERMEDIA HOLDINGS 5.391% 3/15/62	241,356	220,596
	Corporate & Foreign Bonds	WEC ENERGY GROUP INC 1.375% 10/15/27	63,816	65,718
	Corporate & Foreign Bonds	WELLS FARGO MTN V-Q 5.013% 4/04/51	535,158	510,399
	Corporate & Foreign Bonds	XLIT LTD 5.250% 12/15/43	200,306	194,609
	Total Corporate & Foreign Bonds		54,822,651	53,342,747
	Total Fixed Income Securities		118,547,452	114,190,648
	Private limited partnership investment			
	Clarion Partners	CLARION LION PROPERTIES FUND	4,674,587	4,414,996
	JP Morgan	JPMORGAN IIF ERISA HEDGED LP	5,000,000	6,514,531
	Total Private limited partnership investment		9,674,587	10,929,527
	Total Investments		\$ 131,381,131	\$ 128,279,267

Beebe Medical Center Pension Plan

FORM 5500, SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

EMPLOYER ID NO: 51-0067938, PLAN #: 001

(a) Identity of Party Involved	(b) Description of Asset (Include Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain or (Loss)
Series of transactions in same security exceeds 5% of value								
Artisan	Artisan Global Opportunit-is	\$ -	\$ 7,303,325	\$ -	\$ -	\$ 7,303,325	\$ 7,303,325	\$ 616,181
BlackRock	Blackrock Liquidity Fedfund Inst	256,665,992	-	-	-	256,665,992	256,665,992	-
BlackRock	Blackrock Liquidity Fedfund Inst	-	256,278,451	-	-	256,278,451	256,278,451	-
Fidelity	Fidelity 500 Index Fund	133,858	-	-	-	133,858	133,858	-
Fidelity	Fidelity 500 Index Fund	-	47,403,927	-	-	47,403,927	47,403,927	4,684,994
Fidelity	Fidelity Intern Tr Bd-Ins Prm	-	12,734,607	-	-	12,734,607	12,734,607	(260,394)
Fidelity	Fidelity Intern Tr Bd-Ins Prm	1,542,564	-	-	-	1,542,564	1,542,564	-
Abbett	Lord Abbett Invt Tr Shrt Duratn	-	9,827,174	-	-	9,827,174	9,827,174	(50,085)
Abbett	Lord Abbett Invt Tr Shrt Duratn	508,923	-	-	-	508,923	508,923	-
U.S. Treasury Notes	U.S. Treasury Bonds 2.25% 2/15/52	-	2,460,031	-	-	2,460,031	2,460,031	(5,534)
U.S. Treasury Notes	U.S. Treasury Bonds 2.25% 2/15/52	11,611,215	-	-	-	11,611,215	11,611,215	-
U.S. Treasury Notes	U.S. Treasury Bonds 2.375% 2/15/42	9,670,422	-	-	-	9,670,422	9,670,422	-
U.S. Treasury Notes	U.S. Treasury Bonds 2.375% 2/15/42	-	1,605,872	-	-	1,605,872	1,605,872	(1,917)
U.S. Treasury Notes	U.S. Treasury Bonds 4.25% 2/15/54	-	16,636,672	-	-	16,636,672	16,636,672	93,628
U.S. Treasury Notes	U.S. Treasury Bonds 4.25% 2/15/54	25,977,055	-	-	-	25,977,055	25,977,055	-
U.S. Treasury Notes	U.S. Treasury Bonds 4.5% 2/15/44	42,667,997	-	-	-	42,667,997	42,667,997	-
U.S. Treasury Notes	U.S. Treasury Bonds 4.5% 2/15/44	-	23,463,762	-	-	23,463,762	23,463,762	102,724
U.S. Treasury Notes	U.S. Treasury Notes 4% 1/31/29	-	2,672,675	-	-	2,672,675	2,672,675	(906)
U.S. Treasury Notes	U.S. Treasury Notes 4% 1/31/29	3,886,478	-	-	-	3,886,478	3,886,478	-
U.S. Treasury Notes	U.S. Treasury Notes 4% 2/15/34	14,567,328	-	-	-	14,567,328	14,567,328	-
U.S. Treasury Notes	U.S. Treasury Notes 4% 2/15/34	-	12,240,099	-	-	12,240,099	12,240,099	13,289
U.S. Treasury Notes	U.S. Treasury Notes 4.875% 4/30/26	-	3,554,566	-	-	3,554,566	3,554,566	2,658
U.S. Treasury Notes	U.S. Treasury Notes 4.875% 4/30/26	3,681,618	-	-	-	3,681,618	3,681,618	-
Vanguard	Vanguard St Corp Bd Indx-Ins	-	9,110,608	-	-	9,110,608	9,110,608	(21,040)
Vanguard	Vanguard St Corp Bd Indx-Ins	392,129	-	-	-	392,129	392,129	-
MFS	MFS Low Volatility Global Equity 7B	-	7,038,688	-	-	7,038,688	7,038,688	472,037

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	26	0	0	0	0	0	0	26
	-	-	-	73,977	-	-	-	-	-	-	73,977
35-39	0	1	0	34	23	2	0	0	0	0	60
	-	-	-	82,219	97,874	-	-	-	-	-	88,516
40-44	0	0	2	29	23	16	0	0	0	0	70
	-	-	-	95,218	90,548	-	-	-	-	-	94,080
45-49	0	0	0	23	26	22	13	0	0	0	84
	-	-	-	75,470	107,456	100,166	-	-	-	-	97,928
50-54	0	1	0	21	23	21	14	8	0	0	88
	-	-	-	83,344	104,965	86,156	-	-	-	-	95,294
55-59	0	0	0	22	32	22	18	13	12	0	119
	-	-	-	112,553	109,224	99,455	-	-	-	-	101,805
60-64	0	0	0	36	27	34	13	3	2	8	123
	-	-	-	83,963	95,399	79,004	-	-	-	-	87,568
65-69	0	0	1	14	14	12	4	3	3	2	53
	-	-	-	-	-	-	-	-	-	-	86,034
70 & over	0	0	0	6	3	3	2	0	1	1	16
	-	-	-	-	-	-	-	-	-	-	-
Total	0	2	3	211	171	132	64	27	18	11	639
	-	-	-	84,903	100,481	0	97,081	111,005	-	-	92,408

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Beebe Medical Center Pension Plan
 EIN / PN: 51-0067938/001
 Plan Sponsor: Beebe Healthcare
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.21%	4.46%

Annual rates of increase

- Compensation: 3.00%
- Future Social Security wage bases 2.75%

Plan-related expenses \$50,000

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Not applicable.

Termination Rates varying by age and gender.

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
30	12.00%	12.00%
40	10.40%	10.40%
50	8.80%	8.80%
60	5.60%	5.60%

Disability Not applicable.

Retirement The rates at which participants retire by age are shown below.

Age	Rate of Retirement
55 – 57	2.0%
58 - 59	7.0%
60 – 61	3.0%
62 – 64	8.0%
65	10.0%
66 - 75	25.0%
Over 75	100.0%

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect the normal form. The normal form of a payment for married participants is the 50% Joint & Survivor Annuity. The normal form for unmarried participants is the Single Life Annuity. Optional forms elected by participant at benefit commencement are assumed to be 75% single life annuity and 25% joint and survivor.
Percent married	80% of eligible participants are assumed to be married.
Spouse age	Wife three years younger than husband.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

The method for computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater than other years. However, over the long term under PPA's smoothing rates, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	Assumption was selected by the plan sponsor and represents a best estimate of future experience informed by prior experience of plan participants.
Percent married	Assumption was selected by the plan sponsor and represents a best estimate of future experience informed by prior experience of plan participants.
Spouse age	Assumption was selected by the plan sponsor and represents a best estimate of future experience informed by prior experience of plan participants.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection, as required by guidance issued by IRS under IRC §430.

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

Plan Name	Beebe Medical Center Pension Plan
Plan Sponsor EIN	51-0067938
ERISA Plan #	001
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

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 2024 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
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 BEEBE MEDICAL CENTER PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BEEBE HEALTHCARE	D Employer Identification Number (EIN) 51-0067938
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part 1 Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2024			
2 Assets:			
a Market value	2a	128,133,771	
b Actuarial value	2b	128,902,633	
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	766	52,079,062	52,079,062
b For terminated vested participants	409	13,173,282	13,173,282
c For active participants	639	40,560,822	40,604,702
d Total	1,814	105,813,166	105,857,046
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) Q			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.21%	
6 Target normal cost			
a Present value of current plan year accruals	6a	2,801,298	
b Expected plan-related expenses	6b	50,000	
c Target normal cost	6c	2,851,298	

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	John Popiolek	10/8/2025
Signature of actuary		Date
John R. Popiolek		2305696
Type or print name of actuary		Most recent enrollment number
Willis Towers Watson US LLC		215-246-6000
Firm name		Telephone number (including area code)
1900 Market Street Floor 8 Philadelphia PA 19103-3527		
Address of the firm		

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	2,851,298	
b Excess assets, if applicable, but not greater than line 31a	31b	2,851,298	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Beebe Healthcare
EIN/PN	51-0067938/001
Plan Name	Beebe Medical Center Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	John R. Popiolek
Enrollment Number	23-05696

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The retirement assumption varies by age. The average retirement age was determined as illustrated below. The average retirement age for the plan was determined as a weighted average of the age at retirement, with weights equal to the number of a hypothetical 1000 employee group assumed to retire at such age, according to the retirement assumption.

Age	Numbers of Employees not yet Retired	Percent Assumed to Retire	Number Retiring	Product of Age and Number Retiring
55	1,000	2%	20	1,100
56	980	2%	20	1,120
57	960	2%	19	1,083
58	941	7%	66	3,828
59	875	7%	61	3,599
60	814	3%	24	1,440
61	790	3%	24	1,464
62	766	8%	61	3,782
63	705	8%	57	3,591
64	648	8%	52	3,328
65	596	10%	59	3,835
66	537	25%	134	8,844
67	403	25%	101	6,767
68	302	25%	76	5,168
69	226	25%	56	3,864
70	170	25%	43	3,010
71	127	25%	31	2,201
72	96	25%	24	1,728
73	72	25%	18	1,314
74	54	25%	14	1,036
75	40	25%	10	750
76	30	100%	30	2,280
Sum of (retirement age X number retiring)				65,132
Divided by hypothetical group size				1,000
= Weighted average retirement age (rounded to nearest year)				65

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month September 2023
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	3.62%
• Second segment rate	4.87%	4.46%
• Third segment rate	5.59%	4.52%
• Effective interest rate	5.21%	4.46%

Annual rates of increase

- Compensation: 3.00%
- Future Social Security wage bases 2.75%

Plan-related expenses \$50,000

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Not applicable.

Termination Rates varying by age and gender.

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
30	12.00%	12.00%
40	10.40%	10.40%
50	8.80%	8.80%
60	5.60%	5.60%

Disability Not applicable.

Retirement The rates at which participants retire by age are shown below.

Age	Rate of Retirement
55 – 57	2.0%
58 - 59	7.0%
60 – 61	3.0%
62 – 64	8.0%
65	10.0%
66 - 75	25.0%
Over 75	100.0%

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment	Participants are assumed to elect the normal form. The normal form of a payment for married participants is the 50% Joint & Survivor Annuity. The normal form for unmarried participants is the Single Life Annuity. Optional forms elected by participant at benefit commencement are assumed to be 75% single life annuity and 25% joint and survivor.
Percent married	80% of eligible participants are assumed to be married.
Spouse age	Wife three years younger than husband.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

The method for computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater than other years. However, over the long term under PPA's smoothing rates, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430(h).
Termination	Termination rates were based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Retirement	Retirement rates were based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
Form of payment	Assumption was selected by the plan sponsor and represents a best estimate of future experience informed by prior experience of plan participants.
Percent married	Assumption was selected by the plan sponsor and represents a best estimate of future experience informed by prior experience of plan participants.
Spouse age	Assumption was selected by the plan sponsor and represents a best estimate of future experience informed by prior experience of plan participants.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.

The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection, as required by guidance issued by IRS under IRC §430.

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Beebe Healthcare

Plan

Beebe Medical Center Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1975. The last amendment reflected in this analysis is Amendment Number 4 to the Plan as restated effective January 1, 2014.

Plan Year

The twelve-month period ending December 31st.

Coverage and Participation

Employees who attain age 21 and who complete at least 1,000 hours of service in the 12-month period beginning on the date they commenced employment or in any subsequent plan year, shall be eligible to participate in the plan.

Employees of Beebe Physician Network (BPN) who are hired on or after July 1, 2008 are excluded from coverage under the Plan.

Employees hired or rehired on or after January 1, 2014 are excluded from coverage under the Plan.

Credited Service

Employees shall be credited with one full year of credited service for each plan year during which they complete at least 1,000 hours of service.

Vesting Service

Employees shall be credited with one full year of vesting service for each plan year during which they complete at least 1,000 hours of service.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

1. Normal Retirement Date: The Normal Retirement Date shall be determined as follows:
 - For benefits accrued prior to January 1, 2006: the first day of the month next following the date the participant attains age 65;
 - For benefits accrued on or after January 1, 2006: the first day of the month next following the date the participant attains Social Security Normal Retirement Age; as of January 1, 2006, participants age 55 or older with 10 or more years of service are grandfathered under the prior definition.
2. Monthly Benefit Formula: Based on the greater / greatest of the following formulas: The annual normal retirement benefit shall be determined as the sum of the following:
 - For credited service prior to January 1, 1988: 0.75% of 1986 basic earnings up to \$15,000, plus 1.50% of 1986 basic earnings in excess of \$15,000, multiplied by credited service;
 - For credited service between January 1, 1988 and December 31, 1988: 0.75% of 1988 basic earnings up to $\frac{1}{2}$ the Social Security Wage Base, plus 1.50% of 1988 basic earnings in excess of $\frac{1}{2}$ the Social Security Wage Base.
 - For each year of credited service after January 1, 1989: 0.75% of each year's compensation up to $\frac{1}{2}$ the Social Security Wage Base, plus 1.25% of each year's compensation in excess of $\frac{1}{2}$ the Social Security Wage Base, for credited service less than 35 years; 0.75% of each year's compensation for credited service in excess of 35 years.
 - For benefits accrued on or after December 31, 2008: the Normal Retirement Benefit as calculated above, with the addition of the QSERP benefit amount from Appendix A of the Plan Document if applicable. Additionally, the monthly benefit payable as a single life annuity at Normal Retirement Date shall not be less than \$100 per month.
3. Normal Form of Retirement Income: A single life annuity, if unmarried. Married participants receive a qualified joint and survivor annuity actuarially equivalent to the single life annuity.

Late Retirement

If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using benefit service and final average monthly compensation as of the late retirement date.

Accrued Benefits

The participant's accrued benefit at any given date is determined under the normal retirement formula described above, but is based on current credited service and earnings.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and completion of 10 years of credited service.

Benefit: Accrued benefit as of early retirement date reduced for each year the benefit commences prior to normal retirement. Such reduction will be at the rate of 1/15 for each of the first five years by which the date on which payment of retirement income commences precedes the participant's normal retirement date and by 1/30 for each additional year in excess of five.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Eligibility: A participant is 100% vested upon completion of 5 years of service.

Benefit: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, if the participant has 10 years of credited service, he may elect to receive a reduced benefit commencing prior to his normal retirement date and after attaining age 55.

Pre-Retirement Death Benefits

Eligibility: Participants who are 100% vested in the plan.

Benefit:

For any participant who dies after meeting the requirements for early retirement, the spouse's benefit is 50% of the amount that would have been payable to the participant had he retired on the day prior to his death with his benefit in the Joint and 50% Survivor form.

Prior to eligibility for early retirement, the spouse of any vested participant would be entitled to a Joint and 50% Survivor annuity in the event of the participant's death. Payments would start at the time the deceased would have attained the plan's earliest retirement age.

Optional Forms of Retirement Income in Lieu of Normal Form

50%, 75%, or 100% Joint and Survivor annuity. Actuarial equivalence is based on 7.5% interest and the UP-84 mortality table set forward 1 year for an annuitant and setback 4 years for a joint annuitant.

Pension Increases

None

Plan Participants' Contributions

None required or permitted.

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Changes in Plan Provisions since Last Actuarial Valuation

There were no changes to the Plan Provisions since the prior valuation.

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a Schedule of Active Participant Data as of January 1, 2024

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
25-29	0	0	0	0	0	0	0	0	0	0	0
	-	-	-	-	-	-	-	-	-	-	-
30-34	0	0	0	26	0	0	0	0	0	0	26
	-	-	-	73,977	-	-	-	-	-	-	73,977
35-39	0	1	0	34	23	2	0	0	0	0	60
	-	-	-	82,219	97,874	-	-	-	-	-	88,516
40-44	0	0	2	29	23	16	0	0	0	0	70
	-	-	-	95,218	90,548	-	-	-	-	-	94,080
45-49	0	0	0	23	26	22	13	0	0	0	84
	-	-	-	75,470	107,456	100,166	-	-	-	-	97,928
50-54	0	1	0	21	23	21	14	8	0	0	88
	-	-	-	83,344	104,965	86,156	-	-	-	-	95,294
55-59	0	0	0	22	32	22	18	13	12	0	119
	-	-	-	112,553	109,224	99,455	-	-	-	-	101,805
60-64	0	0	0	36	27	34	13	3	2	8	123
	-	-	-	83,963	95,399	79,004	-	-	-	-	87,568
65-69	0	0	1	14	14	12	4	3	3	2	53
	-	-	-	-	-	-	-	-	-	-	86,034
70 & over	0	0	0	6	3	3	2	0	1	1	16
	-	-	-	-	-	-	-	-	-	-	-
Total	0	2	3	211	171	132	64	27	18	11	639
	-	-	-	84,903	100,481	0	97,081	111,005	-	-	92,408

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Beebe Medical Center Pension Plan
 EIN / PN: 51-0067938/001
 Plan Sponsor: Beebe Healthcare
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	193,511	63,019	4,907,869	5,164,399
2025	531,304	145,932	4,800,080	5,477,316
2026	817,175	201,872	4,686,058	5,705,105
2027	1,089,838	267,709	4,565,636	5,923,183
2028	1,364,129	348,958	4,438,659	6,151,746
2029	1,634,323	466,219	4,304,986	6,405,528
2030	1,886,972	553,104	4,164,521	6,604,597
2031	2,126,594	616,429	4,017,256	6,760,279
2032	2,350,527	688,117	3,863,316	6,901,960
2033	2,549,892	748,888	3,702,938	7,001,718
2034	2,718,641	799,573	3,536,462	7,054,676
2035	2,874,483	858,427	3,364,355	7,097,265
2036	3,025,030	931,889	3,187,192	7,144,111
2037	3,158,720	992,401	3,005,652	7,156,773
2038	3,263,949	1,037,601	2,820,549	7,122,099
2039	3,367,056	1,091,572	2,632,851	7,091,479
2040	3,455,558	1,153,401	2,443,654	7,052,613
2041	3,512,932	1,182,999	2,254,178	6,950,109
2042	3,574,194	1,191,496	2,065,756	6,831,446
2043	3,625,647	1,207,451	1,879,812	6,712,910
2044	3,630,539	1,210,134	1,697,860	6,538,533
2045	3,619,606	1,199,887	1,521,439	6,340,932
2046	3,616,586	1,196,756	1,352,055	6,165,397
2047	3,590,609	1,194,162	1,191,126	5,975,897
2048	3,544,617	1,210,878	1,039,898	5,795,393
2049	3,486,455	1,226,418	899,407	5,612,280
2050	3,420,869	1,218,905	770,437	5,410,211
2051	3,334,359	1,201,845	653,472	5,189,676
2052	3,232,350	1,182,279	548,688	4,963,317

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2053	3,128,038	1,161,744	455,973	4,745,755
2054	3,006,574	1,138,739	374,954	4,520,267
2055	2,869,699	1,108,085	305,056	4,282,840
2056	2,727,498	1,063,761	245,528	4,036,787
2057	2,581,054	1,014,158	195,473	3,790,685
2058	2,428,232	961,074	153,924	3,543,230
2059	2,271,270	906,935	119,876	3,298,081
2060	2,113,109	851,971	92,328	3,057,408
2061	1,959,666	797,278	70,326	2,827,270
2062	1,811,810	743,723	52,976	2,608,509
2063	1,670,266	691,556	39,464	2,401,286
2064	1,535,295	640,985	29,075	2,205,355
2065	1,407,118	592,203	21,190	2,020,511
2066	1,285,848	545,371	15,283	1,846,502
2067	1,171,429	500,607	10,918	1,682,954
2068	1,063,721	458,000	7,734	1,529,455
2069	962,573	417,595	5,442	1,385,610
2070	867,796	379,406	3,812	1,251,014
2071	779,192	343,397	2,665	1,125,254
2072	696,596	309,514	1,864	1,007,974
2073	619,816	277,696	1,309	898,821

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Beebe Healthcare
EIN/PN	51-0067938/001
Plan Name	Beebe Medical Center Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	John R. Popiolek
Enrollment Number	23-05696

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

The retirement assumption varies by age. The average retirement age was determined as illustrated below. The average retirement age for the plan was determined as a weighted average of the age at retirement, with weights equal to the number of a hypothetical 1000 employee group assumed to retire at such age, according to the retirement assumption.

Age	Numbers of Employees not yet Retired	Percent Assumed to Retire	Number Retiring	Product of Age and Number Retiring
55	1,000	2%	20	1,100
56	980	2%	20	1,120
57	960	2%	19	1,083
58	941	7%	66	3,828
59	875	7%	61	3,599
60	814	3%	24	1,440
61	790	3%	24	1,464
62	766	8%	61	3,782
63	705	8%	57	3,591
64	648	8%	52	3,328
65	596	10%	59	3,835
66	537	25%	134	8,844
67	403	25%	101	6,767
68	302	25%	76	5,168
69	226	25%	56	3,864
70	170	25%	43	3,010
71	127	25%	31	2,201
72	96	25%	24	1,728
73	72	25%	18	1,314
74	54	25%	14	1,036
75	40	25%	10	750
76	30	100%	30	2,280
Sum of (retirement age X number retiring)				65,132
Divided by hypothetical group size				1,000
= Weighted average retirement age (rounded to nearest year)				65

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	193,511	63,019	4,907,869	5,164,399
2025	531,304	145,932	4,800,080	5,477,316
2026	817,175	201,872	4,686,058	5,705,105
2027	1,089,838	267,709	4,565,636	5,923,183
2028	1,364,129	348,958	4,438,659	6,151,746
2029	1,634,323	466,219	4,304,986	6,405,528
2030	1,886,972	553,104	4,164,521	6,604,597
2031	2,126,594	616,429	4,017,256	6,760,279
2032	2,350,527	688,117	3,863,316	6,901,960
2033	2,549,892	748,888	3,702,938	7,001,718
2034	2,718,641	799,573	3,536,462	7,054,676
2035	2,874,483	858,427	3,364,355	7,097,265
2036	3,025,030	931,889	3,187,192	7,144,111
2037	3,158,720	992,401	3,005,652	7,156,773
2038	3,263,949	1,037,601	2,820,549	7,122,099
2039	3,367,056	1,091,572	2,632,851	7,091,479
2040	3,455,558	1,153,401	2,443,654	7,052,613
2041	3,512,932	1,182,999	2,254,178	6,950,109
2042	3,574,194	1,191,496	2,065,756	6,831,446
2043	3,625,647	1,207,451	1,879,812	6,712,910
2044	3,630,539	1,210,134	1,697,860	6,538,533
2045	3,619,606	1,199,887	1,521,439	6,340,932
2046	3,616,586	1,196,756	1,352,055	6,165,397
2047	3,590,609	1,194,162	1,191,126	5,975,897
2048	3,544,617	1,210,878	1,039,898	5,795,393
2049	3,486,455	1,226,418	899,407	5,612,280
2050	3,420,869	1,218,905	770,437	5,410,211
2051	3,334,359	1,201,845	653,472	5,189,676
2052	3,232,350	1,182,279	548,688	4,963,317

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

2053	3,128,038	1,161,744	455,973	4,745,755
2054	3,006,574	1,138,739	374,954	4,520,267
2055	2,869,699	1,108,085	305,056	4,282,840
2056	2,727,498	1,063,761	245,528	4,036,787
2057	2,581,054	1,014,158	195,473	3,790,685
2058	2,428,232	961,074	153,924	3,543,230
2059	2,271,270	906,935	119,876	3,298,081
2060	2,113,109	851,971	92,328	3,057,408
2061	1,959,666	797,278	70,326	2,827,270
2062	1,811,810	743,723	52,976	2,608,509
2063	1,670,266	691,556	39,464	2,401,286
2064	1,535,295	640,985	29,075	2,205,355
2065	1,407,118	592,203	21,190	2,020,511
2066	1,285,848	545,371	15,283	1,846,502
2067	1,171,429	500,607	10,918	1,682,954
2068	1,063,721	458,000	7,734	1,529,455
2069	962,573	417,595	5,442	1,385,610
2070	867,796	379,406	3,812	1,251,014
2071	779,192	343,397	2,665	1,125,254
2072	696,596	309,514	1,864	1,007,974
2073	619,816	277,696	1,309	898,821

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Beebe Healthcare

Plan

Beebe Medical Center Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1975. The last amendment reflected in this analysis is Amendment Number 4 to the Plan as restated effective January 1, 2014.

Plan Year

The twelve-month period ending December 31st.

Coverage and Participation

Employees who attain age 21 and who complete at least 1,000 hours of service in the 12-month period beginning on the date they commenced employment or in any subsequent plan year, shall be eligible to participate in the plan.

Employees of Beebe Physician Network (BPN) who are hired on or after July 1, 2008 are excluded from coverage under the Plan.

Employees hired or rehired on or after January 1, 2014 are excluded from coverage under the Plan.

Credited Service

Employees shall be credited with one full year of credited service for each plan year during which they complete at least 1,000 hours of service.

Vesting Service

Employees shall be credited with one full year of vesting service for each plan year during which they complete at least 1,000 hours of service.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

1. Normal Retirement Date: The Normal Retirement Date shall be determined as follows:
 - For benefits accrued prior to January 1, 2006: the first day of the month next following the date the participant attains age 65;
 - For benefits accrued on or after January 1, 2006: the first day of the month next following the date the participant attains Social Security Normal Retirement Age; as of January 1, 2006, participants age 55 or older with 10 or more years of service are grandfathered under the prior definition.
2. Monthly Benefit Formula: Based on the greater / greatest of the following formulas: The annual normal retirement benefit shall be determined as the sum of the following:
 - For credited service prior to January 1, 1988: 0.75% of 1986 basic earnings up to \$15,000, plus 1.50% of 1986 basic earnings in excess of \$15,000, multiplied by credited service;
 - For credited service between January 1, 1988 and December 31, 1988: 0.75% of 1988 basic earnings up to $\frac{1}{2}$ the Social Security Wage Base, plus 1.50% of 1988 basic earnings in excess of $\frac{1}{2}$ the Social Security Wage Base.
 - For each year of credited service after January 1, 1989: 0.75% of each year's compensation up to $\frac{1}{2}$ the Social Security Wage Base, plus 1.25% of each year's compensation in excess of $\frac{1}{2}$ the Social Security Wage Base, for credited service less than 35 years; 0.75% of each year's compensation for credited service in excess of 35 years.
 - For benefits accrued on or after December 31, 2008: the Normal Retirement Benefit as calculated above, with the addition of the QSERP benefit amount from Appendix A of the Plan Document if applicable. Additionally, the monthly benefit payable as a single life annuity at Normal Retirement Date shall not be less than \$100 per month.
3. Normal Form of Retirement Income: A single life annuity, if unmarried. Married participants receive a qualified joint and survivor annuity actuarially equivalent to the single life annuity.

Late Retirement

If retirement occurs after the normal retirement date, the late retirement income will be the normal retirement benefit calculated using benefit service and final average monthly compensation as of the late retirement date.

Accrued Benefits

The participant's accrued benefit at any given date is determined under the normal retirement formula described above, but is based on current credited service and earnings.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and completion of 10 years of credited service.

Benefit: Accrued benefit as of early retirement date reduced for each year the benefit commences prior to normal retirement. Such reduction will be at the rate of 1/15 for each of the first five years by which the date on which payment of retirement income commences precedes the participant's normal retirement date and by 1/30 for each additional year in excess of five.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Eligibility: A participant is 100% vested upon completion of 5 years of service.

Benefit: The termination benefit is equal to the vested accrued benefit, payable in the normal form, commencing at normal retirement date. Optionally, if the participant has 10 years of credited service, he may elect to receive a reduced benefit commencing prior to his normal retirement date and after attaining age 55.

Pre-Retirement Death Benefits

Eligibility: Participants who are 100% vested in the plan.

Benefit:

For any participant who dies after meeting the requirements for early retirement, the spouse's benefit is 50% of the amount that would have been payable to the participant had he retired on the day prior to his death with his benefit in the Joint and 50% Survivor form.

Prior to eligibility for early retirement, the spouse of any vested participant would be entitled to a Joint and 50% Survivor annuity in the event of the participant's death. Payments would start at the time the deceased would have attained the plan's earliest retirement age.

Optional Forms of Retirement Income in Lieu of Normal Form

50%, 75%, or 100% Joint and Survivor annuity. Actuarial equivalence is based on 7.5% interest and the UP-84 mortality table set forward 1 year for an annuitant and setback 4 years for a joint annuitant.

Pension Increases

None

Plan Participants' Contributions

None required or permitted.

Plan Name: Beebe Medical Center Pension Plan
EIN / PN: 51-0067938/001
Plan Sponsor: Beebe Healthcare
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Substantive Commitments

No substantive commitments other than the above plan provisions have been included in this valuation.

Changes in Plan Provisions since Last Actuarial Valuation

There were no changes to the Plan Provisions since the prior valuation.

Plan Name:	Beebe Medical Center Pension Plan
EIN / PN:	51-0067938/001
Plan Sponsor:	Beebe Healthcare
Valuation Date:	January 1, 2024

Plan Name	Beebe Medical Center Pension Plan
Plan Sponsor EIN	51-0067938
ERISA Plan #	001
Plan Year Ending	12/31/2024

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X