

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 301
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(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 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) 301 6a(2) 0 6b 6c 6d 0 6e 6f 0 6g 6h
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: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions: 4A 4B 4D 4H 4Q	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **11/02/2022**

A Name of plan EBMS, LLC GROUP HEALTH PLAN		B Three-digit plan number (PN) ►	501
C Plan sponsor's name as shown on line 2a of Form 5500 EMPLOYEE BENEFIT MANAGEMENT SERVICES, LLC		D Employer Identification Number (EIN) 81-0391256	

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	2248	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

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	2248	0
Liabilities			
g Benefit claims payable.....	1g	453811	0
h Operating payables.....	1h	13046	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	466857	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	-464609	0

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)	28221	
(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)		28221
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		28221
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	17423	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		17423
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		17423
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		10798
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		-453811

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: RSM US LLP

(2) EIN: 42-0714325

d The opinion of an independent qualified public accountant is **not attached** because:

(1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 17423.

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)
IMAGINE360 SERVICES, LLC HEALTH AND WELFARE BENEFIT PLAN	35-2640271	501

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 _____.

EBMS, LLC Group Health Plan

Financial Report
November 2, 2022

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<hr/>	
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RSM US LLP

Independent Auditor's Report

Board of Trustees and Plan Management
EBMS, LLC Group Health Plan

Opinion

We have audited the financial statements of EBMS, LLC Group Health Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of plan's benefit obligations as of November 2, 2022 (in liquidation) and December 31, 2021 (ongoing), the related statements of changes in net assets available for benefits and of changes in plan's benefit obligations for the period from January 1, 2022 to November 2, 2022 (in liquidation), 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 the plan's benefit obligations of the Plan as of November 2, 2022 (in liquidation) and December 31, 2021, and the changes in its net assets available for benefits and the changes in plan's benefit obligations for the period from January 1, 2022 to November 2, 2022 (in liquidation), in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter—Plan Termination and Liquidation Basis

As discussed in Note 1 to the financial statements, the Board of Managers of Employee Benefit Management Services, LLC, the Plan Sponsor, adopted a resolution on December 22, 2021, with the intention to terminate the Plan effective January 1, 2022, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

RSM US LLP

Kansas City, Missouri
October 16, 2023

EBMS, LLC Group Health Plan

**Statements of Net Assets Available for Benefits
November 2, 2022 (in Liquidation) and 2021 (Ongoing)**

	November 2, 2022 (in Liquidation)	December 31, 2021 (Ongoing)
<hr/>		
Assets:		
Cash	\$ -	\$ 2,248
Total assets	<u>-</u>	<u>2,248</u>
Liabilities:		
Accounts payable	-	13,046
Net (deficit) assets available for benefits	<u>\$ -</u>	<u>\$ (10,798)</u>

See notes to financial statements.

EBMS, LLC Group Health Plan

**Statement of Changes in Net Assets Available for Benefits in Liquidation
Period From January 1, 2022 to November 2, 2022**

Additions to net assets attributed to:	
Employer contributions	\$ 28,221
Total additions	<u>28,221</u>
Deductions from net assets attributed to:	
Assets reverted to the Plan Sponsor	17,423
Total deductions	<u>17,423</u>
Net increase	10,798
Net assets (deficit) available for benefits:	
Beginning of year	<u>(10,798)</u>
End of year	<u>\$ -</u>

See notes to financial statements.

EBMS, LLC Group Health Plan

**Statements of Plan's Benefit Obligations
November 2, 2022 (in Liquidation) and 2021 (Ongoing)**

	November 2, 2022 (in Liquidation)	December 31, 2021 (Ongoing)
Amounts currently payable:		
Claims payable and claims incurred but not reported	<u>\$ -</u>	<u>\$ 453,811</u>
Plan's total benefit obligations	<u><u>\$ -</u></u>	<u><u>\$ 453,811</u></u>

See notes to financial statements.

EBMS, LLC Group Health Plan

**Statement of Changes in Plan's Benefit Obligations in Liquidation
Period From January 1, 2022 to November 2, 2022**

Amounts currently payable:	
Balance at beginning of year	\$ 453,811
Transfer of obligations to Imagine360 Services, LLC Health and Welfare Benefit Plan	<u>(453,811)</u>
Benefit obligations at end of year	<u><u>\$ -</u></u>

See notes to financial statements.

EBMS, LLC Group Health Plan

Notes to Financial Statements

Note 1. Plan Description

The following description of EBMS, LLC Group Health Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General: The Plan provides benefits to active employees working at least 30 hours per week and have completed a waiting period of 60 consecutive days of employment or is an employee board member. Other eligible persons are defined in the Employee Benefit Management Services, LLC employee handbook. For all employees, the date of eligibility is the first day of the month coinciding with or following completion of the waiting period.

The Plan covers the employees of the following wholly owned subsidiaries of Employee Benefit Management Services, LLC (the Plan Sponsor): miCare, LLC and miRx, LLC. Certain Plan assets are held in a simple trust. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan termination: On December 22, 2021, the Board of Managers of the Plan Sponsor adopted a resolution with the intention to terminate the Plan January 1, 2022. As a result, the Plan Sponsor determined liquidation was imminent on January 1, 2022. As of January 1, 2022, all participants became participants of the Imagine360 Services, LLC Health and Welfare Benefit Plan (Imagine360 Plan) and the claims payable and claims incurred but not reported of \$453,811 were transferred to the Imagine360 Plan immediately prior to the change to liquidation basis. The remaining assets of the Plan of \$17,423 were reverted to the Plan Sponsor in October 2022 and the Plan's trust account was closed on November 2, 2022.

Assets reverted to the Plan Sponsor: Due to the Plan termination, \$17,423 of Plan assets were reverted to the Plan Sponsor from the Plan's trust account on October 11, 2022. The Plan Sponsor will use these funds to pay the uncashed checks that were issued in prior years and were outstanding when the Plan's trust account was closed.

Benefits: Prior to the termination, the Plan provided medical, dental, vision, life and disability benefits to eligible employees of Employee Benefit Management Services, LLC and its wholly owned subsidiaries (Employer) and their covered dependents as defined by the Plan document. The Plan also provided continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Insured benefits: Prior to the termination, the Plan fully insured the life insurance benefits, accidental death and dismemberment benefits, and long-term disability benefits through insurance contracts. Premiums for basic life insurance and basic accidental death and dismemberment and long-term disability insurance programs were paid to the insurance company from the general assets of the Employer, and were included in these financial statements as premiums paid.

Stop-loss coverage: Prior to the termination, to mitigate risk, the Employer maintained specific and aggregate stop-loss insurance coverage for any medical claims in excess of \$120,000 incurred by a participant within a 24-month period but paid within a 12-month period, wherein the Employer was the named insured. Premiums were paid by the Employer from its general assets, and were not recorded in the Plan's financial statements. Stop-loss insurance proceeds were received by the Employer, who then could use the funds to make additional contributions to the Plan.

EBMS, LLC Group Health Plan

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Self-insured benefits: Prior to the termination, the Plan was self-insured for medical, dental and vision benefits. The claims for self-insured benefits were processed by the Plan's claims processors under administrative services only (ASO) arrangements. The claims processors paid claims directly to or on behalf of the participants from an account that was funded with contributions from the Employer and participants. Ultimate responsibility for payments to providers and participants was retained by the Plan.

The Employer utilized a pharmacy benefit manager (PBM), which periodically made refunds to the Employer based on the Plan's actual utilization pattern of specific drugs. No rebates were offset against claims paid in the statement of changes in net assets available for benefits for 2022.

The Plan had a health reimbursement arrangement (HRA) that was funded solely through Employer contributions. The HRA allowed eligible participants to be reimbursed tax-free for qualified medical expenses up to a maximum dollar amount for a coverage period. Amounts remaining at the end of the year could generally be carried over to the next year. The Employer was not permitted to refund any part of the balance to the employee, the account cannot be used for anything other than reimbursements for qualified medical expenses, and remaining amounts were not portable upon termination once the employee leaves the Employer.

Contributions: Prior to the termination, in addition to deductibles and copayments, participants contributed specified amounts based on applicable monthly premiums for their respective benefit elections. Participants paid the full cost of supplemental and dependent life insurance and supplemental accidental death and dismemberment insurance programs based on the current group rate premium cost. The Employer paid the full cost of basic life insurance, basic accidental death and dismemberment insurance, and stop-loss insurance.

The Employer made contributions to the Plan as needed to fund claims in excess of participant's contributions. The Plan was economically dependent on the Employer and any deficiency of the Plan's net assets over benefit obligations was funded by the Employer on a pay-as-you-go basis.

Note 2. Significant Accounting Policies

Basis of presentation: Due to the decision to terminate the Plan during 2022, management determined that liquidation of the Plan is imminent and the financial statements for 2022 have been prepared using the liquidation basis of accounting. The 2021 financial statements were prepared as a going concern on the accrual basis of accounting.

Use of estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of liabilities, benefit obligations, net assets available for estimates and changes therein. Actual results could differ from those estimates.

Claims incurred but not reported: Prior to the termination, Plan obligations for health claims incurred by participants but not reported at year-end were estimated based on an analysis of claims paid subsequent to the Plan year-end. Such estimated amounts were included in the accompanying statements of plan's benefit obligations in the amounts currently payable.

EBMS, LLC Group Health Plan

Notes to Financial Statements

Note 3. Tax Status

The trust established under the Plan to hold the Plan's assets is a nonqualified holding trust defined under section 419(e) of the Internal Revenue Code and is subject to income tax as a complex trust. The Plan did not have income subject to tax and no return was required. The Plan Administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any significant uncertain tax positions that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 4. Related-Party and Party-in-Interest Transactions

Parties in interest are defined under the United States Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the Plan Sponsor and certain others. Certain administrative functions are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Plan Sponsor.

Note 5. Risks and Uncertainties

The estimated liability for claims incurred but not reported as of December 31, 2021, was based on an analysis of claims paid subsequent to Plan year-end, which is subject to change. Due to uncertainties inherent in the estimations, it is at least reasonably possible that changes in these estimates in the near term would be material to the financial statements.

The Plan maintained its cash accounts at one financial institution, the balances of which were periodically in excess of federally insured limits.

Note 6. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net (deficit) assets available for benefits per the financial statements at November 2, 2022 and December 31, 2021, to the Form 5500:

	November 2, 2022	December 31, 2021
Net (deficit) assets available for benefits per the financial statements	\$ -	\$ (10,798)
Benefit obligations currently payable (health claims payable and IBNR)	-	(453,811)
Net liabilities per the Form 5500	<u>\$ -</u>	<u>\$ (464,609)</u>

EBMS, LLC Group Health Plan

Notes to Financial Statements

Note 6. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of the transfer of assets (liability) per the financial statements to the transfers from the Plan per the Form 5500 for the period from January 1, 2022 to November 2, 2022:

Transfer of assets (liability) per the financial statements*	\$ -
Decrease in obligations currently payable	453,811
Transfer from plan per the Form 5500	<u>453,811</u>

*The transfer of obligations is shown on the 2022 statement of changes in plan's benefit obligations in liquidation.

Note 7. Subsequent Events

The Plan has evaluated subsequent events (events occurring after November 2, 2022) through October 16, 2023, the date the financial statements were available to be issued.

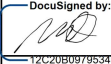
<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>11/02/2022</u>	
<p>A This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan</p> <p><input checked="" type="checkbox"/> a single-employer plan</p> <p>B This return/report is:</p> <p><input type="checkbox"/> the first return/report</p> <p><input type="checkbox"/> an amended return/report</p> <p>C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/></p> <p>D Check box if filing under:</p> <p><input type="checkbox"/> Form 5558</p> <p><input type="checkbox"/> special extension (enter description)</p> <p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/></p>	<p><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input type="checkbox"/> a DFE (specify) _____</p> <p><input checked="" type="checkbox"/> the final return/report</p> <p><input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><input type="checkbox"/> automatic extension</p> <p><input checked="" type="checkbox"/> the DFVC program</p>

Part II Basic Plan Information —enter all requested information		
<p>1a Name of plan <u>EBMS, LLC GROUP HEALTH PLAN</u></p> <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EMPLOYEE BENEFIT MANAGEMENT SERVICES, LLC</u></p> <p><u>P.O. BOX 21367</u> <u>BILLINGS, MT 59104</u></p> <p><u>3333 HESPER ROAD</u> <u>BILLINGS, MT 59102</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p> <p>1c Effective date of plan <u>11/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>81-0391256</u></p> <p>2c Plan Sponsor's telephone number <u>406-245-3575</u></p> <p>2d Business code (see instructions) <u>541990</u></p>	

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

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

SIGN HERE	<p>DocuSigned by:  12C20B097953417...</p>	10/16/2023	Mike Burnett
	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

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