

<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;">2024</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 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

<p>1a Name of plan <u>MISSISSIPPI EMERGENCY ASSOCIATION, P.A. 401(K) / PROFIT SHARING PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MISSISSIPPI EMERGENCY ASSOCIATION, P.A.</u></p> <p><u>308 CORPORATE DRIVE</u> <u>RIDGELAND, MS 39157</u></p>	<p>1c Effective date of plan <u>09/01/1983</u></p> <p>2b Employer Identification Number (EIN) <u>64-0669301</u></p> <p>2c Plan Sponsor's telephone number <u>601-898-7500</u></p> <p>2d Business code (see instructions) <u>621111</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KIMBERLY WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	612
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)	482
	6a(2)	491
	6b	2
	6c	134
	6d	627
	6e	0
	6f	627
	6g(1)	380
6g(2)	354	
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:
2F 2G 2J 2K 2T 2E 3D 2R

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan MISSISSIPPI EMERGENCY ASSOCIATION, P.A. 401(K) / PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MISSISSIPPI EMERGENCY ASSOCIATION, P.A.	D Employer Identification Number (EIN) 64-0669301	

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	11170	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	-19727	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
ABF SM CAP VAL R5 - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.04%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
BAIRD CORE PLUS INST - US BANCORP 39-0281260	0.02%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
C&S INST REALTY SHS - SS&C GIDS, I 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVS GRTH & INC A - INVESCO INVEST 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
OAKMARK FUND INV - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
PIMCO REAL RTN BD AD - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.25%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MISSISSIPPI EMERGENCY ASSOCIATION, P.A. 401(K) / PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MISSISSIPPI EMERGENCY ASSOCIATION, P.A.</u>	D Employer Identification Number (EIN) <u>64-0669301</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MIP CL 1</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>04-3022712-024</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>625569</u>
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)

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)

**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 MISSISSIPPI EMERGENCY ASSOCIATION, P.A. 401(K) / PROFIT SHARING PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MISSISSIPPI EMERGENCY ASSOCIATION, P.A.		D Employer Identification Number (EIN) 64-0669301	

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	70	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	758535	973947
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	1634787	1964448
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	301555	392291
(9) Value of interest in common/collective trusts	1c(9)	846597	625569
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	36616796	39669761
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	-6740	-42248

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	40151600	43583768
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
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	40151600	43583768

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)	789414	
(B) Participants.....	2a(1)(B)	1489132	
(C) Others (including rollovers).....	2a(1)(C)	734998	
(2) Noncash contributions.....	2a(2)	0	3013544
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	48482	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	26631	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		75113
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	19744	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1293454	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1313198
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	342025	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	327319	
(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)	0	
(B) Other.....	2b(5)(B)	383459	
(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)	36127
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	4866697
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total	2d	9702844

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6271657
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	6271657
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions)	2g	7814
h Interest expense	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	-19965
(4) IQPA audit fees	2i(4)	0
(5) Investment advisory and investment management fees	2i(5)	11170
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	-8795
j Total expenses. Add all expense amounts in column (b) and enter total	2j	6270676

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	3432168
l Transfers of assets:		
(1) To this plan	2l(1)	0
(2) From this plan	2l(2)	0

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: HARPER RAINS KNIGHT & COMPANY

(2) EIN: 64-0809101

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	X		36226
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MISSISSIPPI EMERGENCY ASSOCIATION, P.A. 401(K) / PROFIT SHARING PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MISSISSIPPI EMERGENCY ASSOCIATION, P.A.</u>	D Employer Identification Number (EIN) <u>64-0669301</u>	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1

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): 04-6568107

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

FINANCIAL REPORT

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(K) PROFIT SHARING PLAN

RIDGELAND, MISSISSIPPI

DECEMBER 31, 2024

Presented by: Harper, Rains, Knight & Company, P.A.
1052 Highland Colony Parkway, Suite 100
Ridgeland, Mississippi 39157
601-605-0722
www.hrkcpa.com

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The Participants and Administrator
Mississippi Emergency Association, P.A.
401(k) Profit Sharing Plan
Ridgeland, Mississippi

Independent Auditors' Report

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

We have performed audits of the financial statements of Mississippi Emergency Association, P.A. 401(k) Profit Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

Certified Public Accountants · Consultants · hrkcpa.com

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p: 601-605-0722 · f: 601-605-0733

1425 K Street NW, Suite 1120
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The Participants and Administrator
Mississippi Emergency Association, P.A.
401(k) Profit Sharing Plan (continued)

Opinion (continued)

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

The Participants and Administrator
Mississippi Emergency Association, P.A.
401(k) Profit Sharing Plan (continued)

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Item 4(a) - schedule of delinquent participant contributions for the year ended December 31, 2024, and Schedule H, Item 4(i) - schedule of assets (held at end of year) as of 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion,

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Harpur, Rains, Knight & Company, P.A.

October 9, 2025
Ridgeland, Mississippi

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash and cash equivalents	\$ 971,491	\$ 719,692
Investments, at fair value	41,594,435	38,283,780
Investment, at contract value	<u>665,600</u>	<u>897,702</u>
	<u>43,231,526</u>	<u>39,901,174</u>
Notes receivable from participants	<u>405,227</u>	<u>313,276</u>
Contributions receivable		
Employer	48,935	115,171
Employee	<u>-</u>	<u>429</u>
	<u>48,935</u>	<u>115,600</u>
Total assets	<u>43,685,688</u>	<u>40,330,050</u>
Liabilities		
Excess contributions payable	<u>-</u>	<u>22,155</u>
Net assets available for benefits	<u>\$ 43,685,688</u>	<u>\$ 40,307,895</u>

The Notes to Financial Statements are an integral part of these statements.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions to net assets attributable to		
Investment income		
Net appreciation in fair value of investments	\$ 5,379,161	\$ 5,539,816
Interest and dividend income	1,288,414	1,008,812
Total investment income	<u>6,667,575</u>	<u>6,548,628</u>
Interest income on notes receivable from participants	<u>27,523</u>	<u>19,905</u>
Cash contributions		
Employer contributions	723,178	844,459
Employee contributions	1,510,858	1,523,808
Rollover from other qualified plan	734,998	1,178,018
Total additions	<u>2,969,034</u>	<u>3,546,285</u>
Total additions	<u>9,664,132</u>	<u>10,114,818</u>
Deductions from net assets attributed to		
Benefits paid to participants	6,279,148	1,715,994
Administrative expenses	7,191	17,563
Total deductions	<u>6,286,339</u>	<u>1,733,557</u>
Net increase in net assets	3,377,793	8,381,261
Net assets available for benefits		
Beginning of year	<u>40,307,895</u>	<u>31,926,634</u>
End of year	<u>\$ 43,685,688</u>	<u>\$ 40,307,895</u>

The Notes to Financial Statements are an integral part of these statements.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 1 • DESCRIPTION OF THE PLAN

The following description of the Mississippi Emergency Association, P.A. (hereafter referred to as the "Company") 401(k) Profit Sharing Plan (hereafter referred to as the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of the Company and Second Intermed Corporation employees as defined by IRC Section 414(q) and key employees as defined by IRC Section 416 who have one month of service and are age twenty-one or older. An employee may begin participating on the first day of the month following the date the employee satisfies the Plan eligibility requirements. The Company's Board of Directors and the Plan Administrator control and manage the operation and administration of the Plan. Fidelity Management Trust Company serves as the Trustee of the Plan. It is subject to the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company is a medical professional association chartered and existing under the laws of the State of Mississippi. Its primary business activity is to provide licensed physicians through contractual agreements with Quad Intermed Corporation, d/b/a MEA Medical Clinics, which operates in the State of Mississippi. Second Intermed Corporation provides management services to the Company.

Cash and Cash Equivalents

At December 31, 2024 and 2023, cash and cash equivalents included investments in the Fidelity Government Cash Reserves Fund (FDRXX), a registered money market fund that invests primarily in U.S. government securities and repurchase agreements collateralized by U.S. government securities. The Fund seeks to preserve the value of the investment at \$1.00 per share. Although the Fund is not guaranteed by the U.S. government, it is managed to maintain a stable value and is considered to have minimal credit and market risk.

Contributions

Each year the Company contributes to the Plan amounts at the option of the Company's Board of Directors. Factors such as profits made during the current year and projected expenses help determine the amount contributed. Contributions are subject to certain limitations. Under the Safe Harbor plan election, the Company contributes 100 percent of the first 3 percent of compensation that a participant contributes to the Plan and 50 percent of the next 2 percent.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 1 • DESCRIPTION OF THE PLAN (continued)

Contributions (continued)

Participants may contribute a percentage of pre-tax annual compensation, as defined in the Plan. The limitation on the percentage the participant can defer is subject to an annual limit of the lesser of 60 percent of eligible compensation or the limitation imposed by law as to the total contribution amount per year. The maximum amount of compensation that may be deferred by law is \$23,000 and \$22,500 for 2024 and 2023, respectively. This amount is adjusted by the Secretary of the Treasury for the percentage increase in the Consumer Price Index each year.

Additionally, participants age 50 and older can elect to make additional catch-up deferrals as described in the Plan, but not to exceed the limitation imposed by law of \$7,500 in 2024 and 2023. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Plan document allows participants to designate some or all of their deferral contribution as an after-tax Roth 401(k) deferral contribution. Once the election is made to designate amounts as Roth 401(k) deferral contributions, it is irrevocable. The Company's matching contributions totaled \$723,178 in 2024, and \$844,459 in 2023.

Participant Accounts

Each participant's account is credited with the participant's contribution, along with an allocation of the Company's contribution and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in employee contributions, plus actual earnings thereon. Participants hired prior to January 1, 2004, are immediately vested in employer discretionary contributions, plus actual earnings thereon. However, for participants hired on January 1, 2004, and after, employer discretionary contributions, plus earnings thereon, vest in accordance with the following schedule:

<u>Years of Service</u>	<u>Vested Percentage</u>
Less than two	0%
Two	20%
Three	40%
Four	60%
Five	80%
Six or more	100%

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 1 • DESCRIPTION OF THE PLAN (continued)

Investment Options

Upon enrollment in the Plan, a participant may direct contributions in any investment option offered by the Plan. Participants may change their investment options daily.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25 percent to 9.50 percent, which are commensurate with local prevailing rates as determined by the Plan Administrator, but in no case less than the prime rate of interest at the time the loan is made, plus one percent. Principal and interest is paid ratably through monthly automatic deductions from the participants' designated bank account.

An amendment to the Plan, effective November 1, 2023, allows outstanding loan balances to continue to be payable, or to be rolled over to an eligible retirement plan that accepts such rollovers, for participants who terminate employment with the Company. Previously, the entire outstanding principal and accrued interest of outstanding loan balances became due and payable to the Plan upon termination of employment.

Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount or installments (monthly, quarterly or annually) equal to the value of the participant's account. For termination of service due to other reasons, a participant may receive the value of his or her account as a lump-sum distribution.

Administrative Expenses

In 2024 and 2023, certain investment expenses were paid for by the Plan. All other administrative expenses were absorbed by the Company.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of the Plan termination, participants will become 100 percent vested in their accounts.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 2 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates. Significant estimates include the fair value measurement of investments. It is at least reasonably possible that the significant estimates used will change within the next year.

Employee and Employer Contributions

Employee deferrals and respective employer matching contributions are recognized as additions to net assets on the date on which such employee deferrals would otherwise have been payable to the participant. Employee rollover contributions are recognized as additions to net assets on the date transferred from other qualified plans. Employer discretionary contributions are recognized as additions to net assets upon formal approval by the Plan Sponsor's Board of Directors.

Valuation of Investments and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract which is reported at contract value) and any unrealized appreciation or depreciation for the year is reflected in the statements of changes in net assets available for benefits. 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. See Note 4 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. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued, but unpaid interest. Delinquent loans are treated as distributions if any scheduled payment remains unpaid as of the last business day of the calendar quarter following in which a loan is initially considered past due.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 2 • SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Concentration of Credit Risk

The Plan assets include a significant amount of registered investment companies, which invest primarily in marketable equity securities and fixed income securities. Accordingly, the performance of the investments is dependent on the equity and debt securities markets which involve price volatility. Additionally, the registered investment companies and common collective trust may invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Subsequent Events

Subsequent events were evaluated by the Plan through October 9, 2025, which is the date the financial statements were available to be issued.

NOTE 3 • INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held and notes receivable from participants at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends and interest income on notes receivable from participants for the year ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Fidelity Trust Management Company (Trustee of the Plan).

NOTE 4 • FAIR VALUE MEASUREMENTS

Fair value measurements define fair value as the price that would be received for an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. Fair value measurements establish a fair value hierarchy that prioritizes the observable and unobservable inputs used to measure fair value into three broad levels:

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 4 • FAIR VALUE MEASUREMENTS (continued)

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Common stocks: Valued at the closing price reported on respective stock exchanges.

The preceding methods may produce a fair value calculation that may not be indicative 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.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 4 • FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 39,668,727	\$ -	\$ -	\$ 39,668,727
Common stocks	<u>1,925,708</u>	<u>-</u>	<u>-</u>	<u>1,925,708</u>
Total investments at fair value	<u>\$ 41,594,435</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 41,594,435</u>

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 36,655,636	\$ -	\$ -	\$ 36,655,636
Common stocks	<u>1,628,144</u>	<u>-</u>	<u>-</u>	<u>1,628,144</u>
Total investments at fair value	<u>\$ 38,283,780</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 38,283,780</u>

NOTE 5 • COMMON COLLECTIVE TRUST

The Plan has entered into a traditional fully benefit-responsive investment contract with Fidelity Management Trust Company ("Fidelity") totaling \$665,600 and \$897,702 for December 31, 2024 and 2023. Fidelity maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The investment contract is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

This contract meets the fully benefit-responsive investment contract criteria and, therefore, is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The Plan invests in investment contracts through a collective trust. Contract value for this collective trust is based on the net asset value of the fund as reported by the investment advisor.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 5 • COMMON COLLECTIVE TRUST (continued)

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan or (4) the failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA and premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract or (3) a material misrepresentation or a material amendment to the agreement without the consent of the issuer.

NOTE 6 • RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 43,685,688	\$ 40,307,895
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(40,031)	(51,129)
Contributions receivable	(48,935)	(115,600)
Default loans	(12,936)	(11,721)
Excess contributions	-	22,155
Other	(18)	-
Net assets available for benefits per U.S. Form 5500	\$ 43,583,768	\$ 40,151,600

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 6 • RECONCILIATION TO FORM 5500 (continued)

	<u>2024</u>	<u>2023</u>
Notes receivable from participants per the financial statements	\$ 405,227	\$ 313,276
Default loans	<u>(12,936)</u>	<u>(11,721)</u>
Notes receivable from participants per the per U.S. Form 5500	<u>\$ 392,291</u>	<u>\$ 301,555</u>
Total investment income per the financial statements	\$ 6,667,575	\$ 6,548,628
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	15,059	(5,871)
Adjustment for revenue credits	<u>(19,965)</u>	<u>(14,549)</u>
Total investment income per U.S. Form 5500	<u>\$ 6,662,669</u>	<u>\$ 6,542,757</u>
Contributions per the financial statements	\$ 2,969,034	\$ 3,546,285
Contributions receivable, current year	(48,935)	(115,600)
Contributions receivable, prior year	115,600	71,271
Excess contributions	<u>(22,155)</u>	<u>22,155</u>
Contributions per U.S. Form 5500	<u>\$ 3,013,544</u>	<u>\$ 3,524,111</u>

NOTE 7 • PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions for fiscal years 2024 and 2023, were investment administrative fees paid to Fidelity Investments of \$7,191 and \$17,563, respectively. These fees were based on customary and reasonable rates for such services.

NOTE 8 • INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023

NOTE 8 • INCOME TAX STATUS (continued)

There were no uncertain tax positions identified related to the current year and the Plan has no unrecognized tax benefits at December 31, 2024 and 2023, for which liabilities have been established. The Plan recognizes interest and penalties, if any, related to unrecognized tax benefits as a component of income tax expense.

NOTE 9 • NON-EXEMPT TRANSACTIONS

Defined contribution plans are required to remit employee contributions to the Plan as soon as they can be reasonably segregated from the employer's general assets, but no later than the 15th business day of the month following the month in which the participant contributions are withheld by the employer. While the Plan remitted all employee contributions to the Plan, contributions of \$36,226 were not remitted within the required time period for the year ended December 31, 2023. The Plan has completed the process to correct the matters through the Voluntary Fiduciary Correction Program and made the participant accounts whole.

NOTE 10 • SECURE 2.0 ACT

On December 29, 2022, the Securing a Strong Retirement Act of 2022 ("SECURE 2.0") was signed into law. Secure 2.0 has key effective dates which vary by provision. The plan has adopted and implemented all mandatory provisions to date with other provisions to be phased in over the next few years in accordance with applicable law and IRS guidance. Written amendments to the Plan to reflect these operational changes will be adopted at a later date.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

EIN/PN 64-0669301/001
SCHEDULE H, ITEM 4(a) -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2024

	<u>Total that Constitutes Non-exempt Prohibited Transactions</u>				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully- Corrected Under VFCP and PTE 2002-51	
2023	\$ 36,226	\$ -	\$ -	\$ -	\$ 36,226

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

EIN/PN 64-0669301/001

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

December 31, 2024

(a)	(b) Identity of Issuer, 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
*	Fidelity Cash Reserves	MMA	Not applicable	\$ 971,491
	ASML Holding NV	CS	Not applicable	3,580
	Nabors Industries LTD (Bermuda)	CS	Not applicable	50,913
	Smurfit Westbrook Limited	CS	Not applicable	6,125
	Nu Holdings	CS	Not applicable	2,072
	Logitech Intl SA Aplles Namen AKT	CS	Not applicable	1,289
	Academy Sports & Outdoors	CS	Not applicable	5,836
	Advanced Micro Devices Inc	CS	Not applicable	30,318
	Airbnb Inc Com Cl A	CS	Not applicable	13,141
	Alphabet Inc Cap Stk Cl C	CS	Not applicable	20,367
	Amazon.com Inc. NFS LLC	CS	Not applicable	65,817
	Americas Gold and Silver Corp	CS	Not applicable	5,639
	Antero Resources	CS	Not applicable	3,505
	APA Corporation	CS	Not applicable	7,448
	Appian Corp CL A	CS	Not applicable	1,649
	Apple Computer Inc	CS	Not applicable	52,340
	Arista	CS	Not applicable	8,842
	Automatic Data Processing Inc	CS	Not applicable	37,746
	BP PLC	CS	Not applicable	13,829
	Bank of America Corp	CS	Not applicable	16,472
	Berkshire Hathaway Inc	CS	Not applicable	50,242
	Blackrock Silver Corp	CS	Not applicable	11,574
	Borgwarner Inc	CS	Not applicable	3,600
	CBO Holdings Company	CS	Not applicable	22,717
	Camber Energy Inc	CS	Not applicable	1
	Carnival Corp	CS	Not applicable	113,220
	Cassiar Gold Corp	CS	Not applicable	1,982
	Caterpillar Inc.	CS	Not applicable	30,737
	Chesapeake Energy Corp	CS	Not applicable	8,611
	Chevron Texaco Corp	CS	Not applicable	1,107
	Clean Air Metals Inc	CS	Not applicable	840
	Cloudflare Inc Cl A Com	CS	Not applicable	2,154
	Cognizant Tech Solutions Corp	CS	Not applicable	8,534
	Condor Energies	CS	Not applicable	2,559
	QuidelOrtho Corp	CS	Not applicable	446
	Corteva Inc	CS	Not applicable	3,123
	Crowdstrike Hldgs Inc Cl A	CS	Not applicable	3,422
	Defense Metals	CS	Not applicable	2,346
	Delta Air Lines Inc	CS	Not applicable	383
	DigitalOcean Hldgs Inc Com	CS	Not applicable	3,407
	Disney Walt Co	CS	Not applicable	12,978
	Dow Inc Company	CS	Not applicable	2,789

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
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EIN/PN 64-0669301/001

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

December 31, 2024

(a)	(b) Identity of Issuer, 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
	Du Pont	CS	Not applicable	\$ 4,334
	Durango Res Inc	CS	Not applicable	278
	EQT Corp	CS	Not applicable	9,373
	Empress Royalty Corp	CS	Not applicable	1,199
	Energy Rev	CS	Not applicable	620
	Etsy Inc	CS	Not applicable	1,322
	Facebook Inc, Com	CS	Not applicable	58,767
	Falcon Gold Corp	CS	Not applicable	260
	Ford Mtr Co	CS	Not applicable	59,340
	GT Resources Inc	CS	Not applicable	934
	Genuine Parts Co	CS	Not applicable	11,676
	Gildan Activewear	CS	Not applicable	3,246
	Goliath Resources Limited Com	CS	Not applicable	7,300
	Grizzly Discoveries Inc	CS	Not applicable	4,145
	Hasbro Inc	CS	Not applicable	9,115
	Interactive Brokers Group	CS	Not applicable	24,540
	I3 Verticals Inc Cl A	CS	Not applicable	4,608
	Itron Inc	CS	Not applicable	10,858
	JD Com	CS	Not applicable	2,764
	Johnson & Johnson	CS	Not applicable	21,664
	Kinder Morgan Inc	CS	Not applicable	9,360
	Klondike	CS	Not applicable	139
	Kroger Co	CS	Not applicable	60,036
	Lilly Eli & Co	CS	Not applicable	113,200
	MGM Mirage	CS	Not applicable	103,950
	Marvel Discovery Corp	CS	Not applicable	345
	Mastercard Inc.	CS	Not applicable	10,879
	McCormick & Co Inc.	CS	Not applicable	18,265
	Microsoft Corp	CS	Not applicable	21,734
	Nasdaq Stk Mkt Inc	CS	Not applicable	27,341
	Nevada King Gold Corp	CS	Not applicable	3,179
	New Found Gold Corp	CS	Not applicable	2,730
	Nextera Energy Ltd	CS	Not applicable	9,579
	Nice Systems Ltd	CS	Not applicable	3,397
	Nike Inc. Class B	CS	Not applicable	16,590
	Novo Nordisk A/S ADR Fmly Novo	CS	Not applicable	19,596
	Nvidia Corp NFS LLS	CS	Not applicable	338,080
	Old Republic Intl	CS	Not applicable	29,234
	Olin Corp	CS	Not applicable	47
	Pinterest Inc Cl A	CS	Not applicable	1,450

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
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EIN/PN 64-0669301/001

SCHEDULE H, ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2024

(a)	(b) Identity of Issuer, 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
	Platinum Group Metals	CS	Not applicable	\$ 2,560
	Plug Pwr Inc	CS	Not applicable	213
	Power Nickel Inc	CS	Not applicable	744
	Procter & Gamble Co	CS	Not applicable	25,414
	Quest Critical Metals	CS	Not applicable	382
	Radio Fuels Energy Corp	CS	Not applicable	266
	Regions Financial	CS	Not applicable	36
	Ringcentral Inc	CS	Not applicable	3,501
	Roblox	CS	Not applicable	5,786
	Roku Inc Cl A	CS	Not applicable	2,230
	Salesforce Com Inc	CS	Not applicable	2,350
	Schlumberger Limited	CS	Not applicable	181
	Sea Limited	CS	Not applicable	5,305
	Service Corp International	CS	Not applicable	94
	Shopify Inc	CS	Not applicable	5,317
	Silver Hammer Mng Corp	CS	Not applicable	624
	Silver One Resources	CS	Not applicable	7,973
	Smucker J M Co	CS	Not applicable	16,263
	Spearmint Res Inc	CS	Not applicable	278
	Staar Surgical Co	CS	Not applicable	486
	Starbucks Corp	CS	Not applicable	10,808
	Strikepoint Gold Inc	CS	Not applicable	1,147
	Take-Two Interactive Software	CS	Not applicable	1,104
	Target Corp	CS	Not applicable	3,026
	Tesla Motors Inc	CS	Not applicable	60,576
	Tractor Supply Company	CS	Not applicable	29,967
	Ulta Salon	CS	Not applicable	1,760
	United Energy	CS	Not applicable	880
	United Parcel Service	CS	Not applicable	13,326
	Unity Software Inc	CS	Not applicable	247
	Upstart Holdings	CS	Not applicable	1,231
	Verizon Communications	CS	Not applicable	9,931
	Visa Inc	CS	Not applicable	275
	Wal-Mart Stores Inc	CS	Not applicable	14,364
	Waste Management Inc NFS	CS	Not applicable	16,600
	Wesco International Inc	CS	Not applicable	11,067
	Wingstop Inc	CS	Not applicable	3,119
	Wintrust Financial	CS	Not applicable	3,495
	Zscaler Inc	CS	Not applicable	3,608

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

EIN/PN 64-0669301/001

SCHEDULE H, ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2024

(a)	(b) Identity of Issuer, 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
*	Fidelity Total Market Index	RIC	Not applicable	\$ 3,063
*	Fidelity 500 Index Institutional Prem	RIC	Not applicable	753
*	Fidelity Global Commodity Stock	RIC	Not applicable	9,156
*	Fidelity Select Electronics	RIC	Not applicable	2,489
*	Fidelity Large Cap Growth	RIC	Not applicable	126,338
*	Fidelity MSCI Consumer	RIC	Not applicable	1,018
*	Fidelity MSCI Information Gaming & Leisure	RIC	Not applicable	2,610
	Invesco Exchange Traded FD TR	RIC	Not applicable	16,597
	Invesco Exchange Traded FD TR S&P500	RIC	Not applicable	23,571
	iShares TR Lehman US Aggregate BD FD	RIC	Not applicable	21,475
	iShares TR Dow Jones US Ins Index Fund	RIC	Not applicable	52,967
	iShares TR Dow Jones US Medical Devices	RIC	Not applicable	13,651
	Prologis Inc	RIC	Not applicable	6,019
	SBA Communications Corp	RIC	Not applicable	10,667
	SPDR Gold TR Gold SHS	RIC	Not applicable	12,649
	Vanguard Total Stock Market Index Adm	RIC	Not applicable	14,528
	Crown Castle International Corp	RIC	Not applicable	1,843,431
	First TR Exchange Traded FD VI CBOE	RIC	Not applicable	10,533
	First TR Exchange Traded FD NASDAQ	RIC	Not applicable	108,315
	First TR Exchange Traded FD	RIC	Not applicable	19,192
	Easterly Govt Pptys Inc	RIC	Not applicable	18,284
	American Tower Reit	RIC	Not applicable	316
	ARK ETF	RIC	Not applicable	9,392
*	Fidelity Enhanced International	RIC	Not applicable	7,776
*	Fidelity Enhanced Large Cap Core	RIC	Not applicable	1,041
	Global X FDS	RIC	Not applicable	1,809
	Grayscale Bitcoin TR	RIC	Not applicable	8,608
	Oakmark Fund I	RIC	Not applicable	36,936
	Baird Core Plus Inst	RIC	Not applicable	1,286,170
	Invs Growth & Income	RIC	Not applicable	1,003,982
	PIMCO Real Return	RIC	Not applicable	101,254
	ABF SM Cap Value Inst	RIC	Not applicable	31,588
	C&S Inst Realty SHS	RIC	Not applicable	413,400
	J H Enterprise	RIC	Not applicable	67,752
*	Fidelity SEL Energy	RIC	Not applicable	570,460
*	Fidelity Govt Market	RIC	Not applicable	35,100
*	Fidelity Managed Income	CCT	Not applicable	2,456
				665,600

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

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SCHEDULE H, ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2024

(a)	(b) Identity of Issuer, 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
*	Fidelity Contrafund K	RIC	Not applicable	\$ 7,648,883
*	Fidelity Diversified International K	RIC	Not applicable	349,267
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*	Fidelity US Bond Index	RIC	Not applicable	68,278
*	Fidelity 500 Index	RIC	Not applicable	3,538,245
*	Fidelity Small Cap Index	RIC	Not applicable	1,372,028
*	Fidelity Intl Index	RIC	Not applicable	589,456
*	Fidelity Extended Market Index	RIC	Not applicable	521,929
*	Fidelity Freedom K	RIC	Not applicable	222,438
*	Fidelity Freedom K 2010	RIC	Not applicable	199,603
*	Fidelity Freedom K 2015	RIC	Not applicable	299,450
*	Fidelity Freedom K 2020	RIC	Not applicable	2,545,136
*	Fidelity Freedom K 2025	RIC	Not applicable	994,565
*	Fidelity Freedom K 2030	RIC	Not applicable	4,046,461
*	Fidelity Freedom K 2035	RIC	Not applicable	1,063,797
*	Fidelity Freedom K 2040	RIC	Not applicable	2,242,155
*	Fidelity Freedom K 2045	RIC	Not applicable	1,636,156
*	Fidelity Freedom K 2050	RIC	Not applicable	2,334,210
*	Fidelity Freedom K 2055	RIC	Not applicable	954,073
*	Fidelity Freedom K 2060	RIC	Not applicable	645,101
*	Fidelity Freedom K 2065	RIC	Not applicable	1,485,741
*	Fidelity Strategic Income	RIC	Not applicable	203,016
*	Notes receivable - participants	4.25% - 9.50% maturing 2025-2029	-	405,227
				<u>\$43,636,753</u>

*Represents a party in-interest.
RIC - Registered investment company
CS - Common stock
CCT - Common collective trust

This schedule was prepared from data certified by Fidelity Management Trust Company, the Trustee.

See Independent Auditors' Report.

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

EIN/PN 64-0669301/001

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

December 31, 2024

(a)	(b) Identity of Issuer, 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
*	Fidelity Cash Reserves	MMA	Not applicable	\$ 971,491
	ASML Holding NV	CS	Not applicable	3,580
	Nabors Industries LTD (Bermuda)	CS	Not applicable	50,913
	Smurfit Westbrook Limited	CS	Not applicable	6,125
	Nu Holdings	CS	Not applicable	2,072
	Logitech Intl SA Aplles Namen AKT	CS	Not applicable	1,289
	Academy Sports & Outdoors	CS	Not applicable	5,836
	Advanced Micro Devices Inc	CS	Not applicable	30,318
	Airbnb Inc Com Cl A	CS	Not applicable	13,141
	Alphabet Inc Cap Stk Cl C	CS	Not applicable	20,367
	Amazon.com Inc. NFS LLC	CS	Not applicable	65,817
	Americas Gold and Silver Corp	CS	Not applicable	5,639
	Antero Resources	CS	Not applicable	3,505
	APA Corporation	CS	Not applicable	7,448
	Appian Corp CL A	CS	Not applicable	1,649
	Apple Computer Inc	CS	Not applicable	52,340
	Arista	CS	Not applicable	8,842
	Automatic Data Processing Inc	CS	Not applicable	37,746
	BP PLC	CS	Not applicable	13,829
	Bank of America Corp	CS	Not applicable	16,472
	Berkshire Hathaway Inc	CS	Not applicable	50,242
	Blackrock Silver Corp	CS	Not applicable	11,574
	Borgwarner Inc	CS	Not applicable	3,600
	CBO Holdings Company	CS	Not applicable	22,717
	Camber Energy Inc	CS	Not applicable	1
	Carnival Corp	CS	Not applicable	113,220
	Cassiar Gold Corp	CS	Not applicable	1,982
	Caterpillar Inc.	CS	Not applicable	30,737
	Chesapeake Energy Corp	CS	Not applicable	8,611
	Chevron Texaco Corp	CS	Not applicable	1,107
	Clean Air Metals Inc	CS	Not applicable	840
	Cloudflare Inc Cl A Com	CS	Not applicable	2,154
	Cognizant Tech Solutions Corp	CS	Not applicable	8,534
	Condor Energies	CS	Not applicable	2,559
	QuidelOrtho Corp	CS	Not applicable	446
	Corteva Inc	CS	Not applicable	3,123
	Crowdstrike Hldgs Inc Cl A	CS	Not applicable	3,422
	Defense Metals	CS	Not applicable	2,346
	Delta Air Lines Inc	CS	Not applicable	383
	DigitalOcean Hldgs Inc Com	CS	Not applicable	3,407
	Disney Walt Co	CS	Not applicable	12,978
	Dow Inc Company	CS	Not applicable	2,789

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

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

December 31, 2024

(a)	(b) Identity of Issuer, 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
	Du Pont	CS	Not applicable	\$ 4,334
	Durango Res Inc	CS	Not applicable	278
	EQT Corp	CS	Not applicable	9,373
	Empress Royalty Corp	CS	Not applicable	1,199
	Energy Rev	CS	Not applicable	620
	Etsy Inc	CS	Not applicable	1,322
	Facebook Inc, Com	CS	Not applicable	58,767
	Falcon Gold Corp	CS	Not applicable	260
	Ford Mtr Co	CS	Not applicable	59,340
	GT Resources Inc	CS	Not applicable	934
	Genuine Parts Co	CS	Not applicable	11,676
	Gildan Activewear	CS	Not applicable	3,246
	Goliath Resources Limited Com	CS	Not applicable	7,300
	Grizzly Discoveries Inc	CS	Not applicable	4,145
	Hasbro Inc	CS	Not applicable	9,115
	Interactive Brokers Group	CS	Not applicable	24,540
	I3 Verticals Inc Cl A	CS	Not applicable	4,608
	Itron Inc	CS	Not applicable	10,858
	JD Com	CS	Not applicable	2,764
	Johnson & Johnson	CS	Not applicable	21,664
	Kinder Morgan Inc	CS	Not applicable	9,360
	Klondike	CS	Not applicable	139
	Kroger Co	CS	Not applicable	60,036
	Lilly Eli & Co	CS	Not applicable	113,200
	MGM Mirage	CS	Not applicable	103,950
	Marvel Discovery Corp	CS	Not applicable	345
	Mastercard Inc.	CS	Not applicable	10,879
	McCormick & Co Inc.	CS	Not applicable	18,265
	Microsoft Corp	CS	Not applicable	21,734
	Nasdaq Stk Mkt Inc	CS	Not applicable	27,341
	Nevada King Gold Corp	CS	Not applicable	3,179
	New Found Gold Corp	CS	Not applicable	2,730
	Nextera Energy Ltd	CS	Not applicable	9,579
	Nice Systems Ltd	CS	Not applicable	3,397
	Nike Inc. Class B	CS	Not applicable	16,590
	Novo Nordisk A/S ADR Fmly Novo	CS	Not applicable	19,596
	Nvidia Corp NFS LLS	CS	Not applicable	338,080
	Old Republic Intl	CS	Not applicable	29,234
	Olin Corp	CS	Not applicable	47
	Pinterest Inc Cl A	CS	Not applicable	1,450

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

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SCHEDULE H, ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2024

(a)	(b) Identity of Issuer, 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
	Platinum Group Metals	CS	Not applicable	\$ 2,560
	Plug Pwr Inc	CS	Not applicable	213
	Power Nickel Inc	CS	Not applicable	744
	Procter & Gamble Co	CS	Not applicable	25,414
	Quest Critical Metals	CS	Not applicable	382
	Radio Fuels Energy Corp	CS	Not applicable	266
	Regions Financial	CS	Not applicable	36
	Ringcentral Inc	CS	Not applicable	3,501
	Roblox	CS	Not applicable	5,786
	Roku Inc Cl A	CS	Not applicable	2,230
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	Tesla Motors Inc	CS	Not applicable	60,576
	Tractor Supply Company	CS	Not applicable	29,967
	Ulta Salon	CS	Not applicable	1,760
	United Energy	CS	Not applicable	880
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	Unity Software Inc	CS	Not applicable	247
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	Verizon Communications	CS	Not applicable	9,931
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	Wesco International Inc	CS	Not applicable	11,067
	Wingstop Inc	CS	Not applicable	3,119
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MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

EIN/PN 64-0669301/001

SCHEDULE H, ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2024

(a)	(b) Identity of Issuer, 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
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	Invesco Exchange Traded FD TR S&P500	RIC	Not applicable	23,571
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	iShares TR Dow Jones US Ins Index Fund	RIC	Not applicable	52,967
	iShares TR Dow Jones US Medical Devices	RIC	Not applicable	13,651
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	J H Enterprise	RIC	Not applicable	67,752
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				665,600

MISSISSIPPI EMERGENCY ASSOCIATION, P.A.
401(k) PROFIT SHARING PLAN

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SCHEDULE H, ITEM 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (continued)
December 31, 2024

(a)	(b) Identity of Issuer, 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
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EIN/PN 64-0669301/001
SCHEDULE H, ITEM 4(a) -
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
December 31, 2024

	<u>Total that Constitutes Non-exempt Prohibited Transactions</u>				
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully- Corrected Under VFCP and PTE 2002-51	
2023	\$ 36,226	\$ -	\$ -	\$ -	\$ 36,226