

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF RURAL MEDICAL SERVICES, INC.
1b Three-digit plan number (PN): 001
1c Effective date of plan: 10/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): RURAL MEDICAL SERVICES, INC.
2b Employer Identification Number (EIN): 62-1102683
2c Plan Sponsor's telephone number: 423-613-3300
2d Business code (see instructions): 621111

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

|   |  |     |
|---|--|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor  | <b>3b</b> Administrator's EIN              |     |
|   | <b>3c</b> Administrator's telephone number |     |
|   |  |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN                              |     |
|   | <b>4d</b> PN                               |     |
| <b>5</b> Total number of participants at the beginning of the plan year   | <b>5</b>                                   | 201 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b>                               | 117 |
|   | <b>6a(2)</b>                               | 126 |
|   | <b>6b</b>                                  | 14  |
|   | <b>6c</b>                                  | 66  |
|   | <b>6d</b>                                  | 206 |
|   | <b>6e</b>                                  | 0   |
|   | <b>6f</b>                                  | 206 |
|   | <b>6g(1)</b>                               | 195 |
|   | <b>6g(2)</b>                               | 193 |
| <b>h</b>  | <b>6h</b>                                  | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....  | <b>7</b>                                   |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 3D 2L 2S 2T

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

|   |   |
|---|---|
| <b>9a</b> Plan funding arrangement (check all that apply)               | <b>9b</b> Plan benefit arrangement (check all that apply)               |
| (1) <input checked="" type="checkbox"/> Insurance                       | (1) <input checked="" 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 type="checkbox"/> Trust                                      | (3) <input 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)

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

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

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <p><b>SCHEDULE A</b><br/><b>(Form 5500)</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p> | <p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|--|--|

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

|  |  |                   |
|--|--|-------------------|
| <p><b>A</b> Name of plan<br/><b>SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF RURAL MEDICAL SERVICES, INC.</b></p> | <p><b>B</b> Three-digit plan number (PN) ▶</p>                             | <p><b>001</b></p> |
| <p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br/><b>RURAL MEDICAL SERVICES, INC.</b></p>         | <p><b>D</b> Employer Identification Number (EIN)<br/><b>62-1102683</b></p> |                   |

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**MUTUAL OF AMERICA SEC. CORP LLC**

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|---|-------------------------|------------|
|            |               |                                       |   | (f) From                | (g) To     |
| 13-1614399 | 88668         | 061607                                | 195   | 01/01/2024              | 12/31/2024 |

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

|   |   |
|---|---|
| <p><b>(a)</b> Total amount of commissions paid</p> <p style="text-align: center;">0</p> | <p><b>(b)</b> Total amount of fees paid</p> <p style="text-align: center;">1093</p> |
|---|---|

**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

**NASHVILLE** **555 MARRIOTT DRIVE**  
**SUITE 510**  
**NASHVILLE, TN 37214**

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                                   | (e) Organization code |
|---|---------------------------------|-----------------------------------|-----------------------|
|   | (c) Amount                      | (d) Purpose                       |                       |
|   | 1093                            | PORTION OF INCENTIVE COMPENSATION | 3                     |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
|   | (c) Amount                      | (d) Purpose |                       |
|   |                                 |             |                       |

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|  |          |         |
|--|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 701928  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 9808060 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

|  |           |  |
|--|-----------|--|
| <b>b</b> Premiums paid to carrier .....  | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶

|  |           |        |
|--|-----------|--------|
| <b>b</b> Balance at the end of the previous year ..... | <b>7b</b> | 740112 |
|--|-----------|--------|

|   |              |       |
|---|--------------|-------|
| <b>c</b> Additions: (1) Contributions deposited during the year ..... | <b>7c(1)</b> | 79284 |
|   | <b>7c(2)</b> | 0     |
|   | <b>7c(3)</b> | 17771 |
|   | <b>7c(4)</b> | 93921 |
|   | <b>7c(5)</b> | 93    |

▶ ROLLOVER, LOANS, FORFEITURES

|                           |              |        |
|---------------------------|--------------|--------|
| (6) Total additions ..... | <b>7c(6)</b> | 191069 |
|---------------------------|--------------|--------|

|   |           |        |
|---|-----------|--------|
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) ..... | <b>7d</b> | 931181 |
|---|-----------|--------|

**e** Deductions:

|   |              |        |
|---|--------------|--------|
| (1) Disbursed from fund to pay benefits or purchase annuities during year | <b>7e(1)</b> | 48933  |
| (2) Administration charge made by carrier .....                           | <b>7e(2)</b> | 197    |
| (3) Transferred to separate account .....                                 | <b>7e(3)</b> | 180060 |
| (4) Other (specify below) .....   | <b>7e(4)</b> | 63     |

▶ ROLLOVER, LOANS, FORFEITURES

|                            |              |        |
|----------------------------|--------------|--------|
| (5) Total deductions ..... | <b>7e(5)</b> | 229253 |
|----------------------------|--------------|--------|

|  |           |        |
|--|-----------|--------|
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> )..... | <b>7f</b> | 701928 |
|--|-----------|--------|

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

|          |  |                 |                 |  |   |
|----------|--|-----------------|-----------------|--|---|
| <b>a</b> | Premiums: (1) Amount received .....  | <b>9a(1)</b>    |                 |  |   |
|          | (2) Increase (decrease) in amount due but unpaid .....   | <b>9a(2)</b>    |                 |  |   |
|          | (3) Increase (decrease) in unearned premium reserve .....  | <b>9a(3)</b>    |                 |  |   |
|          | (4) Earned ((1) + (2) - (3)) .....   |                 | <b>9a(4)</b>    |  | 0 |
| <b>b</b> | Benefit charges (1) Claims paid .....  | <b>9b(1)</b>    |                 |  |   |
|          | (2) Increase (decrease) in claim reserves .....  | <b>9b(2)</b>    |                 |  |   |
|          | (3) Incurred claims (add (1) and (2)) .....  |                 | <b>9b(3)</b>    |  | 0 |
|          | (4) Claims charged .....   |                 | <b>9b(4)</b>    |  |   |
| <b>c</b> | Remainder of premium: (1) Retention charges (on an accrual basis) --   |                 |                 |  |   |
|          | (A) Commissions .....  | <b>9c(1)(A)</b> |                 |  |   |
|          | (B) Administrative service or other fees .....   | <b>9c(1)(B)</b> |                 |  |   |
|          | (C) Other specific acquisition costs .....   | <b>9c(1)(C)</b> |                 |  |   |
|          | (D) Other expenses .....   | <b>9c(1)(D)</b> |                 |  |   |
|          | (E) Taxes .....  | <b>9c(1)(E)</b> |                 |  |   |
|          | (F) Charges for risks or other contingencies .....   | <b>9c(1)(F)</b> |                 |  |   |
|          | (G) Other retention charges .....  | <b>9c(1)(G)</b> |                 |  |   |
|          | (H) Total retention .....  |                 | <b>9c(1)(H)</b> |  | 0 |
|          | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) ..... |                 | <b>9c(2)</b>    |  |   |
| <b>d</b> | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....   |                 | <b>9d(1)</b>    |  |   |
|          | (2) Claim reserves .....   |                 | <b>9d(2)</b>    |  |   |
|          | (3) Other reserves .....   |                 | <b>9d(3)</b>    |  |   |
| <b>e</b> | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....  |                 | <b>9e</b>       |  |   |

**10** Nonexperience-rated contracts:

|          |  |            |  |  |
|----------|--|------------|--|--|
| <b>a</b> | Total premiums or subscription charges paid to carrier .....   | <b>10a</b> |  |  |
| <b>b</b> | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|  |  |   |
|--|--|---|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF RURAL MEDICAL SERVICES, INC.</b> | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RURAL MEDICAL SERVICES, INC.</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>62-1102683</b> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

|            |   |
|------------|---|
| <b>DWS</b> | <b>210 WEST 10TH STREET<br/>KANSAS CITY, MO 64105</b> |
|------------|---|

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

|                             |  |
|-----------------------------|--|
| <b>FIDELITY INVESTMENTS</b> | <b>82 DEVONSHIRE STREET<br/>BOSTON, MA 02109</b> |
|-----------------------------|--|

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

|                      |   |
|----------------------|---|
| <b>GOLDMAN SACHS</b> | <b>200 WEST STREET<br/>NEW YORK, NY 10282</b> |
|----------------------|---|

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

|                          |  |
|--------------------------|--|
| <b>MUTUAL OF AMERICA</b> | <b>320 PARK AVE<br/>NEW YORK, NY 10022</b> |
|--------------------------|--|

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

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|                  |   |
|------------------|---|
| NEUBERGER BERMAN | 1290 AVENUE OF THE AMERICAS<br>NEW YORK, NY 10104 |
|------------------|---|

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

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|         |   |
|---------|---|
| INVESCO | 11 GREENWAY PLAZA<br>STE. 2500<br>HOUSTON, TX 77046 |
|---------|---|

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

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|               |  |
|---------------|--|
| T. ROWE PRICE | 100 EAST PRATT STREET<br>BALTIMORE, MD 21202 |
|---------------|--|

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

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|          |   |
|----------|---|
| VANGUARD | 100 VANGUARD BOULEVARD<br>MALVERN, PA 19355 |
|----------|---|

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

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|                              |  |
|------------------------------|--|
| AMERICAN CENTURY INVESTMENTS | P.O. BOX 419200<br>4500 MAIN STREET<br>KANSAS CITY, MO 64141 |
|------------------------------|--|

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

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|     |   |
|-----|---|
| MFS | 111 HUNTINGTON AVENUE<br>BOSTON, MA 02199 |
|-----|---|

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

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|                             |                                     |
|-----------------------------|-------------------------------------|
| DELAWARE FUNDS BY MACQUARIE | PO BOX 9876<br>PROVIDENCE, RI 02940 |
|-----------------------------|-------------------------------------|

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

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|                                 |   |
|---------------------------------|---|
| VICTORY CAPITAL MANAGEMENT INC. | 15935 LA CANTERA PARKWAY<br>BUILDING TWO<br>SAN ANTONIO, TX 78256 |
|---------------------------------|---|

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

PIMCO  
840 NEWPORT CENTER DRIVE  
SUITE 100  
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS  
333 SOUTH HOPE STREET  
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT  
1825 CONNECTICUT AVENUE NW  
SUITE 400  
WASHINGTON, DC 20009

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**(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

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**(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

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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE  
NEW YORK, NY 10022

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 12 15 37<br>65         | RECORD<br>KEEPER  | 2233   | 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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
|                        |   |  | Yes <input type="checkbox"/> No <input type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>   |   | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>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.

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF RURAL MEDICAL SERVICES, INC.</u> | <b>B</b> Three-digit plan number (PN)                              | <u>001</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>RURAL MEDICAL SERVICES, INC.</u>  | <b>D</b> Employer Identification Number (EIN)<br><u>62-1102683</u> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                                    |   |
|---|------------------------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    | <u>SEPARATE ACCOUNT NUMBER SA2</u> |   |
| <b>b</b> Name of sponsor of entity listed in (a): | <u>MUTUAL OF AMERICA</u>           |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <u>13-1614399-001</u>                             | <u>P</u>                           | <u>9808060</u>  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                    |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                                    |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |                                    |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                    |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                                    |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |                                    |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                    |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                                    |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |                                    |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                    |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                                    |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |                                    |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                    |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                                    |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code               | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|   |                                    |   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                                    |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                                    |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code               | <b>e</b> 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)



|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>     |  |
| <b>A</b> Name of plan<br><b>SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF RURAL MEDICAL SERVICES, INC.</b> | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>RURAL MEDICAL SERVICES, INC.</b>         | <b>D</b> Employer Identification Number (EIN)<br><b>62-1102683</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    | 0                     | 0               |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    | 0                     | 0               |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 0                     | 0               |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    | 0                     | 0               |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> | 0                     | 0               |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> | 0                     | 0               |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> | 0                     | 0               |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 0                     | 0               |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    | 0                     | 0               |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    | 0                     | 0               |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    | 0                     | 0               |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    | 56283                 | 129613          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    | 0                     | 0               |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   | 8322303               | 9808060         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   | 0                     | 0               |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   | 0                     | 0               |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | 0                     | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | 683829                | 572315          |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   | 0                     | 0               |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 9062415               | 10509988        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 0                     | 0               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 9062415               | 10509988        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 337765     |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> | 305751     |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> | 117794     |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 761310    |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> | 0          |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> | 0          |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> | 0          |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> | 5439       |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> | 12331      |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 17770     |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> | 0          |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 0         |
| <b>(3)</b> Rents.....  | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> | 0          |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> | 0          |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 0          |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|   | (a) Amount | (b) Total |
|---|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)      | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)      | 1277983   |
| (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)     | 0         |
| <b>c</b> Other income .....   | 2c         | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | 2d         | 2057063   |

**Expenses**

|   |        |        |
|---|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | 2e(1)  | 607906 |
| (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)  | 607906 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | 2f     |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | 2g     |        |
| <b>h</b> Interest expense .....   | 2h     |        |
| <b>i</b> Administrative expenses:   |        |        |
| (1) Salaries and allowances .....   | 2i(1)  |        |
| (2) Contract administrator fees .....   | 2i(2)  |        |
| (3) Recordkeeping fees .....  | 2i(3)  | 0      |
| (4) IQPA audit fees .....   | 2i(4)  | 0      |
| (5) Investment advisory and investment management fees .....                                | 2i(5)  | 0      |
| (6) Bank or trust company trustee/custodial fees .....                                      | 2i(6)  | 0      |
| (7) Actuarial fees .....  | 2i(7)  |        |
| (8) Legal fees .....  | 2i(8)  |        |
| (9) Valuation/appraisal fees .....  | 2i(9)  |        |
| (10) Other trustee fees and expenses .....  | 2i(10) |        |
| (11) Other expenses .....   | 2i(11) | 1584   |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....                      | 2i(12) | 1584   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     | 609490 |

**Net Income and Reconciliation**

|   |       |         |
|---|-------|---------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d ..... | 2k    | 1447573 |
| <b>l</b> Transfers of assets:                                   |       |         |
| (1) To this plan .....  | 2l(1) | 0       |
| (2) From this plan .....  | 2l(2) |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **TERRY HORNE, CPA**

(2) EIN: **62-1867889**

**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 |
|--|-----|----|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)                 |     | X  |        |
| <b>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?   | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.  |     |    |        |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF RURAL MEDICAL SERVICES, INC.</u> | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RURAL MEDICAL SERVICES, INC.</u>         | <b>D</b> Employer Identification Number (EIN)<br><u>62-1102683</u> |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|   |   |   |
|---|---|---|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... | 1 | 0 |
|---|---|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 13-3590259

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

|  |   |  |
|--|---|--|
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 |  |
|--|---|--|

|                |   |
|----------------|---|
| <b>Part II</b> | <b>Funding Information</b> (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.**

|   |    |  |
|---|----|--|
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....  | 6a |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | 6b |  |
| <b>c</b> 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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |   |
|----------------|---|
| <b>Part IV</b> | <b>ESOPs</b> (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:

|   |            |  |
|---|------------|--|
| <b>a</b> 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)..... | <b>14a</b> |  |
| <b>b</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).....   | <b>14b</b> |  |
| <b>c</b> 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).....  | <b>14c</b> |  |

**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:

|   |            |  |
|---|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|   |            |  |
|---|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....  | <b>16a</b> |  |
| <b>b</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..... | <b>16b</b> |  |

**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 03 / 02 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number J502244A.

**SAFE-HARBOR 403(B) THRIFT  
PLAN FOR EMPLOYEES OF  
RURAL MEDICAL SERVICES, INC.**

**FINANCIAL STATEMENTS**

**December 31, 2024**

**SAFE-HARBOR 403(B) THRIFT PLAN FOR EMPLOYEES OF  
RURAL MEDICAL SERVICES, INC.**

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TERRY L. HORNE, CPA

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## Independent Auditor's Report

To the Plan Administrator of  
Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.

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

We have performed audits of the accompanying financial statements of Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc., 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 plan benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.'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 subjected 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 December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

### Opinion

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

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

## **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc. 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 Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.'s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

## **Auditor's Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.'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 Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.'s ability to continue as a going concern for a reasonable period of time.

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

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

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

## Other Matter-Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule 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 schedule related to assets held by and certified to by qualified institutions agrees to, or is derived from, in all materials respects, the information prepared and certified by institutions that management determined meet the requirements of ERISA Section 103(a)(3)(C).



Lebanon, TN  
October 8, 2025

**SAFE-HARBOR 403(b) THRIFT PLAN FOR EMPLOYEES  
OF RURAL MEDICAL SERVICES, INC.  
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS  
December 31, 2024 and 2023**

|  | <b>December 31,</b>  |                     |
|--|----------------------|---------------------|
|  | <b>2024</b>          | <b>2023</b>         |
| <b>Assets</b>                            |                      |                     |
| Investments, at fair value               | \$ 9,808,060         | \$ 8,322,303        |
| Investments, at contract value           | 572,315              | 683,829             |
| Receivables                              |                      |                     |
| Notes receivable from participants       | 129,613              | 56,283              |
| Total receivables                        | 129,613              | 56,283              |
| <b>Total Assets</b>                      | <b>\$ 10,509,988</b> | <b>\$ 9,062,415</b> |
| <b>Liabilities</b>                       | \$ 0                 | \$ 0                |
| <b>Total Liabilities</b>                 | \$ 0                 | \$ 0                |
| <b>Net assets available for benefits</b> | <b>\$ 10,509,988</b> | <b>\$ 9,062,415</b> |

**SAFE-HARBOR 403(b) THRIFT PLAN FOR EMPLOYEES  
OF RURAL MEDICAL SERVICES, INC.  
STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR PLAN BENEFITS  
For the Year Ended December 31, 2024**

**Additions (Reductions)**

Additions (Reductions) to net assets attributed to:

Investment income (loss):

|   |                  |
|---|------------------|
| Net appreciation (depreciation)<br>in fair value of investments | \$ 1,277,983     |
| Interest  | 17,770           |
| Total investment income (loss)                                  | <u>1,295,753</u> |

Contributions:

|                     |                |
|---------------------|----------------|
| Employer            | 337,765        |
| Participants        | 305,751        |
| Rollover            | 117,794        |
| Total contributions | <u>761,310</u> |

|                              |                  |
|------------------------------|------------------|
| Total additions (reductions) | <u>2,057,063</u> |
|------------------------------|------------------|

**Deductions**

Deductions from net assets attributed to:

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 607,906        |
| Administrative expense        | 1,584          |
|                               | <u>609,490</u> |

|                  |                |
|------------------|----------------|
| Total deductions | <u>609,490</u> |
|------------------|----------------|

|   |           |
|---|-----------|
| Net increase (decrease) in<br>net assets available for benefits | 1,447,573 |
|---|-----------|

**Net assets available for benefits**

|                   |                             |
|-------------------|-----------------------------|
| Beginning of year | <u>9,062,415</u>            |
| End of year       | <u><u>\$ 10,509,988</u></u> |

# Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.

Notes to Financial Statements

December 31, 2024

## **Note 1 - Description of Plan**

The following description of Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc. (“Plan”) sponsored by Rural Medical Services, Inc. (“Company”) 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, established by Rural Medical Services, Inc. (“Company”) effective October 1, 1994 for the benefit of its employees. It is subject to the provisions of the *Employee Retirement Income Security Act of 1974* (ERISA).

The Plan was amended effective November 1, 2018 to change the plan name from “Rural Medical Services Employer Sponsored 403(b) Plan” to “403(b) Thrift Plan of Rural Medical Services, Inc.” The amendment was also made to adopt an automatic contribution agreement whereby all individuals who became employed on or after November 1, 2018 have been deemed to have directed the Company to make salary reduction contributions of 1% of compensation on his/her behalf after thirty days of employment. Subsequent to November 1, 2018, participant loans are permitted by the Plan.

The plan was amended effective January 1, 2022 to change the plan name from “403(b) Thrift Plan of Rural Medical Services, Inc.” to “Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.” The amendment was also adopted to provide a safe-harbor provision, replaced the thirty-day employer contribution requirement with the first day of the month following hire date, and updated the definition of Plan Compensation to include all wages.

### Contributions

Participants may contribute to the Plan via pre-tax or Roth salary deferrals and may change their contribution percentage at their discretion. The maximum annual contribution allowed in a calendar year for each participant is prescribed by federal statutes (\$23,500 in 2024 and \$22,500 in 2023). Additional catch-up contributions are permitted for participants who are age 50 or older by the end of the calendar year in which the catch-up contributions are made.

The Company makes an “employer base contribution” for eligible employees, as defined by the plan document. The Company contributes a safe-harbor fixed percentage equal to 5% of the employee’s compensation, as defined in the Plan agreement.

# **Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.**

## Notes to Financial Statements

December 31, 2024

### Participant Account

Each participant's account is credited with the participant's contribution, the Company's contributions, and investment earnings. Each participant's account is charged with an allocable portion of the administrative expenses paid by the Plan. Allocations of contributions are based on participant compensation, and allocations of earnings are based on each participant's account balance. Upon retirement or termination, a participant is entitled to the balance in his/her account. A participant may elect to direct the investment allocation of his/her account or to allow an investment manager to direct the investments.

### Vesting

Participants are immediately vested in all contributions plus actual earnings thereon. Accordingly, there were no forfeitures during the plan year ended December 31, 2024, and no forfeitures were utilized or outstanding.

### Administrative Expenses

Certain expenses incurred in the administration of the Plan are paid directly by the Company.

### Investment options

Investments are participant-directed among various mutual funds offered by the Plan.

### Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive an amount equal to the value of the participant's interest in his or her account in either a lump-sum amount or under a specified payments option which provides for a series of monthly withdrawals from the participant's account. Other withdrawals from participants' accounts balances may be made under certain circumstances, as defined in the Plan document.

### Contributions receivable

Contributions receivable are recorded when determined contributions of the employer and employees are not received by the investment custodian until a subsequent reporting period. An allowance is provided when necessary to recognize potentially uncollectible receivables and amounts deemed worthless are written off. There were contributions receivable of \$0 and \$0 at December 31, 2024 and 2023, respectively. There was no allowance for uncollectible receivables deemed necessary at these reporting dates.

# Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.

## Notes to Financial Statements

December 31, 2024

### Notes receivable from participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser value of \$50,000 or 50% of their account balance. The loans are to be secured only by the balance in the participant's account, and each participant is limited to two loans outstanding at one time. The term of the loan must not exceed five years, and it will bear interest at a rate determined by the custodian. Principal and interest on these loans are paid ratably through payroll deductions. At December 31, 2024 and 2023, the Plan had loans receivable from participants of \$129,613 and \$56,283, respectively.

### **Note 2 – Summary of Significant Accounting Policies**

#### Basis of accounting

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America ("U.S. GAAP") using the accrual method of accounting. U.S. GAAP is embodied in the Financial Accounting Standards Board *Accounting Standards Codification* ("FASB ASC"), which is the authoritative source of U.S. accounting and reporting standards for nongovernmental entities.

#### Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates, and such differences could be material. Significant estimates used in preparing these financial statements include those used to establish the fair values of investments.

#### Valuation of investments

The investments in the funds are presented at fair value. Shares of pooled separate accounts are valued based on quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

The Plan provides fixed income accounts as investment options available to Plan participants. These investments are fixed income options (i.e., a deposit administration contract) that provide a more stable asset value with a guaranteed rate of return. These investments are valued at contract value.

# Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.

## Notes to Financial Statements

December 31, 2024

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. Unrealized gains and losses are recorded for changes in the fair value of mutual fund investments during the year. Realized gains and losses are recorded when investments are sold. Realized and unrealized gains and losses for each reporting period are combined and presented as net appreciation (depreciation) in fair value of investments in the accompanying statement of changes in net assets available for benefits.

### Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance.

### **Note 3 – 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 Plan termination, participant accounts would continue to be held by the Plan's trustee until all vested benefits are distributed to the participants.

### **Note 4- Benefits payable to former participants**

The portion of net assets which had been processed for payment to persons who requested withdrawals but had not yet been paid by the Plan was \$0 at both December 31, 2024 and 2023.

### **Note 5 – Description of Information Certified by the Plan Trustee (Unaudited)**

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's independent auditor did not perform any auditing procedures with respect to the information certified as complete and accurate by the Plan's trustee/custodian, except for comparing the information with the information in the accompanying financial statements and supplemental schedule "Schedule of Assets (Held at End of Year)."

The following was provided and certified by Mutual of America Life Insurance Company, the Plan's trustee/custodian as of December 31:

|                                    | <u>2024</u>  | <u>2023</u>  |
|------------------------------------|--------------|--------------|
| Investments, at fair value         | \$ 9,808,060 | \$ 8,322,303 |
| Investments, at contract value     | 572,315      | 683,829      |
| Notes receivable from participants | 129,613      | 56,283       |

# Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.

## Notes to Financial Statements

December 31, 2024

The following was provided and certified by Mutual of America Life Insurance Company, the Plan's trustee/custodian for the plan year ended December 31, 2024.

|                          |             |
|--------------------------|-------------|
|                          | <u>2024</u> |
| Investment income (loss) | \$1,295,753 |

### **Note 6 – Investment in Insurance Company General Account**

The Plan has included the “Mutual of America Interest Accumulation” account (Interest Accumulation account) as an investment option available to Plan participants. This investment represents a fixed income option (i.e., a deposit administration contract) that typically provides a more stable valuation, combined with a guaranteed rate of return. Investments are held in the general obligation account of Mutual of America, which provides the cash flow for all of the insurance company's general obligations and contractual commitments.

Amounts placed in the Interest Accumulation account are credited with interest at a rate determined by Mutual of America, and Mutual of America reserves the right to change the interest rates applicable to amounts held in the Interest Accumulation account at its discretion.

It is possible that certain types of events could permit the insurance company to terminate the contract and limit the Plan's ability to process transactions at contract value, including an amendment to the Plan document to terminate the Plan. The Plan administrator does not believe these events are probable of occurring.

The fixed income contract meets the criteria to be considered a fully benefit-responsive investment contract. Accordingly, the amount participants would receive upon withdrawal is limited to contract value. This measurement is utilized for reporting the investment in the accompanying statements of net assets available for benefits. The Plan administrator does not consider an allowance for potential loss of contract value necessary at December 31, 2024 or 2023.

# Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.

Notes to Financial Statements

December 31, 2024

## **Note 7 – Fair Value Measurements**

The Plan adopted the Fair Value Measurement and Disclosure topic of the FASB ASC, which establishes a framework for measuring value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

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 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 the 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 should maximize the use of observable inputs and minimize the use of unobservable inputs.

The investments in the pooled separate accounts are based on quoted market prices. There have been no changes in the methodologies used during the years ended December 31, 2024 and 2023.

## Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.

### Notes to Financial Statements

December 31, 2024

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

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

|                   | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|-------------------|---------------------|----------------|----------------|---------------------|
| December 31, 2024 |                     |                |                |                     |
| Pooled            |                     |                |                |                     |
| Separate Accounts | \$ 9,808,060        | \$ 0           | \$ 0           | \$ 9,808,060        |
| Total             | <u>\$ 9,808,060</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 9,808,060</u> |
| December 31, 2023 |                     |                |                |                     |
| Pooled            |                     |                |                |                     |
| Separate Accounts | \$ 8,322,303        | \$ 0           | \$ 0           | \$ 8,322,303        |
| Total             | <u>\$ 8,322,303</u> | <u>\$ 0</u>    | <u>\$ 0</u>    | <u>\$ 8,322,303</u> |

#### **Note 8 – Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of differences between the financial statements at December 31, 2024 and 2023 to Schedule H of Form 5500:

|  | <u>2024</u>          | <u>2023</u>         |
|--|----------------------|---------------------|
| Net assets available for benefits per the financial statements | <u>\$ 10,509,988</u> | <u>\$ 9,062,415</u> |
| Net assets available for benefits per Schedule H of Form 5500  | <u>\$ 10,509,988</u> | <u>\$ 9,062,415</u> |

#### **Note 9 – Income Tax Status**

The Plan is a prototype plan that qualifies for tax-exempt status; however, it has not received a favorable determination letter issued by the Internal Revenue Service. The plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the plan has been amended since inception, the plan administrator and the plan's tax counsel believe that the plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believe that the plan is qualified, and the related trust is tax-exempt.

# **Safe-Harbor 403(b) Thrift Plan for Employees of Rural Medical Services, Inc.**

## Notes to Financial Statements

December 31, 2024

The Plan adheres to guidance issued by the Codification with respect to accounting for uncertainty in income taxes. This guidance clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements and prescribes a comprehensive model for recognizing, measuring, presenting, and disclosing in the financial statements tax positions taken or expected to be taken on a tax return including positions that the organization is exempt from income taxes or not subject to income taxes or unrelated business income. With few exceptions, the Plan is no longer subject to income tax examinations by federal, state, or local tax authorities for years prior to the current and two most recent tax years.

### **Note 10 – Related Party Transactions**

Certain plan investments are shares of mutual funds and annuities managed by Mutual of America Financial Group, who is the trustee/custodian as defined by the Plan. These transactions qualify as exempt party-in-interest transactions.

### **Note 11 – Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

### **Note 12 – Subsequent Events**

The Plan has evaluated subsequent events through October 8, 2025, the date the financial statements were available to be issued, for potential recognition or disclosure in the financial statements. Management has not identified any additional items requiring recognition or disclosure.

**SUPPLEMENTAL SCHEDULE**

Safe-Harbor 403(b) Thrift Plan for Employees of  
Rural Medical Services, Inc.  
Plan EIN:62-1102683  
Plan Number: 001  
December 31, 2024

Schedule H, Line 4i- Schedule of Assets (Held at End of Year)

| (a)               | (b)   | (c)  | (d)  | (e)           |
|-------------------|---|--|------|---------------|
| Party in Interest | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral and Par or Maturity Value | Cost | Current Value |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Small Cap Value  | *    | \$93          |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Small Cap Growth Fund  | *    | 113,033       |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Small Cap Equity Index Fund  | *    | 224,456       |
|                   | T. Rowe Price   | T. Rowe Price Blue Chip Growth Portfolio   | *    | 234,793       |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Money Market Fund  | *    | 87            |
|                   | Calvert   | Calvert VP SRI Balanced Portfolio  | *    | 500           |
|                   | Delaware Funds by Macquarie                           | Delaware VIP Small Cap Value Series  | *    | 93            |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Moderate Allocation  | *    | 34,231        |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Retirement Income Fund   | *    | 1,818         |
|                   | Fidelity Investments                                  | Fidelity VIP Mid Cap Portfolio   | *    | 4,256         |
|                   | Fidelity Investments                                  | Fidelity VIP Asset Manager   | *    | 91            |
|                   | Fidelity Investments                                  | Fidelity VIP Contrafund Portfolio  | *    | 272,581       |
|                   | Fidelity Investments                                  | Fidelity VIP Equity-Income Portfolio   | *    | 110           |
|                   | Goldman Sachs   | Goldman Sachs VIT US Equity Insights Fund  | *    | 542           |
|                   | Goldman Sachs   | Goldman Sachs VIT Small Cap Equity Insights Fund   | *    | 101           |
|                   | American Funds  | American Funds Insurance Series New World Fund   | *    | 1,615         |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Mid-Cap Value Fund   | *    | 114           |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Mid-Cap Equity Index Fund  | *    | 279,237       |
|                   | Massachusetts Financial Services                      | MFS VIT III Mid Cap Value Portfolio  | *    | 96            |
| Y                 | Mutual of America Investment Corporation              | Mutual of America International Fund   | *    | 457           |
|                   | Neuberger Berman                                      | Neuberger Berman AMT Sustainable Equity Portfolio  | *    | 541           |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Equity Index Fund  | *    | 947,321       |
|                   | Invesco Oppenheimer                                   | Invesco V.I. Main Street Fund  | *    | 2,884         |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Conservative Allocation  | *    | 35,998        |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Core Bond Fund   | *    | 84            |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Intermediate Bond Fund   | *    | 1,654         |
| Y                 | Mutual of America Investment Corporation              | Mutual of America All America Fund   | *    | 148           |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Aggressive Allocation Fund   | *    | 2,177         |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Balanced Fund  | *    | 50,041        |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Clear Passage 2060 Fund  | *    | 161,391       |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Clear Passage 2055 Fund  | *    | 336,196       |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Clear Passage 2050 Fund  | *    | 1,121,081     |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Clear Passage 2045 Fund  | *    | 834,471       |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Clear Passage 2040 Fund  | *    | 812,089       |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Clear Passage 2035 Fund  | *    | 2,615,680     |
| Y                 | Mutual of America Investment Corporation              | Mutual of America Clear Passage 2030 Fund  | *    | 645,564       |

\*Cost information is not required for participant-directed investments.

See independent auditor's report.

Safe-Harbor 403(b) Thrift Plan for Employees of  
Rural Medical Services, Inc.  
Plan EIN:62-1102683  
Plan Number: 001  
December 31, 2024

Schedule H, Line 4i- Schedule of Assets (Held at End of Year)

| (a)                  | (b)  | (c)   | (d)  | (e)                        |
|----------------------|--|---|------|----------------------------|
| Party in<br>Interest | Identity of Issue, Borrower,<br>Lessor, or Similar Party | Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral<br>and Par or Maturity Value | Cost | Current<br>Value           |
|                      | Vanguard   | Vanguard VIF Real Estate Index Portfolio  | *    | 3,964                      |
|                      | PIMCO  | PIMCO VIT Real Return Portfolio   | *    | 83                         |
|                      | Victory Capital  | Victory RS Small Cap Growth Equity VIP Series   | *    | 95                         |
| Y                    | Mutual of America Investment Corporation                 | Mutual of America Clear Passage 2025 Fund   | *    | 321,476                    |
| Y                    | Mutual of America Investment Corporation                 | Mutual of America Clear Passage 2020 Fund   | *    | 51,272                     |
|                      | DWS  | DWS Capital Growth  | *    | 164,001                    |
| Y                    | Mutual of America Investment Corporation                 | Mutual of America Clear Passage 2015 Fund   | *    | 89                         |
| Y                    | Mutual of America Investment Corporation                 | Mutual of America Clear Passage 2065 Fund   | *    | 47,459                     |
|                      | American Century Investments                             | American Century Investments VP Capital Appreciation  | *    | 5,561                      |
|                      | Vanguard   | Vanguard VIF Diversified Value Portfolio  | *    | 208,781                    |
|                      | Vanguard   | Vanguard VIF International Portfolio  | *    | 269,229                    |
|                      | Vanguard   | Vanguard VIF Total Bond Market Index Portfolio  | *    | 426                        |
|                      | TOTAL INVESTMENT HELD, AT FAIR VALUE                     |   |      | <u>9,808,060</u>           |
| Y                    | Mutual of America Investment Corporation                 | Interest Accumulation Account (contract value)  | *    | <u>572,315</u>             |
|                      | <b>TOTAL INVESTMENT HELD</b>                             |   |      | <b><u>\$10,380,375</u></b> |
| Y                    | Participant Loans  | Interest Rates of 5.85%   |      | <u>129,613</u>             |

\*Cost information is not required for participant-directed investments.

See independent auditor's report.

Attachment to Jan2024 Form 5500  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
Rural Medical Services, Inc.  
EIN: 62-1102683  
Plan Number: 001

| (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) Closing Value |
|-----|--|---|----------|-------------------|
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>American Century Investments VP Capital Appreciation Fund                       |          | 5,561             |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>American Funds Insurance Series New World Fund                                  |          | 1,615             |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Calvert VP SRI Balanced Portfolio   |          | 500               |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Delaware VIP Small Cap Value Series   |          | 93                |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>DWS Capital Growth VIP  |          | 164,001           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Fidelity VIP Asset Manager Portfolio  |          | 91                |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Fidelity VIP Contrafund Portfolio   |          | 272,581           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Fidelity VIP Equity-Income Portfolio  |          | 110               |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Fidelity VIP Mid Cap Portfolio  |          | 4,256             |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT Small Cap Equity Insights Fund                                |          | 101               |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Goldman Sachs VIT US Equity Insights Fund                                       |          | 542               |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Invesco V.I. Main Street Fund   |          | 2,884             |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MFS VIT III Mid Cap Value Portfolio   |          | 96                |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Aggressive Allocation Fund  |          | 2,177             |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA All America Fund  |          | 148               |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Balanced Fund   |          | 50,041            |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2015 Fund   |          | 89                |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2020 Fund   |          | 51,272            |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2025 Fund   |          | 321,476           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2030 Fund   |          | 645,564           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2035 Fund   |          | 2,615,680         |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2040 Fund   |          | 812,089           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2045 Fund   |          | 834,471           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2050 Fund   |          | 1,121,081         |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2055 Fund   |          | 336,196           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2060 Fund   |          | 161,391           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Clear Passage 2065 Fund   |          | 47,459            |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Conservative Allocation Fund  |          | 35,998            |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Core Bond Fund  |          | 84                |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Equity Index Fund   |          | 947,321           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Intermediate Bond Fund  |          | 1,654             |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA International Fund  |          | 457               |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Equity Index Fund   |          | 279,237           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Mid Cap Value Fund  |          | 114               |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Moderate Allocation Fund  |          | 34,231            |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Money Market Fund   |          | 87                |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Retirement Income Fund  |          | 1,818             |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Small Cap Equity Index Fund   |          | 224,456           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Small Cap Growth Fund   |          | 113,033           |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>MoA Small Cap Value Fund  |          | 93                |
|     | Mutual of America  | GROUP ANNUITY CONTRACT<br>Mutual of America Interest Accumulation Account                                 |          | 701,928           |

Attachment to Jan2024 Form 5500  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
Rural Medical Services, Inc.  
EIN: 62-1102683  
Plan Number: 001

|   |                   |   |  |         |
|---|-------------------|---|--|---------|
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Neuberger Berman AMT Sustainable Equity Portfolio |  | 541     |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>PIMCO VIT Real Return Portfolio                   |  | 83      |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>T. Rowe Price Blue Chip Growth Portfolio          |  | 234,793 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Diversified Value Portfolio          |  | 208,781 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF International Portfolio              |  | 269,229 |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Real Estate Index Portfolio          |  | 3,964   |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Vanguard VIF Total Bond Market Index Portfolio    |  | 426     |
| . | Mutual of America | GROUP ANNUITY CONTRACT<br>Victory RS Small Cap Growth Equity VIP Series     |  | 95      |