

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... 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: ASPIRE RURAL HEALTH SYSTEM 401(K) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 04/01/1990
2a Plan sponsor's name (employer, if for a single-employer plan): ASPIRE RURAL HEALTH SYSTEM
2b Employer Identification Number (EIN): 46-5444203
2c Plan Sponsor's telephone number: 989-912-6253
2d Business code (see instructions): 622000

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

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

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name HILLS AND DALES GENERAL HOSPITAL, INC. c Plan Name HILLS AND DALES GENERAL HOSPITAL, INC. TAX DEFERRED RETIREMENT SAVINGS PLAN		4b EIN 38-1619577	
		4d PN 007	
5 Total number of participants at the beginning of the plan year	5	1051	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	964	
a(2) Total number of active participants at the end of the plan year	6a(2)	1153	
b Retired or separated participants receiving benefits.....	6b	4	
c Other retired or separated participants entitled to future benefits	6c	189	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1346	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0	
f Total. Add lines 6d and 6e	6f	1346	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	575	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	1320	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

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

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input 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 checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor
(4) <input type="checkbox"/> General assets of the sponsor			

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</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 style="font-size: large;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan ASPIRE RURAL HEALTH SYSTEM 401(K) PLAN</p>	<p>B Three-digit plan number (PN) ▶ 001</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 ASPIRE RURAL HEALTH SYSTEM</p>	<p>D Employer Identification Number (EIN) 46-5444203</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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	780868-01	564	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.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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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
NORTHWESTERN MUTUAL INVESTMENT SVCS 901 WILSHIRE DR STE 300
TROY, MI 48084

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

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(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
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(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.

4 Current value of plan's interest under this contract in the general account at year end	4	1523161
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	151038

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d 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. Specify nature of costs ▶	6d	

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 ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year **7b** 919169

c Additions: (1) Contributions deposited during the year	7c(1)	309240	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	20316	
(4) Transferred from separate account	7c(4)	280743	
(5) Other (specify below)..... ▶ LOAN PAYMENTS	7c(5)	16083	

(6) Total additions **7c(6)** 626382

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1545551

e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	18190	
(2) Administration charge made by carrier.....	7e(2)	-5716	
(3) Transferred to separate account	7e(3)	9916	
(4) Other (specify below)..... ▶	7e(4)		

(5) Total deductions **7e(5)** 22390

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 1523161

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:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
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.	10b	

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. ▶

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

A Name of plan ASPIRE RURAL HEALTH SYSTEM 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASPIRE RURAL HEALTH SYSTEM	D Employer Identification Number (EIN) 46-5444203	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	90248	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)

CAPITAL ASSET ADVISORY SERVICES, LL

15744 S PEACOCK RD
HASLETT, MI 48840

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	26899	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHWESTERN MUTUAL INVESTMENT SVCS

720 E WISCONSIN AVE
MIL WAUKEE, WI 53202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISE R	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2093	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	742	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NORTHWESTERN MUTUAL INVESTMENT SVCS	55	2093
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE COMPANY O 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	, OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	EIDE BAILLY, LLP	b EIN:	45-0250958
c Position:	AUDITOR		
d Address:	U.S. BANCORP CENTER 800 NICOLLET MALL, STE. 1300 MINNEAPOLIS, MN 55402-7033	e Telephone:	612-253-6500

Explanation: THE REASON WAS A MERGER, AND THE DECISION WAS MADE TO GO WITH THE MERGING COMPANY'S AUDITOR SINCE THEY WERE A LOCAL BUSINESS.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ASPIRE RURAL HEALTH SYSTEM 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASPIRE RURAL HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>46-5444203</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST AMERICAN FDS 2045</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4126265-569</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3988683</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST AMERICAN FDS 2035</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4126263-567</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5255381</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GALLIARD STABLE RETURN FUND C</u>		
b Name of sponsor of entity listed in (a): <u>WELLS FARGO MUTUAL FUNDS</u>		
c EIN-PN <u>52-2250946-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>379193</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST AMERICAN FDS 2055</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4126267-571</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2626643</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST AMERICAN FDS 2050</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4126266-570</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2205267</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST AMERICAN FDS 2020</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4126260-564</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2599638</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GREAT GRAY TRUST AMERICAN FDS 2025</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY</u>		
c EIN-PN <u>38-4126261-565</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3674816</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FDS 2065

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-7275308-777	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 254429
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FDS 2015

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4126259-563	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 490754
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FDS 2060

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4126268-572	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 801196
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM SMALL CAP GROWTH TRUST CL R

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 86-1846156-677	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276430
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FDS 2040

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4126264-568	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4608476
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a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY TRUST AMERICAN FDS 2030

b Name of sponsor of entity listed in (a): GREAT GRAY

c EIN-PN 38-4126262-566	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4352225
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMCENT MID CAP VALUE (IS PLTM)

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-850	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY MID CAP VAL (IS PL

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY

c EIN-PN 06-1050034-850	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 151038
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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)
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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)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ASPIRE RURAL HEALTH SYSTEM 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ASPIRE RURAL HEALTH SYSTEM	D Employer Identification Number (EIN) 46-5444203

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	16088	176134
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	420863	845776
(9) Value of interest in common/collective trusts	1c(9)	9163440	31513133
(10) Value of interest in pooled separate accounts	1c(10)	115514	151038
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7199998	11522590
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	919169	1523161
(15) Other	1c(15)	95140	124477

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	17930212	45856309
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	24696
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	24696
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17930212	45831613

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1995812	
(B) Participants.....	2a(1)(B)	3111981	
(C) Others (including rollovers).....	2a(1)(C)	2136246	
(2) Noncash contributions.....	2a(2)	0	7244039
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	52655	
(F) Other.....	2b(1)(F)	20316	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		72971
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	563837	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		563837
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1761887
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		9734
(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)		612642
c Other income	2c		29338
d Total income. Add all income amounts in column (b) and enter total	2d		10294448

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2720432	
(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)		2720432
f Corrective distributions (see instructions)	2f		24696
g Certain deemed distributions of participant loans (see instructions)	2g		78643
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	50423	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	27641	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		78064
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2901835

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7392613
l Transfers of assets:			
(1) To this plan	2l(1)		20508788
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: NIETZKE & FAUPEL PC

(2) EIN: 38-2475086

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

A Name of plan ASPIRE RURAL HEALTH SYSTEM 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASPIRE RURAL HEALTH SYSTEM	D Employer Identification Number (EIN) 46-5444203	

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

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

1	0
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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): 84-1455663

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 14 / 2022 (MM/DD/YYYY) and the Opinion Letter serial number Q702518A.

**ASPIRE RURAL HEALTH SYSTEM
401(k) PLAN**

**FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
Aspire Rural Health System 401(k) Plan
Cass City, Michigan

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

We have performed an audit of the accompanying financial statements of Aspire Rural Health System 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2024 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section—

- the amounts and disclosures in the 2024 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 2024 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 on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of Aspire Rural Health System 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Aspire Rural Health System 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Aspire Rural Health System 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Aspire Rural Health System 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2024 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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.

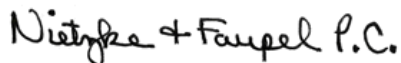
In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations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

Auditor's Report on the 2023 Financial Statements

The financial statements of the Aspire Rural Health System 401(k) Plan as of December 31, 2023, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 1, 2024 indicated that in their opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agreed to, or was 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). Their report also indicated that the form and content of the 2023 supplemental schedule, other than the information in the 2023 supplemental schedule that agreed to or was derived from the certified investment information, was presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 supplemental schedule related to assets held by and certified to by a qualified institution agreed to, or was 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).



Nietzke & Faupel, P.C.
Pigeon, Michigan

October 10, 2025

FINANCIAL STATEMENTS

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments at fair value	\$ 43,311,238	\$ 16,574,092
Investments at contract value	1,523,161	919,169
Receivables:		
Employer	176,134	16,088
Notes receivable from participants	845,776	420,863
TOTAL ASSETS	45,856,309	17,930,212
LIABILITIES:		
Excess contributions payable	24,696	-
NET ASSETS AVAILABLE FOR BENEFITS	\$ 45,831,613	\$ 17,930,212

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	YEARS ENDED DECEMBER 31,	
	2024	2023
ADDITIONS		
INVESTMENT INCOME		
Dividends and interest from investments	\$ 584,153	\$ 168,814
Interest income on notes receivable from participants	52,655	23,978
Net appreciation in fair value of investments	2,413,601	1,869,885
TOTAL INVESTMENT INCOME	3,050,409	2,062,677
 CONTRIBUTIONS		
Participants	3,111,981	1,787,056
Employer	1,995,812	1,023,656
Employee rollover	2,136,246	164,188
Transfers from other plans	20,508,788	-
TOTAL CONTRIBUTIONS	27,752,827	2,974,900
 TOTAL ADDITIONS	 30,803,236	 5,037,577
 DEDUCTIONS		
Administrative expenses	78,064	18,794
Benefits paid directly to participants	2,823,771	1,500,370
TOTAL DEDUCTIONS	2,901,835	1,519,164
 CHANGE IN NET ASSETS AVAILABLE FOR BENEFITS	 27,901,401	 3,518,413
 NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	 17,930,212	 14,411,799
 NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	 \$ 45,831,613	 \$ 17,930,212

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

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN:

The following description of the Aspire Rural Health System 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General. The Plan is a defined contribution plan covering all employees of Aspire Rural Health System (“Hospital”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Investment Advisory Committee determines the appropriateness of the Plan’s investments, monitors investment performance, and reports to the Hospital’s management.

Eligibility. Employees who have attained the age of 18 are eligible to participate in the Plan and receive safe harbor matching contributions. Employees are eligible to receive the employer discretionary matching contributions if they are age 18, worked 1,000 hours during the Plan year, and were employed on the last day of the Plan year.

Entry Date. Employees may enter the Plan immediately upon hire following the date they satisfy the Plan’s eligibility requirements.

Contributions. Each year, participants may contribute to the Plan subject to the limitations contained in the Internal Revenue Code (IRC). Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. The Plan allows participants to designate contributions as Roth contributions. Participants may also contribute amounts representing distributions from other qualified plans (rollover). The Hospital contributes a safe harbor contribution of 100% of deferrals that do not exceed 3% of compensation and 50% of deferrals that exceed 3% but do not exceed 5% of compensation. Additional amounts may be contributed at the discretion of the Hospital’s Board of Directors. No such additional discretionary contributions were made for the years ended December 31, 2024 and 2023.

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 5% of eligible compensation and their contributions are automatically invested in a designated fund until changed by the participant.

Participant Accounts. Each participant’s account is credited with the participant’s voluntary contributions, the Hospital’s safe harbor matching contributions, as well as an allocation of the Hospital’s discretionary matching contributions (if any), and the Plan earnings (losses). Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant’s annual compensation, account balances, or specific participant transactions, as defined by the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Investment Options. Upon enrollment to the Plan, a participant may direct employee or employer contributions in any of the funds offered by the Plan. Participants may change their investment options daily.

Vesting. Participants are immediately vested in all contributions, plus actual earnings thereon.

Notes Receivable from Participants. Participants may borrow against their Plan account balance a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000, or 50% of their account balance. The notes are secured by the balance in the participant’s account. The interest rate, determined monthly, is set at 1% above the prime rate. Principal and interest is paid ratably through the payroll deductions over a period not to exceed five years, unless the proceeds of the note were used to acquire the participant’s residence, in which case the note terms can range up to 30 years. A participant may have no more than one outstanding note at any one time.

Payment of Benefits. Participants may elect to receive either a single lump-sum amount equal to the value of their vested interest as defined in the Plan document upon retirement, termination of service, death, or disability. A terminated participant with a balance of less than \$1,000 may be automatically paid out by the Plan upon termination. Any terminated participant with a balance between \$1,000 and \$5,000 can still be automatically paid out if their balance is rolled into a qualified Individual Retirement Account. Distributions may be made at the participant’s election prior to termination upon attainment of age 59½ or for hardship as defined in the Plan document.

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 1 – DESCRIPTION OF PLAN: (CONTINUED)

Plan Termination. Although it has not expressed any intent to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting. The financial statements of the Plan are prepared on the accrual basis of accounting which conforms to accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition. The Plan's investments are stated at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Contract value is the relevant measure for the portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. The Hospital determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 3 for discussion of fair value measurements.

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

The classification of investment earnings (losses) reported in the statement of changes in net assets available for benefits may differ from the classification of earnings (losses) on Form 5500 due to different reporting requirements on Form 5500.

Contributions. Participant contributions and the related Company matching contributions are recorded in the year in which the employee contributions are withheld from compensation.

Notes Receivable from Participants. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred.

Excess Contributions Payable. Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. For the years ended December 31, 2024 and 2023, there were excess contributions payable recorded in the amounts of \$24,696 and \$0, respectively.

Payment of Benefits. Benefits payments to participants are recorded upon distribution.

Plan Expenses. The Plan's expenses are paid by either the Plan or the Hospital, as provided by the Plan document. Expenses that are paid directly by the Hospital are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan, net of revenue sharing, are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment-related expenses, net of revenue sharing, are included in net appreciation (depreciation) of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Date of Management's Review. Subsequent events were evaluated through October 10, 2025, which is the date the financial statements were available to be issued.

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)

Forfeited Accounts. For the years ended December 31, 2024 and 2023, forfeited non-vested accounts totaled \$10,571 and \$0, respectively and accumulated forfeited non-vested accounts totaled \$9,539 and \$126,854, respectively. These accounts will be used to reduce future Company contributions or to pay administrative expenses of the Plan.

NOTE 3 – FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of fair value hierarchy under FASB ASC 820 are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical asset 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 assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correction or other means.

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

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

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

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

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

Common collective fund: Valued at fair value based on the NAV of units held of the collective fund. The NAV, as provided by the trustee, is used as a practical expedient to the estimated fair value. The NAV is based on the observable market prices of the underlying investment within the fund less liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Self-directed brokerage account: Account primarily consists of unit investment trusts which are valued at the daily closing price as reported by the fund. Unit investment trusts held by the Plan are open-ended unit investment trusts that are registered with the Securities and Exchange Commission. These trusts are required to publish their daily NAV and to transact at that price. The unit investment trusts held by the Plan are deemed to be actively traded.

Pooled separate accounts: Valued at fair value based on the NAV of units as determined by the insurance company. The NAV is based on the observable market prices of the underlying assets within the account less liabilities. The NAV for the underlying assets of the account is a readily determinable measure of their fair value and is the basis for current transactions.

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 3 – FAIR VALUE MEASUREMENTS: (CONTINUED)

The following tables set for by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

	2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 11,522,590	\$ -	\$ -	\$ 11,522,590
Pooled separate accounts	-	151,038	-	151,038
Self-directed brokerage accounts	124,477	-	-	124,477
Total investments in the fair value hierarchy	<u>\$ 11,647,067</u>	<u>\$151,038</u>	<u>\$ -</u>	<u>11,798,105</u>
Investments at NAV (a)				<u>31,513,133</u>
Total investments at fair value				<u>\$ 43,311,238</u>

	2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 7,199,998	\$ -	\$ -	\$ 7,199,998
Pooled separate accounts	-	115,514	-	115,514
Self-directed brokerage accounts	95,140	-	-	95,140
Total investments in the fair value hierarchy	<u>\$ 7,295,138</u>	<u>\$115,514</u>	<u>\$ -</u>	<u>7,410,652</u>
Investments at NAV (a)				<u>9,163,440</u>
Total investments at fair value				<u>\$ 16,574,092</u>

(a) In accordance with Subtopic 820-10, common collective funds were measured at NAV per share (or its equivalent) and have not been classified in the fair value hierarchy. The fair value amounts presented in these tables are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth the disclosure for the fair value measurement of investments that are measured at NAV per share (or its equivalent) as a practical expedient as of December 31, 2024 and 2023:

	Fair Value December 31, 2024	Fair Value December 31, 2023	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common Collective Funds					
Great Gray Trust American Funds 2015 I	\$ 490,754	\$ 367,098	\$ -	Daily	Daily
Great Gray Trust American Funds 2020 I	2,599,638	1,215,302	-	Daily	Daily
Great Gray Trust American Funds 2025 I	3,674,816	850,979	-	Daily	Daily
Great Gray Trust American Funds 2030 I	4,352,225	880,822	-	Daily	Daily
Great Gray Trust American Funds 2035 I	5,255,382	986,981	-	Daily	Daily
Great Gray Trust American Funds 2040 I	4,608,476	1,104,521	-	Daily	Daily
Great Gray Trust American Funds 2045 I	3,988,683	1,262,728	-	Daily	Daily
Great Gray Trust American Funds 2050 I	2,205,267	1,015,372	-	Daily	Daily
Great Gray Trust American Funds 2055 I	2,626,643	1,082,977	-	Daily	Daily
Great Gray Trust American Funds 2060 I	801,197	280,954	-	Daily	Daily
Great Gray Trust American Funds 2065 I	254,429	79,891	-	Daily	Daily
Putnam Small Cap Growth Trust CL R	276,430	35,815	-	Daily	Daily
Galliard Stable Return Fund	379,193	-	-	Daily	Daily
Total investments at NAV	<u>\$31,513,133</u>	<u>\$ 9,163,440</u>	<u>\$ -</u>		

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 4 – CERTIFIED INFORMATION:

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplementary information, including investment and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation (depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, the trustee.

NOTE 5 – TAX STATUS:

The Plan uses a pre-approved plan document sponsored by Empower Retirement LLC, which received an opinion letter from the Internal Revenue Service (IRS), dated November 14, 2022, stating that the pre-approved document satisfies the applicable provisions of the IRC. The Plan's management believes the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

NOTE 6 – CONTRACT WITH INSURANCE COMPANY:

The Plan entered into a traditional fully benefit-responsive guaranteed investment contract (GIC) with Empower Annuity Insurance Company of America. Empower Annuity Insurance Company of America maintains the contributions in a general account, which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1%. Such interest rates are reviewed on a semi-annual basis for resetting. The GIC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

Because the GIC is fully benefit-responsive, contract value is the relevant measure for the GIC, and this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value as reported to the Plan by the Empower Annuity Insurance Company of America represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The contract value of the investment contract on December 31, 2024 and 2023, was \$1,523,161 and \$919,169, respectively.

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

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include: (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, or (4) a material amendment to the agreement without the consent of the issuer.

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

NOTE 7 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS:

Certain Plan investments consist of mutual funds and a guaranteed income fund, managed by Empower Trust Company, the trustee, as defined by the Plan. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions are exempt party-in-interest transactions under ERISA.

NOTE 8 – 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. Market risks include global events which could impact the value of investment securities, such as a pandemic or global conflict. 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 statement of net assets available for benefits.

NOTE 9 – PLAN AMENDMENTS:

Effective March 1, 2022, the Plan was amended and restated to include all required provisions to comply with the IRS' Cycle 3 restatement requirements of the 2017 Cumulative List (Notice 2017-37).

Effective March 2022, the Plan changed its trustee from Reliance Trust Company to Empower Trust Company.

Effective March 17, 2024, the Plan, formerly known as the Hills and Dales General Hospital, Inc. Tax Deferred Retirement Savings Plan, was restated to merge with the Marlette Regional Hospital 401(k) Savings Plan. The Marlette Regional Hospital 401(k) Savings Plan was terminated effective March 17, 2024, and assets in the amount of \$20,508,788 were transferred to the Plan.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500:

For the years ended December 31, 2024, and 2023, there are no differences in the net assets available for benefits or the changes in net assets available for benefits between the Plan's financial statements and the amounts reported on the Form 5500.

SUPPLEMENTARY INFORMATION

ASPIRE RURAL HEALTH SYSTEM 401(k) PLAN

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment	Cost	Current Value	
*	SF Guaranteed	Guaranteed Investment Contract	N/A	\$ 1,523,161
	American Century Mid Cap Val (IS Pltfrm)	Pooled Separate Account	N/A	151,038
	American Funds Growth Fund of Amer R6	Mutual Fund	N/A	1,367,896
	BlackRock High Yield Bond Portfolio K	Mutual Fund	N/A	273,426
	DFA International Core Equity I	Mutual Fund	N/A	429,668
	DFA Real Estate Securities I	Mutual Fund	N/A	156,030
*	Empower S&P Small Cap 600 Index Fund Inst	Mutual Fund	N/A	211,801
	Fidelity Growth Strategies K6	Mutual Fund	N/A	584,069
*	MassMutal Overseas I	Mutual Fund	N/A	82,029
	MFS Utilities R6	Mutual Fund	N/A	92,127
	Vanguard Dividend Growth Inv	Mutual Fund	N/A	2,017,557
	Vanguard Inflation-Protected Secs Adm	Mutual Fund	N/A	369,205
	Vanguard International Growth Fund Inv	Mutual Fund	N/A	281,522
	Vanguard Mid Cap Index Fund - Admiral	Mutual Fund	N/A	1,920,284
	Vanguard Small Cap Growth Index Admiral	Mutual Fund	N/A	1,763,181
	Vanguard Value Index Adm	Mutual Fund	N/A	1,973,795
	Great Gray Trust American Funds 2015 I	Collective Trust Fund	N/A	490,754
	Great Gray Trust American Funds 2020 I	Collective Trust Fund	N/A	2,599,638
	Great Gray Trust American Funds 2025 I	Collective Trust Fund	N/A	3,674,816
	Great Gray Trust American Funds 2030 I	Collective Trust Fund	N/A	4,352,225
	Great Gray Trust American Funds 2035 I	Collective Trust Fund	N/A	5,255,382
	Great Gray Trust American Funds 2040 I	Collective Trust Fund	N/A	4,608,476
	Great Gray Trust American Funds 2045 I	Collective Trust Fund	N/A	3,988,683
	Great Gray Trust American Funds 2050 I	Collective Trust Fund	N/A	2,205,267
	Great Gray Trust American Funds 2055 I	Collective Trust Fund	N/A	2,626,643
	Great Gray Trust American Funds 2060 I	Collective Trust Fund	N/A	801,197
	Great Gray Trust American Funds 2065 I	Collective Trust Fund	N/A	254,429
	Putnam Small Cap Growth Trust CL R	Collective Trust Fund	N/A	276,430
	Gilliard Stable Return Fund C	Stable Value Fund	N/A	379,193
	Schwab SDB Roth	Self-Directed Brokerage Accounts	N/A	37,963
	Schwab SDB	Self-Directed Brokerage Accounts	N/A	86,514
*	Notes receivable from participants	Maturing 2025-2041 at interest rates of 4.25% - 9.50%	N/A	845,776
				<u>\$ 45,680,175</u>

(a) An asterisk in this column identifies an entity known to be a party-in-interest.

(d) N/A - Not applicable for participant-directed plan.

October 10, 2025

To the Plan Committee
Aspire Rural Health System 401(k) Plan
Cass City, Michigan

We have audited the financial statements of the Aspire Rural Health System 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), for the year ended December 31, 2024, and we will issue our report thereon dated October 10, 2025. Professional standards require that we provide you with information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated March 20, 2025. Professional standards also require that we communicate to you the following information related to our audit.

Significant Audit Matters

Qualitative Aspects of Accounting Practices

You are responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the Aspire Rural Health System 401(k) Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2024. We noted no transactions entered into by the Plan during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements and are based on your knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. The most sensitive estimate affecting the financial statements was:

Management's estimate of the fair values of the Plan's assets is based on quoted market prices. We evaluated the key factors and assumptions used to develop the fair values of the Plan's assets in determining that they are reasonable in relation to the financial statements taken as a whole.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosure affecting the financial statements was:

The disclosure of the fair values of the Plan's assets in Note 3 to the financial statements provides information on the methods used to determine the fair values of the investments.

The financial statement disclosures are neutral, consistent, and clear.

Form 5500 Procedures

We are required to obtain and read a substantially complete draft of Form 5500 prior to dating our auditor's report. The purpose of this procedure is to identify any material inconsistencies between the draft Form 5500 and the Plan's financial statements. We identified no material inconsistencies in performing and completing our audit.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. You have corrected all such misstatements.

Disagreements with Management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated October 10, 2025.

Other Matters

Our responsibility for the ERISA-required supplemental schedules accompanying the financial statements is to perform adequate procedures to evaluate whether the form and content of the ERISA-required supplemental schedules, other than that agreed to or derived from the certified investment information, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, and whether the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

This information is intended solely for the use of the Plan Administrative Committee of the Aspire Rural Health System 401(k) Plan and is not intended to be, and should not be, used by anyone other than these specified parties.

Nietzke & Faupel P.C.

Nietzke & Faupel, P.C.
Pigeon, Michigan

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

GA

Aspire Rural Health System 401(k) Plan

01-JAN-24 to 31-DEC-24

02-FEB-25 21:19:16

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
2WFSVFC	824,134.58	13,580.531927	2	(824,134.58)	(13,580.531927)	3	(824,134.58)	SERIES
3WFSVFC	18,004.96	296.719842	4	(9,002.48)	(148.359921)	2	(9,002.48)	SERIES
2DGCXX	19,683,408.88	19,683,408.880000	1	(19,683,408.88)	(19,683,408.880000)	1	(19,683,408.88)	SERIES
2MXGXX	0.01	0.010000	1	(0.27)	(0.270000)	1	(0.27)	SERIES
2GOVXX	0.28	0.280000	2	0.00	0.000000	0	0.00	SERIES
2MGDDDB1	1,283.37	0.000000	2	(1,307.71)	0.000000	2	(1,307.71)	SERIES
3MGDDDB1	10,570.61	0.000000	3	0.00	0.000000	0	0.00	SERIES
4MGDDDB1	90,978.85	0.000000	18	0.00	0.000000	0	0.00	SERIES
5MGDDDB1	5,732.97	0.000000	14	0.00	0.000000	6	0.00	SERIES
1WTA65I	188,208.05	14,867.424649	2764	(31,338.28)	(2,434.953304)	445	(27,635.34)	SERIES
1S7105A	3,757,295.93	263,299.965289	3772	(437,457.48)	(32,346.239323)	709	(409,026.58)	SERIES
1S7106A	1,485,951.82	110,884.170978	1378	(229,369.98)	(17,648.831428)	419	(214,234.06)	SERIES
1S7109A	1,444,740.55	90,999.797111	5338	(438,708.64)	(27,825.187695)	1112	(421,671.25)	SERIES
1S7112A	2,639,467.76	169,298.273921	5314	(167,032.49)	(11,233.582139)	888	(145,274.74)	SERIES
1S7114A	3,010,905.25	217,163.711927	2565	(318,911.02)	(22,925.469871)	553	(306,000.79)	SERIES
1S7125A	539,232.59	35,030.235101	4533	(87,616.68)	(5,504.305810)	733	(78,163.40)	SERIES
1S7132A	419,712.06	32,079.223405	127	(326,341.76)	(25,054.908761)	143	(312,377.80)	SERIES
1S7137A	3,757,318.48	240,331.237847	5051	(527,366.14)	(32,801.964904)	860	(482,907.90)	SERIES
1S7142A	1,442,588.97	93,822.882274	6465	(128,565.93)	(8,401.327234)	1030	(109,601.12)	SERIES
1S7147A	4,731,837.31	322,067.548399	4309	(740,909.46)	(49,018.449591)	909	(713,498.75)	SERIES
1DFIEX	451,074.93	27,894.248752	8153	(86,926.60)	(5,347.812314)	1450	(81,813.93)	SERIES
1MOSZX	52,567.68	5,925.429480	6203	(32,191.24)	(3,583.677291)	3438	(30,416.36)	SERIES
1VWIGX	195,279.46	5,578.615925	2039	(34,128.70)	(968.296830)	431	(29,397.21)	SERIES
1DFREX	110,617.79	2,636.261997	7095	(10,825.42)	(260.956414)	1539	(10,439.09)	SERIES
1MMUKX	94,370.01	3,973.651138	766	(50,237.99)	(2,203.939491)	94	(44,244.31)	SERIES
1MXERX	214,385.18	31,352.084485	7302	(54,948.09)	(8,012.728848)	1860	(51,710.91)	SERIES
1PSCGCR	243,888.41	18,937.691291	923	(17,814.83)	(1,339.312371)	246	(13,283.59)	SERIES
1VSGAX	495,218.77	5,506.139257	7612	(468,898.08)	(5,098.891057)	2142	(410,969.15)	SERIES
1PRUC11	3,327.67	300.421963	122	(121,500.22)	(10,747.382100)	103	(108,660.78)	SERIES
1FSKGX	560,841.29	31,236.351869	2125	(78,078.08)	(4,617.435729)	893	(74,970.61)	SERIES
1VIMAX	611,422.35	1,964.125286	12312	(422,159.17)	(1,333.867770)	5538	(373,967.74)	SERIES
1S6073R	197,189.47	17,007.323564	4142	(53,216.61)	(4,479.528536)	2465	(51,157.24)	SERIES
1RGAGX	1,004,005.24	13,346.173821	9903	(124,694.83)	(1,673.487718)	2439	(117,816.93)	SERIES
1VDIGX	827,294.05	21,047.047234	14521	(315,060.65)	(7,977.101030)	4254	(286,889.70)	SERIES
1VVIAX	787,813.71	12,092.028128	13697	(494,445.84)	(7,577.041157)	3018	(454,900.83)	SERIES
1BRHYX	459,625.18	64,327.856798	8922	(203,070.96)	(28,216.047474)	1402	(201,170.48)	SERIES
1VAIPX	272,104.22	11,671.024109	7134	(45,852.27)	(1,992.793197)	1583	(46,608.52)	SERIES
1DGCXX	19,722,653.25	19,722,653.250000	2600	(19,722,653.24)	(19,722,653.250000)	2046	(19,722,653.24)	SERIES
1WFSVFC	403,030.83	6,641.905571	72	(37,797.41)	(621.511770)	82	(37,713.38)	SERIES
1MGDDDB1	503,233.01	0.000000	6660	(26,814.89)	0.000000	737	(26,814.89)	SERIES

5% TRANSACTIONS

1DGCXX	19,683,408.88	19,683,408.880000	984	0.00	0.000000	0	0.00	01-AUG-24
1S7105A	3,238,609.82	226,809.287766	148	0.00	0.000000	0	0.00	15-AUG-24
1S7106A	1,289,104.13	96,031.953189	36	0.00	0.000000	0	0.00	15-AUG-24
1S7112A	1,835,652.11	118,014.973899	106	0.00	0.000000	0	0.00	15-AUG-24
1S7114A	2,674,001.99	193,001.847015	84	0.00	0.000000	0	0.00	15-AUG-24
1S7137A	3,210,823.24	205,465.072849	144	(1,277.91)	(81.773924)	36	(1,258.09)	15-AUG-24
1S7147A	3,815,365.15	258,203.182739	153	(241.40)	(16.337474)	14	(238.34)	15-AUG-24
1DGCXX	0.00	0.000000	0	(19,683,408.88)	(19,683,408.880000)	984	(19,683,408.88)	15-AUG-24

INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES	TRANSACTION DATE
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LEGEND

INVESTMENT OPTION:

2WFSVFC	Galliard Stable Return Fund C	3WFSVFC	Galliard Stable Return Fund C
2DGCXX	Dreyfus Government Cash Mgmt Instl	2MXGXX	Empower Government Money Market Inst
2GOVXX	Federated Hermes Govt Obl Advisor	2MGDDB1	General Account
3MGDDB1	General Account	4MGDDB1	General Account
5MGDDB1	PLAN EXPENSE ACCOUNT	1WTA65I	Great Gray Trust American Funds 2065 I
1S7105A	Great Gray Trust American Funds 2030 I	1S7106A	Great Gray Trust American Funds 2020 I
1S7109A	Great Gray Trust American Funds 2050 I	1S7112A	Great Gray Trust American Funds 2045 I
1S7114A	Great Gray Trust American Funds 2025 I	1S7125A	Great Gray Trust American Funds 2060 I
1S7132A	Great Gray Trust American Funds 2015 I	1S7137A	Great Gray Trust American Funds 2040 I
1S7142A	Great Gray Trust American Funds 2055 I	1S7147A	Great Gray Trust American Funds 2035 I
1DFIEX	DFA International Core Equity I	1MOSZX	MassMutual Overseas I
1VWIGX	Vanguard International Growth Fund Inv	1DFREX	DFA Real Estate Securities I
1MMUKX	MFS Utilities R6	1MXERX	Empower S&P Small Cap 600 Index Inst
1PSCGCR	Putnam Small Cap Growth Trust CL R	1VSGAX	Vanguard Small Cap Growth Index Admiral
1PRUC11	AmCent Mid Cap Value (IS Pltm)	1FSKGX	Fidelity Growth Strategies K6
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1S6073R	American Century Mid Cap Val (IS Pltfrm)
1RGAGX	American Funds Growth Fund of Amer R6	1VDIGX	Vanguard Dividend Growth Inv
1VVIAX	Vanguard Value Index Adm	1BRHYX	BlackRock High Yield K
1VAIPX	Vanguard Inflation-Protected Secs Adm	1DGCXX	Dreyfus Government Cash Mgmt Instl
1WFSVFC	Galliard Stable Return Fund C	1MGDDB1	General Account

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Aspire Rural Health System 401(k) Plan

01-JAN-24 to 31-DEC-24

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INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IWTA65I			233,651.02	254,429.23
IS7105A			4,172,718.31	4,352,225.13
IS7106A			2,424,382.17	2,599,638.11
IS7109A			1,947,768.63	2,205,266.96
IS7112A			3,645,336.61	3,988,683.36
IS7114A			3,508,250.87	3,674,816.33
IS7125A			717,391.69	801,196.36
IS7132A			456,706.47	490,754.35
IS7137A			4,285,028.66	4,608,475.80
IS7142A			2,318,785.96	2,626,642.84
IS7147A			4,930,679.93	5,255,381.44
IDFIEX			442,233.62	429,668.40
IMOSZX			83,687.33	82,028.80
IVWIGX			289,131.16	281,522.34
IDFREX			152,388.60	156,029.82
IMMUKX			96,117.27	92,127.08
IMXERX			219,072.14	211,800.91
IPSCGCR			262,469.87	276,430.18
IVSGAX			1,376,505.89	1,763,180.45
IFSKGX			567,886.98	584,069.06
IVIMAX			1,575,877.25	1,920,283.53
IS6073R			146,022.63	151,037.58
IRGAGX			1,291,746.63	1,367,895.96
IVDIGX			2,048,589.59	2,017,557.37
IVVIAX			1,710,175.56	1,973,795.22
IBRHYY			274,424.43	273,425.80
IVAIPX			383,495.17	369,205.11
ISDBSCH			86,514.47	86,514.47
ISDBSCR			37,962.92	37,962.92
IWFSVFC			365,317.46	370,073.61
IMGDBI		2.350	1,374,379.82	1,405,696.92
			41,424,699.11	44,707,815.44
PARTICIPANT LOANS	VARIOUS	4.250-9.500	846,762.99	845,775.75
FORFEITURES			125,678.75	126,584.30

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

Aspire Rural Health System 401(k) Plan

01-JAN-24 to 31-DEC-24

02-FEB-25 21:19:15

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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LEGEND

INVESTMENT OPTION:

1WTA65I	Great Gray Trust American Funds 2065 I	1S7105A	Great Gray Trust American Funds 2030 I
1S7106A	Great Gray Trust American Funds 2020 I	1S7109A	Great Gray Trust American Funds 2050 I
1S7112A	Great Gray Trust American Funds 2045 I	1S7114A	Great Gray Trust American Funds 2025 I
1S7125A	Great Gray Trust American Funds 2060 I	1S7132A	Great Gray Trust American Funds 2015 I
1S7137A	Great Gray Trust American Funds 2040 I	1S7142A	Great Gray Trust American Funds 2055 I
1S7147A	Great Gray Trust American Funds 2035 I	1DFIEX	DFA International Core Equity I
1MOSZX	MassMutual Overseas I	1VWIGX	Vanguard International Growth Fund Inv
1DFREX	DFA Real Estate Securities I	1MMUKX	MFS Utilities R6
1MXERX	Empower S&P Small Cap 600 Index Inst	1PSCGCR	Putnam Small Cap Growth Trust CL R
1VSGAX	Vanguard Small Cap Growth Index Admiral	1FSKGX	Fidelity Growth Strategies K6
1VIMAX	Vanguard Mid Cap Index Fund - Admiral	1S6073R	American Century Mid Cap Val (IS Pltfrm)
1RGAGX	American Funds Growth Fund of Amer R6	1VDIGX	Vanguard Dividend Growth Inv
1VVIAX	Vanguard Value Index Adm	1BRHYX	BlackRock High Yield K
1VAIPX	Vanguard Inflation-Protected Secs Adm	1SDBSCH	Schwab SDB
1SDBSCR	Schwab SDB Roth	1WFSVFC	Galliard Stable Return Fund C
1MGDDBI	General Account		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year