

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC. RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 02/01/1994
2a Plan sponsor's name (employer, if for a single-employer plan): SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
2b Employer Identification Number (EIN): 64-0625076
2c Plan Sponsor's telephone number: 601-545-8700
2d Business code (see instructions): 621111

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	460
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	280
	6a(2)	265
	6b	12
	6c	165
	6d	442
	6e	2
	6f	444
	6g(1)	451
	6g(2)	433
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>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>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 **02/01/2024** and ending **01/31/2025**

<p>A Name of plan SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC. RETIREMENT 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 SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.</p>	<p>D Employer Identification Number (EIN) 64-0625076</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
THE VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	50499	429	02/01/2024	01/31/2025

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

<p>(a) Total amount of commissions paid 19567</p>	<p>(b) Total amount of fees paid 0</p>
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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
LOGAN, CHRISTOPHER C **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9328			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MAPP, JANE L **2929 ALLEN PARKWAY**
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5884			3

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

LADNER, JENNIFER C 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3961			3

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

BROWNING, ROBERT 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
257			3

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

MILNER, BRIAN R 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
103			3

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

GRASSEL, RYAN 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21			3

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

CLIENT SUPPORT TEAM 2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13			3

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	3685133
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	11024504

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 ▶

b Balance at the end of the previous year **7b** 3668021

c Additions: (1) Contributions deposited during the year	7c(1)	339550	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	90129	
(4) Transferred from separate account	7c(4)	310764	
(5) Other (specify below)..... ▶	7c(5)	0	
(6) Total additions	7c(6)	740443	

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4408464

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	493035	
(2) Administration charge made by carrier.....	7e(2)	0	
(3) Transferred to separate account	7e(3)	229486	
(4) Other (specify below)..... ▶ CONTRACT SURRENDER CHARGES	7e(4)	810	

(5) Total deductions **7e(5)** 723331

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 3685133

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	0
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 **02/01/2024** and ending **01/31/2025**

A Name of plan SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.	D Employer Identification Number (EIN) 64-0625076	

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

VALIC

74-1625348

(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)

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(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?
15 19 26 28 29 33 37 49 50 52 58 59 60 63 64	RECORDKEEPER	8460	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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.	<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 02/01/2024 and ending 01/31/2025	
A Name of plan SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.	D Employer Identification Number (EIN) 64-0625076

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9080690	10657781
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3668021	3685133
(15) Other.....	1c(15)	304524	447138

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	13053235	14790052
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	13053235	14790052

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)	465864	
(B) Participants.....	2a(1)(B)	773543	
(C) Others (including rollovers).....	2a(1)(C)	7502	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		1246909
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	99236	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		99236
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4672	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		4672
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1634977
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2985794

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1241857	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1241857
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	553	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	6567	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7120
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1248977

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1736817
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MATTHEWS, CUTRER, AND LINDSAY, P.A.**

(2) EIN: **64-0897081**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	140183
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
--	---	--

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

A Name of plan SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC. RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.	D Employer Identification Number (EIN) 64-0625076	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... **1** **0**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 76-0519990

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

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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 04 / 05 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501838A.



MATTHEWS
CUTRER *and*
LINDSAY, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

**SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN**

**FINANCIAL STATEMENTS
FOR THE YEAR ENDED JANUARY 31, 2025**

*Ridgeland, Clinton, and Yazoo City,
Mississippi*

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

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**MATTHEWS
CUTRER *and*
LINDSAY, P.A.**

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Southeast Mississippi Rural Health Initiative, Inc.
Retirement Plan

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

We have performed audits of the accompanying financial statements of Southeast Mississippi Rural Health Initiative, Inc. Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits – modified cash basis as of January 31, 2025 and 2024, and the related statement of changes in net assets available for benefits – modified cash basis for the year ended January 31, 2025, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institutions as of January 31, 2025 and 2024, and for the year ended January 31, 2025 stating that the certified investment information, as described in Note C to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements and supplemental schedules are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting, 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 Southeast Mississippi Rural Health Initiative, Inc. Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Southeast Mississippi Rural Health Initiative, Inc. Retirement 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 Southeast Mississippi Rural Health Initiative, Inc. Retirement Plan's ability to continue as a going concern for a reasonable period of time.

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

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 the modified cash basis of accounting.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of delinquent participant contributions and assets held at end of year are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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



Ridgeland, Mississippi
November 17, 2025

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE
FOR BENEFITS - MODIFIED CASH BASIS
JANUARY 31, 2025 AND 2024

ASSETS

	<u>2025</u>	<u>2024</u>
PARTICIPANT-DIRECTED INVESTMENTS, AT FAIR VALUE		
Mutual funds	\$ 80,416	\$ 70,568
Registered separate accounts	<u>10,577,365</u>	<u>9,010,122</u>
	<u>10,657,781</u>	<u>9,080,690</u>
 PARTICIPANT-DIRECTED INVESTMENTS, AT CONTRACT VALUE		
Fixed annuity contracts	<u>4,132,271</u>	<u>3,972,545</u>
Total investments	<u>14,790,052</u>	<u>13,053,235</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 14,790,052</u>	 <u>\$ 13,053,235</u>

See Notes to Financial Statements.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
FOR THE YEAR ENDED JANUARY 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income		
Net appreciation in fair value of investments	\$	1,634,977
Interest		99,236
Dividends		4,671
		1,738,884
Contributions		
Participants		773,543
Employer		465,864
Rollover		7,503
		1,246,910
Total additions		2,985,794

DEDUCTIONS FROM ASSETS ATTRIBUTED TO

Benefits paid to participants		1,241,857
Administrative fees		7,120
		1,248,977
Total deductions		1,248,977
Net increase		1,736,817

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year		13,053,235
End of year		\$ 14,790,052

See Notes to Financial Statements.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

A. DESCRIPTION OF PLAN

The Southeast Mississippi Rural Health Initiative, Inc. Retirement Plan ("The Plan") was implemented effective February 1, 1994. The Plan was amended and restated effective January 25, 2023. The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. *General* – Employees become eligible immediately to participate in the Plan and to make elective deferrals. An employee shall be eligible for employer contributions upon the earlier of the completion of 12 months of employment with the employer or the completion of 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
2. *Contributions* – Participating employees may defer up to the maximum allowable contribution under the Internal Revenue Code for each year. The Company, at its sole discretion, will match a percentage of each employee's deferred income not to exceed 4.0% of each employee's compensation provided the employee has agreed to make elective deferrals at a rate equal to at least 1% of compensation. For the years ended January 31, 2025 and 2024, the Company elected to contribute 100% of each employee's deferred income up to 4.0% of each employee's compensation. In 2024, the Company could also make a discretionary contribution to the Plan. For the year ended January 31, 2024, discretionary contributions totaled \$613,525. The discretionary contributions are allocated to the account of each employee who is eligible for employer contributions based on a percentage of that employee's compensation. Effective January 31, 2024, the plan was amended to cease discretionary contributions.
3. *Participant Accounts* – Each participant's account is credited with the participant's contributions, the employer's matching and discretionary contributions, and an allocation of Plan earnings and administration expenses. Allocations are based on participant compensation or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested accounts. The participant accounts are valued daily.
4. *Investment Options* – Upon enrollment in the Plan, a participant may direct employer and employee contributions into several investment options ranging from fixed income to more aggressive funds. Participants may change their investment options daily. New contributions are no longer allowed to be directed to investments offered by American Funds or Invesco Trust Company.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

A. DESCRIPTION OF PLAN – CONTINUED

5. *Notes Receivable from Participants* – Loans are available to participants through Invesco, a custodian of the Plan's assets. Participants can borrow up to the lesser of 50% of their account balance or \$50,000. The loan's interest rate will be equivalent to the federal prime rate on the date of the loan's approval. No loans were outstanding at January 31, 2025 and 2024.

Loans are also available to participants, subject to certain limitations, through The Variable Annuity Life Insurance Company (VALIC), one of the custodians of the Plan assets. Policy loans are issued directly from funds owned by VALIC. A portion of a participant's VALIC account balance is held in a fixed account as collateral to cover the outstanding loan amount. At January 31, 2025 and 2024, participants had outstanding loan balances due to VALIC of \$443,745 and \$301,790, respectively. The Employee Benefit Security Administration (EBSA) has expressed concern that the pledging of collateral of a participant's balance could be considered a prohibited transaction; however, formal guidance has yet to be issued by EBSA.

6. *Vesting* – Participants are immediately vested in their voluntary contributions plus earnings thereon. Effective with the Plan year beginning February 1, 2016, a participant is 100% vested immediately in Company contributions.
7. *Forfeitures* – Forfeitures attributable to matching and discretionary contributions are used to reduce future Company contributions. Forfeitures totaled \$0 at January 31, 2025 and 2024. No forfeitures were used to reduce employer contributions for the year ended January 31, 2025.
8. *Payment of Benefits* – On termination of service due to death, permanent disability, retirement, or other reasons, a participant may elect to receive the value of the vested interest in his account as a lump-sum payment, periodic payments over a specified period, or a joint and survivor annuity.

B. SUMMARY OF ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared on the modified cash basis of accounting. Consequently, contributions are recognized when received and certain expenses are recognized when paid. Other receivables, payables, and accrued income and expenses, which may be material in amount, are not reflected in these financial statements.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

B. SUMMARY OF ACCOUNTING POLICIES – CONTINUED

Valuation of Investments – The Plan's investments are stated at fair value, except for fully benefit responsive investment contracts, which are 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. See Note D 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Accounting Estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Company and are therefore excluded from these financial statements. Administrative expenses include an annual asset-based fee for those participants who choose the Guided Portfolio Services. Other participants are charged a quarterly administrative fee.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

C. INFORMATION CERTIFIED BY THE PLAN'S CUSTODIAN

For the years ended January 31, 2025 and 2024, the plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for the investments held by The Variable Annuity Life Insurance Company and the investments held by Invesco Trust Company. Accordingly, the custodians have certified that the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

	<u>2025</u>	<u>2024</u>
Registered separate accounts	\$ 10,577,365	9,010,122
Fixed annuity contracts	4,132,271	3,972,545
Mutual funds	18,633	17,304

For the year ended January 31, 2025, VALIC also certified net appreciation in fair value of investments of \$1,629,041 and interest income of \$99,236. For the year ended January 31, 2025, Invesco also certified net appreciation in fair value of investments of \$840 and dividend income of \$729.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

D. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

D. FAIR VALUE MEASUREMENTS – CONTINUED

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs were used for investments for which Level 1 inputs were not available.

Level 1 Fair Value Measurements

The fair values of mutual funds are based on quoted net asset values (NAV) of the shares held by the Plan at year end. The mutual funds held by the Plan are considered to be actively traded.

Level 2 Fair Value Measurements

The registered separate accounts are held in The Variable Annuity Life Insurance Company variable accounts and are valued at net asset value based on the market value of the underlying investments. The net asset value is not a publicly quoted price in an active market. These registered separate accounts are redeemable daily, and there are no restrictions on redemptions or unfunded commitments.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of January 31, 2025 and 2024:

January 31, 2025	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 80,416	\$ -	\$ -	\$ 80,416
Registered separate accounts	-	10,577,365	-	10,577,365
	<u>\$ 80,416</u>	<u>\$ 10,577,365</u>	<u>\$ -</u>	<u>\$ 10,657,781</u>

January 31, 2024	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 70,568	\$ -	\$ -	\$ 70,568
Registered separate accounts	-	9,010,122	-	9,010,122
	<u>\$ 70,568</u>	<u>\$ 9,010,122</u>	<u>\$ -</u>	<u>\$ 9,080,690</u>

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

D. FAIR VALUE MEASUREMENTS – CONTINUED

Gains and losses included in changes in net assets available for benefits for the year ended January 31, 2025 are reported in net appreciation in fair value of investments.

The Plan's policy is to recognize transfers into and out of Level 3 as of the date of the event or change in circumstances that caused the transfer. For the year ended January 31, 2025, there were no transfers into or out of Level 3.

E. FIXED ANNUITY CONTRACTS WITH INSURANCE COMPANY

The Plan holds benefit responsive fixed annuity contracts with The Variable Annuity Life Insurance Company. The company maintains the Plan's contributions in its general account which is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is included in the financial statements at contract value as reported to the Plan by The Variable Annuity Life Insurance Company. Contract value 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. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

The contract value of the investment contracts with The Variable Annuity Life Insurance Company was \$4,132,271 and \$3,972,545 as of January 31, 2025 and 2024, respectively. The average yield and crediting interest rates ranged from approximately 1.0% to 4.5% for 2025 and 2024. The crediting interest rate is based on a formula agreed upon with the issuer and is determined by when the contract is established and the type of contract.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

E. FIXED ANNUITY CONTRACTS WITH INSURANCE COMPANY –
CONTINUED

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following:

- a. amendments to the Plan document (including complete or partial Plan termination or merger with another plan),
- b. changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions,
- c. bankruptcy of the Plan sponsor or other Plan sponsor events that cause a significant withdrawal from the Plan or
- d. the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

F. PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become one hundred percent (100%) vested in their accounts.

G. TAX STATUS OF PLAN

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (Code). The terms of the Plan have been prepared to conform with the sample language provided by the Internal Revenue Service (IRS). The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for plan participants under Section 403(b).

The modified cash basis of accounting requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by taxing authorities. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of January 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to January 31, 2022.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

H. PARTY-IN-INTEREST TRANSACTIONS

The Plan Sponsor and Plan Administrator entered into a group annuity contract with The Variable Annuity Life Insurance Company. Certain Plan investments are managed by VALIC. VALIC is a custodian as defined by the Plan, and therefore, these investments and investment transactions qualify as party-in-interest transactions.

Administrative expenses paid by the Plan to The Variable Annuity Life Insurance Company during the year ended January 31, 2025 totaled \$6,840.

I. NONEXEMPT TRANSACTIONS

During the plan year ended January 31, 2024, employee deferrals in the amount of \$140,183 were not remitted within the appropriate time period by the employer. This transaction constitutes a prohibited transaction as defined by ERISA. The employer is aware of the occurrence and has taken the appropriate steps to correct the situation.

J. RISKS AND UNCERTAINTIES

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

K. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through November 17, 2025, at which time the accompanying financial statements and supplemental schedules were available to be issued. The Plan has determined that no significant events occurred after January 31, 2025, but prior to the issuance of these financial statements, that would have a material impact on its financial statements.

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS - CONTINUED
FOR THE YEARS ENDED JANUARY 31, 2025 AND 2024

L. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at January 31, 2025 and 2024 to Schedule H of Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 14,790,052	\$ 13,053,235
Deemed distributions of participant loans	<u>-</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ 14,790,052</u>	<u>\$ 13,053,235</u>

SUPPLEMENTARY INFORMATION

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 64-0625076
PLAN NUMBER 001

FORM 5500, SCHEDULE H, PART IV, 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
Mutual Funds				
	American funds	AMCAP Fund Class A	\$	1
	American funds	Capital Income Builder Class A		182
	American funds	Capital World Growth & Income Fund Class A		35
	American funds	The Income Fund of America Class A		150
	American funds	AMCAP Fund Class F-1		21,028
	American funds	Capital Income Builder Class F-1		15,476
	American funds	Capital World Growth & Income Fund Class F-1		13,318
	American funds	The Bond Fund of America Class F-1		4,392
	American funds	The Income Fund of America Class F-1		7,201
	Invesco Oppenheimer	Government Money Market		6,460
	Invesco Oppenheimer	U.S. Government Money Market		29
	Invesco Oppenheimer	Portfolio Series: Active Allocation Fund		871
	Invesco Oppenheimer	Portfolio Series: Conservative Investor Fund		58
	Invesco Oppenheimer	Portfolio Series: Moderate Investor Fund		11,215
				80,416

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 64-0625076
PLAN NUMBER 001

FORM 5500, SCHEDULE H, PART IV, 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
Registered Separate Accounts				
*	VALIC	Aggressive Growth Lifestyle		\$ 188,866
*	VALIC	American Beacon Broadway Large Cap Growth Fund		200,401
*	VALIC	Ariel Appreciation Fund		201,972
*	VALIC	Ariel Fund		174,691
*	VALIC	Blue Chip Growth Fund		520,588
*	VALIC	Core Bond Fund		213,043
*	VALIC	Dividend Value Fund		63,277
*	VALIC	Emerging Economies Fund		108,663
*	VALIC	Global Real Estate Fund		42,357
*	VALIC	Global Strategy Fund		110,797
*	VALIC	Government Securities Fund		6,112
*	VALIC	Growth Fund		48,773
*	VALIC	GS Vit Gov Money Mkt Fd Inst		187,854
*	VALIC	High Yield Bond Fund		21,411
*	VALIC	Inflation Protected Fund		33,900
*	VALIC	International Equities Index Fund		193,655
*	VALIC	International Government Bond Fund		6,632
*	VALIC	International Growth Fund		111,805
*	VALIC	International Opportunities Fund		177,054
*	VALIC	International Socially Responsible Fund		33,778
*	VALIC	International Value Fund		72,955
*	VALIC	Invesco Balanced-Risk Commodity Strategy Fund		26,598
*	VALIC	Large Capital Growth Fund		88,672
*	VALIC	Mid Cap Index Fund		560,997
*	VALIC	Mid Cap Strategic Growth Fund		596,242

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 64-0625076
PLAN NUMBER 001

FORM 5500, SCHEDULE H, PART IV, 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
*	VALIC	Mid Cap Value Fund		\$ 268,865
*	VALIC	Moderate Growth Lifestyle		446,712
*	VALIC	NASDAQ – 100 Index Fund		213,086
*	VALIC	Science & Technology Fund		822,821
*	VALIC	Small Cap Growth Fund		251,340
*	VALIC	Small Cap Index Fund		216,148
*	VALIC	Small Cap Special Value Fund		163,056
*	VALIC	Small Cap Value Fund		7,062
*	VALIC	Socially Responsible Fund		70,991
*	VALIC	Stock Index Fund		1,185,618
*	VALIC	Systematic Core Fund		122,858
*	VALIC	Systematic Value Fund		74,484
*	VALIC	T. Rowe Price Retirement 2025 Adv		1,183
*	VALIC	T. Rowe Price Retirement 2030 Adv		24,329
*	VALIC	T. Rowe Price Retirement 2035 Adv		17,088
*	VALIC	T. Rowe Price Retirement 2040 Adv		116,137
*	VALIC	T. Rowe Price Retirement 2045 Adv		77,400
*	VALIC	T. Rowe Price Retirement 2050 Adv		36
*	VALIC	T. Rowe Price Retirement 2055 Adv		89,832
*	VALIC	T. Rowe Price Retirement 2060 Adv		6,140
*	VALIC	VC I Capital Appreciation		33,291
*	VALIC	VC I Conservative Growth Lifestyle		18,440

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 64-0625076
PLAN NUMBER 001

FORM 5500, SCHEDULE H, PART IV, 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
*	VALIC	Vanguard Lifestrategy Moderate Fund		\$ 21,290
*	VALIC	Vanguard Lifestrategy Conservative Growth Fund		643
*	VALIC	Vanguard Lifestrategy Growth Fund		6,713
*	VALIC	Vanguard Long-Term Investment Grade Fund		49,236
*	VALIC	Vanguard Long-Term Treasury Fund		30,619
*	VALIC	Vanguard Wellington Fund		1,321,621
*	VALIC	Vanguard Windsor II Fund		929,233
				<u>10,577,365</u>
		Fixed Annuity Contracts		
*	VALIC	Fixed Account Plus		3,228,362
*	VALIC	Loan Collateral Fund		443,745
*	VALIC	Loan Escrow Fund		3,394
*	VALIC	Short Term Fixed Account		456,770
				<u>4,132,271</u>
				<u>\$ 14,790,052</u>

* A Party-In-Interest as defined by ERISA

** Historical cost is not required as all investments are participant directed



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SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 64-0625076
PLAN NUMBER 001

FORM 5500, SCHEDULE H, PART IV, 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
Mutual Funds				
	American funds	AMCAP Fund Class A	\$	1
	American funds	Capital Income Builder Class A		182
	American funds	Capital World Growth & Income Fund Class A		35
	American funds	The Income Fund of America Class A		150
	American funds	AMCAP Fund Class F-1		21,028
	American funds	Capital Income Builder Class F-1		15,476
	American funds	Capital World Growth & Income Fund Class F-1		13,318
	American funds	The Bond Fund of America Class F-1		4,392
	American funds	The Income Fund of America Class F-1		7,201
	Invesco Oppenheimer	Government Money Market		6,460
	Invesco Oppenheimer	U.S. Government Money Market		29
	Invesco Oppenheimer	Portfolio Series: Active Allocation Fund		871
	Invesco Oppenheimer	Portfolio Series: Conservative Investor Fund		58
	Invesco Oppenheimer	Portfolio Series: Moderate Investor Fund		11,215
				80,416

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 64-0625076
PLAN NUMBER 001

FORM 5500, SCHEDULE H, PART IV, 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
Registered Separate Accounts				
*	VALIC	Aggressive Growth Lifestyle		\$ 188,866
*	VALIC	American Beacon Broadway Large Cap Growth Fund		200,401
*	VALIC	Ariel Appreciation Fund		201,972
*	VALIC	Ariel Fund		174,691
*	VALIC	Blue Chip Growth Fund		520,588
*	VALIC	Core Bond Fund		213,043
*	VALIC	Dividend Value Fund		63,277
*	VALIC	Emerging Economies Fund		108,663
*	VALIC	Global Real Estate Fund		42,357
*	VALIC	Global Strategy Fund		110,797
*	VALIC	Government Securities Fund		6,112
*	VALIC	Growth Fund		48,773
*	VALIC	GS Vit Gov Money Mkt Fd Inst		187,854
*	VALIC	High Yield Bond Fund		21,411
*	VALIC	Inflation Protected Fund		33,900
*	VALIC	International Equities Index Fund		193,655
*	VALIC	International Government Bond Fund		6,632
*	VALIC	International Growth Fund		111,805
*	VALIC	International Opportunities Fund		177,054
*	VALIC	International Socially Responsible Fund		33,778
*	VALIC	International Value Fund		72,955
*	VALIC	Invesco Balanced-Risk Commodity Strategy Fund		26,598
*	VALIC	Large Capital Growth Fund		88,672
*	VALIC	Mid Cap Index Fund		560,997
*	VALIC	Mid Cap Strategic Growth Fund		596,242

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE, INC.
RETIREMENT PLAN
EMPLOYER IDENTIFICATION NUMBER 64-0625076
PLAN NUMBER 001

FORM 5500, SCHEDULE H, PART IV, 4i -
SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
*	VALIC	Mid Cap Value Fund		\$ 268,865
*	VALIC	Moderate Growth Lifestyle		446,712
*	VALIC	NASDAQ – 100 Index Fund		213,086
*	VALIC	Science & Technology Fund		822,821
*	VALIC	Small Cap Growth Fund		251,340
*	VALIC	Small Cap Index Fund		216,148
*	VALIC	Small Cap Special Value Fund		163,056
*	VALIC	Small Cap Value Fund		7,062
*	VALIC	Socially Responsible Fund		70,991
*	VALIC	Stock Index Fund		1,185,618
*	VALIC	Systematic Core Fund		122,858
*	VALIC	Systematic Value Fund		74,484
*	VALIC	T. Rowe Price Retirement 2025 Adv		1,183
*	VALIC	T. Rowe Price Retirement 2030 Adv		24,329
*	VALIC	T. Rowe Price Retirement 2035 Adv		17,088
*	VALIC	T. Rowe Price Retirement 2040 Adv		116,137
*	VALIC	T. Rowe Price Retirement 2045 Adv		77,400
*	VALIC	T. Rowe Price Retirement 2050 Adv		36
*	VALIC	T. Rowe Price Retirement 2055 Adv		89,832
*	VALIC	T. Rowe Price Retirement 2060 Adv		6,140
*	VALIC	VC I Capital Appreciation		33,291
*	VALIC	VC I Conservative Growth Lifestyle		18,440

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SCHEDULE OF ASSETS HELD AT END OF YEAR
JANUARY 31, 2025

(a)	(b) Identity of issue, borrower	(c) Description of investment	(d) Cost**	(e) Current Value
*	VALIC	Vanguard Lifestrategy Moderate Fund		\$ 21,290
*	VALIC	Vanguard Lifestrategy Conservative Growth Fund		643
*	VALIC	Vanguard Lifestrategy Growth Fund		6,713
*	VALIC	Vanguard Long-Term Investment Grade Fund		49,236
*	VALIC	Vanguard Long-Term Treasury Fund		30,619
*	VALIC	Vanguard Wellington Fund		1,321,621
*	VALIC	Vanguard Windsor II Fund		929,233
				<u>10,577,365</u>
		Fixed Annuity Contracts		
*	VALIC	Fixed Account Plus		3,228,362
*	VALIC	Loan Collateral Fund		443,745
*	VALIC	Loan Escrow Fund		3,394
*	VALIC	Short Term Fixed Account		456,770
				<u>4,132,271</u>
				<u>\$ 14,790,052</u>

* A Party-In-Interest as defined by ERISA

** Historical cost is not required as all investments are participant directed