

3a Plan administrator's name and address ☒ 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		5 309
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year.....		6a(1) 309
a(2) Total number of active participants at the end of the plan year		6a(2) 298
b Retired or separated participants receiving benefits.....		6b 0
c Other retired or separated participants entitled to future benefits		6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 298
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 0
f Total. Add lines 6d and 6e		6f 298
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g 298
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2C 3C		
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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA	D Employer Identification Number (EIN) 66-0264067

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.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	500587-P1	165	01/01/2021	12/31/2021

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1777858
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year	7b	1545081
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c	Additions: (1) Contributions deposited during the year	7c(1)	395143	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	19071	
	(4) Transferred from separate account.....	7c(4)	26012	
	(5) Other (specify below)	7c(5)	22505	

(6) Total additions	7c(6)	462731
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	2007812
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	85002	
	(2) Administration charge made by carrier.....	7e(2)	5386	
	(3) Transferred to separate account.....	7e(3)	139566	
	(4) Other (specify below)	7e(4)		

(5) Total deductions	7e(5)	229954
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1777858
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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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA	D Employer Identification Number (EIN) 66-0264067	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

GUSTAVO VELEZ PIZARRO

B5 CALLE TABONUCO
STE. 206 PO BOX 109
GUAYNABO, PR 00968

(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?
99	OTHER	10229	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

MAYTZA CAMACHO DBA RET LEGACY MANAG

PO BOX 1469
DORADO, PR 00646

(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?
13	CONTRACT ADMIN	11226	Yes ☒ No ☐	Yes ☐ No ☒	1273	Yes ☐ No ☒

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

LEAFHOUSE FINANCIAL ADVISORS, LLC

6504 BRIDGE PINT PKWY
STE 450
AUSTIN, TX 78730

(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?
13	OTHER	1369	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

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

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

ANGELO DIAZ

PMB 309 35 CALLE JUAN C. BORBON
STE. 67
GUAYNABO, PR 00969

(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?
16	CONSULTING	1522	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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

ADVISED ASSETS GROPU, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1024	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

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)

ARCA RETIREMENT SOLUTIONS

PO BOX 361731
SAN JUAN, PR 00936

(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?
13	OTHER	598	Yes ☒ No ☐	Yes ☐ No ☒	196	Yes ☐ No ☒

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

JOSE ALVERIO

U 35-A TOMAS JEFFERSON ST
CAGUAS, PR 00725

(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?
99	OTHER	6571	Yes ☐ No ☒	Yes ☐ No ☒		Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
MAYTZA CAMACHO DBA RETIREMENT LEGAC	13	1273
(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.	
GREAT WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ARCA RETIREMENT SOLUTIONS, INC	99	196
(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.	
GREAT WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA	D Employer Identification Number (EIN) 66-0264067	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions		1b(1)	21642
(2) Participant contributions.....		1b(2)	1279
(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)	8497031404416
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	15011021710774
(15) Other.....		1c(15)	

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	2350805 3138111
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	1500 3100
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	1500 3100
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2349305 3135011

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	652674
	(B) Participants	2a(1)(B)	140227
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	792901
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)	145547
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	145547
(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)	40198
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	40198
(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)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		978646
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	167115	
(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)		167115
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	25825	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		25825
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		192940
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		785706
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: AJ HERNANDEZ & CO., CPA PSC

(2) EIN: 60-0699931

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

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

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

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 _____.

**PROGRAMA HEAD START IGLESIA BAUTISTA
DE QUINTANA RETIREMENT PLAN TRUST**

Audited Financial Statements

December 31, 2021 and 2020

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
**PROGRAMA HEAD START IGLESIA BAUTISTA
DE QUINTANA RETIREMENT PLAN TRUST**

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of **PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST**, which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Empower Retirement, the recordkeeper and custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investments transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2021 and 2020, that the information provided to the plan administrator by the custodian is complete and accurate.



INDEPENDENT AUDITOR'S REPORT, (CONTINUED)

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of Schedule H Line 4a - Schedule of Delinquent Participant Contribution, Schedule H Line 4i - Schedule of Assets (Held at the End of Year), and Schedule H Line 4i - Schedule of Assets (Acquired and Disposed of Within Year) as of or for the year ended December 31, 2021, are required by the Department of Labor's Rules and Regulation for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred above.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.


License No. 194
Expires December 1, 2022

San Juan, Puerto Rico
August 30, 2022



PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Statements of Net Assets Available for Benefits

As of December 31, 2021 and 2020

	2021	2020
<u>ASSETS</u>		
Investments at Fair Value	\$ 1,404,416	\$ 849,703
Investment at Contract Value	<u>1,710,774</u>	<u>1,501,102</u>
Total Investments	<u>3,115,190</u>	<u>2,350,805</u>
Receivables		
Employer's Contribution	21,642	-
Participants' Contribution	<u>1,279</u>	<u>-</u>
Total Receivables	<u>22,921</u>	<u>-</u>
Total Assets	<u>3,138,111</u>	<u>2,350,805</u>
<u>LIABILITIES</u>		
Excess Contributions Payable	\$ <u>3,100</u>	\$ <u>1,500</u>
Total Liabilities	<u>3,100</u>	<u>1,500</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Net Assets Available for Benefits	<u>\$ 3,135,011</u>	<u>\$ 2,349,305</u>

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

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Statement of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 145,547	\$ 100,779
Interest and Dividends	<u>40,198</u>	<u>29,255</u>
Net Investment Income (Loss)	<u>185,745</u>	<u>130,034</u>
Contributions		
Employer	652,674	581,883
Participants	<u>140,227</u>	<u>124,564</u>
Total Contributions	<u>792,901</u>	<u>706,447</u>
Total Additions	<u>978,646</u>	<u>836,481</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid to Participants	167,115	1,156,596
Administrative Expenses	<u>25,825</u>	<u>16,804</u>
Total Deductions	<u>192,940</u>	<u>1,173,400</u>
Net Increase (Decrease)	<u>785,706</u>	<u>(336,919)</u>
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>2,349,305</u>	<u>2,686,224</u>
End of Year	<u>\$ 3,135,011</u>	<u>\$ 2,349,305</u>

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

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

1. DESCRIPTION OF PLAN

The following description of the Proyecto Head Start Iglesia Bautista de Quintana ("Organization") **PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST** ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution originally adopted on February 1, 1993. This Plan was converted into a new Plan and Trust effective as of January 1, 2016. The Plan covers all employees of the Organization who have six (6) months period of continuous active employment, are age eighteen (18) or older and residents of Puerto Rico. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Puerto Rico Internal Revenue Code of 2011, as amended ("PRIRC").

Contributions

Each year, participants may elect to make contributions subject to the deferral amount limitations established under PRIRC and any limit defined in the Plan. Annual deferral amount under PRIRC 2011 was \$15,000 for the taxable years ended December 31, 2021 and 2020. Participants may contribute from 1% of pre-tax up any limit established under PRIRC of and up to 10% of after-tax voluntary contribution their annual compensation before overtime, bonuses, commissions, sick leave liquidations, marginal benefits, allowances, and reimbursable expenses, as defined in the Plan. Participants are authorized to make rollover contributions.

For the month of January 2020 and the year ended December 31, 2019, the Organization contributed \$140 monthly and contributes an additional 1% of participant's gross salary. From February 2020, the Organization will maintain a base contribution of \$140 monthly and increase the additional contribution from 1% to 3% of participant's gross salary. The Organization may contribute any other amount that the Organization may negotiate with the State or Federal Government. The Plan allows the Organization to make matching contributions to all participants and make discretionary contributions to be allocated to all participants on a basis of percentage of compensation.

Catch-up Contributions

Participants who have attained age 50 before the end of the Plan year are eligible to make an additional \$1,500 catch-up contribution after contributing the Plan limit of their \$15,000 of their pre-tax annual compensation.

Participant Accounts

Each participant's individual account is credited with the participant's contribution, other voluntary contributions, transfers from other qualified plans, and allocations of (a) Organization's contribution, and (b) Plan's earnings (loses), (c) any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

1. DESCRIPTION OF PLAN, (CONTINUED)

Vesting

Participants are always fully (100%) vested in participant's and the Organization's contributions.

Notes Receivable from Participants

Participants are not allowed to borrow from their accounts.

Payments of Benefits

On termination of employment due to death, disability, retirement, or other reasons, participants or designated beneficiaries may elect to receive their accumulated plan benefits either a lump-sum amount or annuities. Participants normal retirement date is when a participant attains age 60 up to a maximum of 65. The Plan permits early retirement date for participants who have attained age 55 and completed at least ten (10) years of services.

Hardship Withdrawals

Under certain cases of immediate and heavy financial need, participants, while still employed by the Organization, are permitted to withdraw the participant's and Organization's contribution portion of their account balance up to amount necessary to satisfy the financial need. A Participant's right to make contributions as permitted under PRIRC making a hardship withdrawal from the Plan will be suspended for a period of twelve (12) months following the date of said withdrawal.

Special Disaster Distributions

As established in Puerto Rico Internal Revenue Code of 2011, as amended ("PRIRC"), in case of a disaster declared by the Governor of Puerto Rico, eligible distributions to the participant or his beneficiary, within the term established by the Secretary, to cover eligible expenses, shall be considered as special distribution up to \$100,000 subject to a reduced tax rates.

On January 7, 2020, Governor declared Puerto Rico in a state of emergency due to seismic activity experienced, the most significant being the magnitude 6.4 on Richter scale earthquake. On February 19, 2020, Puerto Rico Treasury Department ("PRTD") issued Circular Letter 20-09 ("CL 20-09") to establish that distributions during the period between February 20, 2020 and June 30, 2020 that have been requested by an individual that during all of calendar year 2020 is considered a bona fide resident of Puerto Rico to cover eligible expenses as established on CL 20-09, will qualify as Special Disaster Distributions.

On March 12, 2020, Governor declared Puerto Rico in a state of emergency due imminent impact of Coronavirus ("COVID-19") global outbreak decreed as a pandemic by the World Health Organization. On March 29, 2020 the PRTD issued Circular Letter 20-23 ("CL 20-23") to include under the definition of eligible expenses for purposes of the Special Disaster Distributions, certain expenses incurred as a result of the state of emergency declared by the Governor due to COVID-19.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

1. DESCRIPTION OF PLAN, (CONTINUED)

On June 22, 2020, PRTD issued Circular Letter 20-29 ("CL 20-29") to extend the eligible period to make special disaster distributions established in CL 20-09 and CL 20-23 until December 31, 2020.

In the case of Retirement Plans, the provisions of CL 20-09, CL 20-23, and CL 20-29 ("Circular Letters") are optional. The employers that maintain Retirement Plans in Puerto Rico can, but are not required to, adopt all or part of the same. Previously the Plan adopted the provisions of Administrative Determination 17-29 ("AD 17-29") issued by PRTD to allow distributions for the passing of Hurricane Maria. Therefore, the Plan may disburse distributions pursuant to CL 20-09 and CL 20-23 without the need to amend the Plan.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the PRIRC are recorded as accounts payable, with a corresponding reduction to contributions. As a corrective action of nondiscrimination test, as of December 31, 2021 the excess contributions amounted \$3,100. The Plan will refund this amount to the participants defined in the test. Such refund distributions are taxable in the year in which they are paid.

Forfeited Accounts

As of December 31, 2021 and 2020, forfeited non-vested accounts amounted \$22,505 and \$43,980, respectively. This account will be used to reduce future Organization contribution.

Date of Management's Review

The Plan Administrator evaluated subsequent events through August 30, 2022, which is the date the financial statements were available to be issued.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (CONTINUED)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America ("GAAP") requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities at the date of financial statements and the reported amounts of additions and deductions to net assets during the reporting period. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported 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 4 for discussion of fair value measurements. Contract value is based on its beginning balance plus any deposit, credited interest, less any withdrawals, charges, or expenses.

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

Payments of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Organization and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses of the Plan are allocated to participant accounts.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

For the years ended December 31, 2021 and 2020, Empower as the Custodian of the Plan, has provided and certified all information included in the financial statements related to investments of the Plan held at year-end, all changes in assets during the year and all investment transactions included in the schedules of assets held for investment purposes, assets acquired and disposed and of reportable transactions.

The following information included in the accompanying financial statements and supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by the custodian:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2021 and 2020.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN, (CONTINUED)

- Investment income (loss), as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2021 and 2020.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2021.
- Schedule H, line 4i - schedule of assets (acquired and disposed within year) as of December 31, 2021.

The Plan's independent accountants 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.

4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement 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 measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature (FASB ASC 820, *Fair Value Measurement*) 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 (Level 1), and Level 3 inputs are unobservable and have the lowest priority. 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 are used for investments which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

The three levels of the fair value hierarchy are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

4. FAIR VALUE MEASUREMENTS, (CONTINUED)

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

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2021 and 2020.

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

Fixed Annuities Valued at daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider.

Collective Trust Funds Valued using pricing models maximizing the use of use of observable inputs from similar investments, generally obtained from the fund house or other investment provider.

Due to the various unique investments that may be allowed in a collective trust fund, and the various redemption restrictions that may be imposed, the Plan sponsor should individually review the prospectus and operations of each of these types of investment options. Per US GAAP guidance, investments which use a net asset value per share (NAV) practical expedient for fair value measurement, as defined in ASC 820, should be removed from the leveling table, and shown as a reconciling item. In general, the use of the practical expedient requires that the NAV is not publically available.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

December 31, 2021	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 312,499	\$ -	\$ -	\$ 312,499
Collective Trust Funds measured at NAV	-	-	-	1,091,917
Total Investments at Fair Value	\$ 312,499	\$ -	\$ -	\$ 1,404,416

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

4. FAIR VALUE MEASUREMENTS, (CONTINUED)

December 31, 2020	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 110,144	\$ -	\$ -	\$ 110,144
Collective Trust Funds measured at NAV	-	-	-	739,559
Total Investments at Fair Value	\$ 110,144	\$ -	\$ -	\$ 849,703

Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of investments in changes in net assets available for benefits for the years ended December 31, 2021 and 2020.

5. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan has fully benefit-responsive guaranteed investment contract with Empower, who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by National, represents contributions made under the contract, plus earnings, less 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 contract as of December 31, 2021 and 2020, was \$1,710,774 and \$1,501,102, respectively. The methodology for calculating the interest crediting rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The crediting interest rate is established by Empower's management but may not be less than 1% annually. Such interest rates are reviewed and declared on a quarterly basis for resetting.

Certain events might limit the Plan's ability to transact at contract value with Empower. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

PROGRAMA HEAD START IGLESIA BAPTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

5. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY, (CONTINUED)

The average yield earned by the Plan is the interest credited on the contract. The interest rate history for the contract is as follows:

	<u>2021</u>	<u>2020</u>
Average yields:		
Based on actual earnings	1.15%	1.40%
Based on interest rate credited to participants	1.15%	1.40%

6. FUNDING POLICY

As a condition of the contract, the Plan will be funded through a group annuity contract issued by Empower to the Organization. As such, the Organization authorizes Empower to maintain the group annuity contract in custody through the Key Guaranteed Portfolio Fund for the Plan.

7. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Plan investments are managed by Empower, who is the recordkeeper for the Plan; contract administration services are provided by ARCA Retirement Solutions, Inc.; consulting and other services are provided by José Mercado Alverio, Advised Assets Group, Angelo Díaz González, LeafHouse Financial Advisors, LLC. and Pizarro; the Administration Committee of the Board of Directors is the Plan trustee. These service providers are each considered a party in interest to the Plan. The Plan or the Organization may make a payment to the related-parties for administrative expenses. These transactions qualify as party in interest transactions.

For the years ended December 31, 2021 and 2020, fees paid by the Plan to for recordkeeping, contract administration, consulting and other services amounted to \$32,738 and \$31,157, respectively.

8. PROHIBITED TRANSACTIONS

In accordance with the Department of Labor's Regulation 2510.3-102, an employer is required to segregate participants' contributions from its general assets as soon as practical, when amounts are contributed by participants or withheld from the wages. There were unintentional delays on the remittance of participants' contributions during the Plan year ended December 31, 2021 and 2020. The Organization has agreed to absorb any costs incurred by the Plan, including lost interest as a result of the untimely remittances of the participants' contributions.

9. PLAN TERMINATION

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

PROGRAMA HEAD START IGLESIA BAPTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2021 and 2020

10. TAX STATUS

On March 28, 2017, the Plan requested a qualified status under Section 1081.01 of the Puerto Rico Internal Revenue Code of 2011, as amended ("PRIRC") to be effective as of January 1, 2016. The Plan received an unwritten preliminary qualification by the Puerto Rico Treasury Department and is expecting to receive a favorable determination letter. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the PRIRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan administrator 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 the taxing authorities. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

11. RISKS AND UNCERTAINTIES

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

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

As of December 31, 2021 and 2020, and for the years then ended, amounts per the financial statements are equal to amounts of Schedule H of Form 5500.

13. COVID-19 OUTBREAK

On March 11, 2020, the World Health Organization declared the outbreak of a novel coronavirus ("COVID-19") as a global pandemic, which continues to spread in Puerto Rico and around the world. The COVID-19 outbreak is disrupting a wide range of sectors within the profit and nonprofit industry. While the disruption is currently expected to be temporary, there is considerable uncertainty around the duration. The overall consequences of this outbreak on a national, regional, and local level are unknown, but it has the potential to result in a significant impact. The impact of this situation on the Plan and its future results and financial position is not presently determinable. Plan Administrator is carefully monitoring the situation and evaluating its options during this time. An adverse impact is not anticipated. No adjustments have been made to these financial statements as a result of this uncertainty.

SUPPLEMENTAL SCHEDULES

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

Plan Number: 001

Schedule H, line 4a –Schedule of Delinquent Participant Contribution

December 31, 2021

Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
		Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2016	\$ 8,455	\$ 8,455			
2017	\$ 39,077	\$ 39,077			
2018	\$ 69,324	\$ 69,324			
2019	\$ 58,362	\$ 58,362			
2020	\$ 32,197	\$ 32,197			
2021	\$ 22,921	\$ 22,921			

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

Plan Number: 001

Schedule H, line 4i –Schedule of Assets (Held at End of Year)

December 31, 2021

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Putnam Retirement Advantage Trst Mat V	Collective Trust Funds		20,851
	Putnam Retirement Advantage 2025 V	Collective Trust Funds		38,595
	Putnam Retirement Advantage 2030 V	Collective Trust Funds		36,038
	Putnam Retirement Advantage 2035 V	Collective Trust Funds		82,781
	Putnam Retirement Advantage 2040 V	Collective Trust Funds		91,523
	Putnam Retirement Advantage 2045 V	Collective Trust Funds		180,647
	Putnam Retirement Advantage 2050 V	Collective Trust Funds		216,716
	Putnam Retirement Advantage 2055 V	Collective Trust Funds		328,235
	Putnam Retirement Advantage 2060 V	Collective Trust Funds		96,531
	BNY Mellon International Stock Index Inv	Mutual Funds		65,497
	MFS International Diversification R3	Mutual Funds		22,351
	Cohen & Steers Real Estate Securities A	Mutual Funds		14,063
	Columbia Small Cap Index A	Mutual Funds		23,349
	Janus Henderson Venture S	Mutual Funds		5,392
	Undiscovered Mgrs Behavioral Value A	Mutual Funds		2,220
	Columbia Mid Cap Index A	Mutual Funds		13,396
	Janus Henderson Enterprise S	Mutual Funds		17,087
	MFS Mid Cap Value R3	Mutual Funds		9,841
	Columbia Large Cap Index A	Mutual Funds		78,373
	JPMorgan Equity Income A	Mutual Funds		13,430
	MFS Growth R3	Mutual Funds		2,140
	BlackRock High Yield Bond Inv A	Mutual Funds		\$ 2,060
	JPMorgan Core Plus Bond A	Mutual Funds		27,199
	TIA-A-CREF Inflation Ink BD Retail	Mutual Funds		16,101
*	Key Guaranteed Portfolio Fund	Fixed Annuities		1,710,774
			\$	3,115,190

* Parties-in-interest.

Column (d) is blank as all investments are participant directed.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

Plan Number: 001

Schedule H, line 4i –Schedule of Assets (Acquired and Disposed of Within Year)

December 31, 2021

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
Key Guaranteed Portfolio Fund	Fixed Annuities, 1.15% Interest Rate	\$ 421,155	\$ 229,965
		\$ 421,155	\$ 229,965



AJ Hernández & Co., CPA, PSC.
Certified Public Accountants & Business Consultants

P.O. Box 191529, San Juan, Puerto Rico 00919-1529
Tel: (787) 758-4416 Fax (787) 758-4426

August 30, 2022

To the Administrative Committee of
PROGRAMA HEAD START IGLESIA BAUTISTA
DE QUINTANA RETIREMENT PLAN TRUST

The stockholders and staff of AJ Hernández & Co, CPA, PSC. are pleased to announce the successful completion of an independent peer review of our accounting and auditing practice. This review was undertaken as a condition of membership in the American Institute of Certified Public Accountants (AICPA), the national organization of CPAs in public practice, industry, government, and education.

In 1988, the members of the AICPA overwhelmingly approved a proposal to require members in public practice to participate in a practice-monitoring program. With the adoption of this proposal, the AICPA implemented a peer review program of unprecedented scope in the CPA profession or any other. Our participation in peer review demonstrates our firm's desire to measure up to the profession's high standards of professionalism and our commitment to maintaining and improving the quality of our practice.

In August 2000, the Puerto Rico Society of CPAs (PRSCPA) adopted a voluntary peer review program, which follows the lead established by the AICPA.

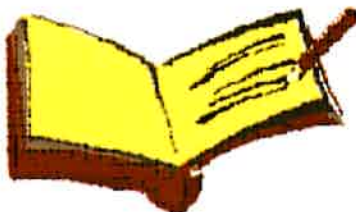
Our peer review was conducted by a team appointed by the PRSCPA. The reviewer first determined that we have an adequate quality control system, and then checked to see that professional's standards were followed in a representative sample of our accounting and auditing engagements.

After thorough study of our policies and procedures, the reviewer concluded our firm complies with the stringent quality control standards established by the AICPA and the PRSCPA. Our firm is committed to periodic peer review to foster quality performance.

Bankers, bonding agents, investors, suppliers, legal advisors, and others use the financial statements our firm audits, reviews, or compiles. We think those people, our clients, and our own staff deserves independent quality assurance that our firm provides quality services. We are proud of our peer review results and would be happy to answer any questions you might have.

Sincerely,

Andrés J. Hernández-Concepción
President



MEMBERS:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC
ACCOUNTANTS (AICPA)
PUERTO RICO SOCIETY OF CERTIFIED PUBLIC
ACCOUNTANTS

CPA AGUSTÍN RODRÍGUEZ NIEVES
CERTIFIED PUBLIC ACCOUNTANT

SYSTEM REVIEW REPORT

AJ Hernandez & Co., PSC
and the Peer Review Committee of
Puerto Rico Society of CPAs

I have reviewed the system of quality control for the accounting and auditing practice of AJ Hernandez & Co., PSC (the firm) in effect for the year ended December 31, 2014. My peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants. As a part of my review, I considered reviews by regulatory entities, if applicable, in determining the nature and extent of my procedures. The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. My responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on my review. The nature, objectives, scope, limitations of, and the procedures performed in a System Review are described in the standards at www.aicpa.org/prsummary.

As required by the Standards, engagements selected for review included engagements performed under Government Auditing Standards and ERISA.

In my opinion, the system of quality control for the accounting and auditing practice of AJ Hernandez & Co., PSC in effect for the year ended December 31, 2014, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of pass, pass with deficiency (ies) or fail. AJ Hernandez & Co., PSC has received a peer review rating of pass.

February 28, 2017
Toa Alta, Puerto Rico

CPA Agustín Rodríguez Nieves
License 4314

The stamp 02742250 was affixed to the original of this report.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

Plan Number: 001

Schedule H, line 4i –Schedule of Assets (Held at End of Year)

December 31, 2021

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PROGRAMA HEAD START IGLESIA BAPTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

Plan Number: 001

Schedule H, line 4i –Schedule of Assets (Acquired and Disposed of Within Year)

December 31, 2021

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		\$ 421,155	\$ 229,965