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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of 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
PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTANA

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1992

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
SALUD INTEGRAL EN LA MONTANA

PO BOX 515
NARANJITO, PR 00719-0515

STATE RD 115 KM 12.4
NARANJITO, PR 00719

2b Employer Identification Number (EIN) 66-0329532

2c Plan Sponsor's telephone number 787-869-5900

2d Business code (see instructions) 623000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/05/2024	GLORIA DEL C AMADOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	577
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)**	577
a(2) Total number of active participants at the end of the plan year	**6a(2)**	758
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**	758
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	758
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	758
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X]	Insurance	**(1)** [X]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTANA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALUD INTEGRAL EN LA MONTANA

D Employer Identification Number (EIN)
66-0329532

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
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	494-80193	758	07/01/2022	06/30/2023

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
4554	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

NATIONWIDE PLANNING ASSOCIATES
115W CENTURY RD SUITE 360
PARAMUS, NJ 07652-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4554	0		3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

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.			**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2022** **This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTANA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALUD INTEGRAL EN LA MONTANA

D Employer Identification Number (EIN)
66-0329532

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).. . . . . [X] 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

NATIONWIDE LIFE INSURANCE COMPANY

31-4156830

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

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

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

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

THE 401K COMPANY OF PUERTO RICO INC

66-0708309

(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?
14 15	TPA SERVICES	71418	Yes [X] No [ ]	Yes [ ] No [X]	428	Yes [X] No [ ]

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

NATIONWIDE PLANNING ASSOCIATES

115 W CENTURY RD SUITE 360
PARAMUS, OH 00765-0000

(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?
71	BROKER DEALER	37105	Yes [X] No [ ]	Yes [ ] No [X]	18089	Yes [ ] No [X]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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 28 59 60 62 63 67	RECORD KEEPER	37105	Yes [X] No [ ]	Yes [ ] No [X]	1771	Yes [ ] No [X]

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)

ORIENTAL BANK & TRUST

PO BOX 191429
SAN JUAN, PR 00919-1429

(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?
21	TRUSTEE	13693	Yes [ ] No [X]	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 [ ]

(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
(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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTANA

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SALUD INTEGRAL EN LA MONTANA

D Employer Identification Number (EIN)
66-0329532

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN LARGE CAP

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	67967

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND-CLASS

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	25905

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY U.S. BOND INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	26312

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SHORT TERM TREASURY BOND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	527

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INFLATION-PROTECTED BOND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	514

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET INCOME FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	1295

a Name of MTIA, CCT, PSA, or 103-12 IE: BLANCKROCK TOTAL RETURN FUND CLASS

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	3760

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HIGH YIELD BOND PORTFOLIO

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	21294

a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL BOND FUNF CLASS 1

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	13729

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 2020 FUN

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	539

a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE LOOMIS ALL CAP GROWTH

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	77887

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN EQUITY INCOME FUND CLASS

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	67713

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. LARGE CAP VALUE PORTFOLIO

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	3489

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA SELECT LARGE CAP

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	2924

a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL MID-CAP GROWTH

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	43109

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MID-CAP GROWTH EQUITY POR

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	1849

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EXPLORER FUND ADMIRAL SHAR

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	22389

a Name of MTIA, CCT, PSA, or 103-12 IE: AB GLOBAL BOND FUND CLASS 1

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	13729

a Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS GQG PARTNERS INT'L

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	85818

a Name of MTIA, CCT, PSA, or 103-12 IE: DODGE & COX INT' L STOCK FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
32-4156830-001	P	85515

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS CORE EQUITY

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	68723

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO STOCKSPLUS SHORT INTITUTIONAL

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	333

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERNATIONAL INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	97719

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TOTAL WORLD STOCK INDEX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	20977

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SMALL CAP INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	1722

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	3883

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD SMALL-CAP VALUE INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	20037

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY MID CAP INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	15401

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP GROWTH INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	22189

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD MID-CAP VALUE INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	20748

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY 500 INDEX FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	235464

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LARGE CAP GROWTH INDEX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	27010

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD DIVIDEND GROWTH FUND INVES

b Name of sponsor of entity listed in (a): NATIOANWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	8077

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD EQUITY-INCOME FUND ADMIRAL

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	2598

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA THERMOSTAT FUND INST

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	769778

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED FUND CLASS

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	1250748

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM MODERATE

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
31-4156830-001	P	737861

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2025 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	192580
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2030 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	110564
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2035 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	147943
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2040 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	55176
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2045 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	200187
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2050 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	362764
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2055 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	297280
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2060 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	527304
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RET 2065 FUND INVES			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31950
a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD WELLESLEY INCOME FUND ADM			
b Name of sponsor of entity listed in (a): NATIONWIDE			
c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1347046

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERMEDIATE TREASURY BOND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7009

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD LONG-TERM INDEX

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31753

a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONWIDE FIXED SELECT CONTRACT

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2185345

a Name of MTIA, CCT, PSA, or 103-12 IE: BALCK ROCK STRATEGIC INCOME OPPORT

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105

a Name of MTIA, CCT, PSA, or 103-12 IE: AVANTIS US SMALL CAP VALUE FUND

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22771

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO COMMODITY REAL RETURN STRAT

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39811

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL GLOBAL REAL ESTATE SECURI

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41613

a Name of MTIA, CCT, PSA, or 103-12 IE: AGGREGATE SDBA ASSETS

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5114

a Name of MTIA, CCT, PSA, or 103-12 IE: FEDERATED HERMES GOVERMMENT OBLIG

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52828

a Name of MTIA, CCT, PSA, or 103-12 IE: AVANTIS U.S. LARGE CAP VALUE

b Name of sponsor of entity listed in (a): NATIONWIDE

c EIN-PN 31-4156830-001	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73396

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2022

This Form is Open to Public Inspection

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTANA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALUD INTEGRAL EN LA MONTANA

D Employer Identification Number (EIN)
66-0329532

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	50723	52828
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3258736	2990050
(2) Participant contributions	1b(2)	26640	37076
(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)	104566	160559
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	7078682	9595846
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	10519347	12836359
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	31878	18606
k Total liabilities (add all amounts in lines 1g through1j)	1k	31878	18606
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	10487469	12817753

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)	3231345	
(B) Participants	2a(1)(B)	816891	
(C) Others (including rollovers)	2a(1)(C)	90669	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		4138905
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)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(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)		506787
(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		4645692
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2289633	
(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)		2289633
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)	25775	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		25775
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2315408
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2330284
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) [X] 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) [X] 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: RRC CPA GROUP, PSC **(2)** EIN: 66-0701886

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:

		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.)	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		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?	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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan
PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTANA

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SALUD INTEGRAL EN LA MONTANA

D Employer Identification Number (EIN)
66-0329532

Part I Distributions

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

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

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

EIN(s): _____ _____

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ 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. ☐ 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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

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_____

RRC CPA GROUP, PSC
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS
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2971 Ave. Emilio Fagot Esq. Calle Obispado
Ponce, PR 00716-3618

Juan Reyes-Ramis
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Jaime Banchs Rodríguez
CPA, CGMA
Partner

Eric Rosaly Torres
CPA
Partner

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
Plan de Retiro de Salud Integral
en la Montaña

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

We have performed an audit of the accompanying financial statements of **Plan de Retiro de Salud Integral en la Montaña (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of June 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2023 and 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **Plan de Retiro de Salud Integral en la Montaña'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 **Plan de Retiro de Salud Integral en la Montaña'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 **Plan de Retiro de Salud Integral en la Montaña's** ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of Assets (Held at End of Year) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

RRC CPA Group PSC

RRC CPA GROUP, PSC
License No. PSC - 196

Ponce, Puerto Rico
March 21, 2024

Stamp number E559324 was
affixed to the original report

SUPPLEMENTAL SCHEDULE

PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTAÑA
RETIREMENT PLAN
Employer ID No: 66-0329532
Plan No: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF JUNE 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost **	(e) Current Value
	PIMCO StocksPLUS Short Fund Institutional Class	Mutual Funds - Registered Investment Company	$	$ 333
	Fidelity International Index Fund	Mutual Funds - Registered Investment Company		97,719
	Vanguard Total World Stock Index Fund Admiral	Mutual Funds - Registered Investment Company		20,977
	Fidelity Small Cap Index Fund	Mutual Funds - Registered Investment Company		1,722
	Vanguard Small-Cap Growth Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		3,883
	Vanguard Small Cap Value Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		20,037
	Fidelity Mid Cap Index Fund	Mutual Funds - Registered Investment Company		15,401
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		22,189
	Vanguard Mid-Cap Value Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		20,478
	Fidelity 500 Index Fund	Mutual Funds - Registered Investment Company		235,464
	Fidelity Large Cap Growth Index Fund	Mutual Funds - Registered Investment Company		27,010
	Vanguard Dividend Growth Fund Investor Shares	Mutual Funds - Registered Investment Company		8,077
	Vanguard Equity-Income Fund Admiral Shares	Mutual Funds - Registered Investment Company		2,598
	Columbia Thermostat Fund Institutional 2 Class	Mutual Funds - Registered Investment Company		769,778
	JPMorgan Large Cap Growth Fund Class R6	Mutual Funds - Registered Investment Company		67,967
	Janus Henderson Balanced Fund Class N	Mutual Funds - Registered Investment Company		1,250,748
	T. Rowe Price Spectrum Moderate Growth Allocation Fund	Mutual Funds - Registered Investment Company		737,861
	MFS Mid Cap Growth Fund Class R6	Mutual Funds - Registered Investment Company		40,590
	Vanguard Target Retirement 2020 Fund Investor Shares	Mutual Funds - Registered Investment Company		539
	Vanguard Target Retirement 2025 Fund Investor Shares	Mutual Funds - Registered Investment Company		192,580
	Vanguard Target Retirement 2030 Fund Investor Shares	Mutual Funds - Registered Investment Company		110,564
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Funds - Registered Investment Company		147,943
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Funds - Registered Investment Company		55,176
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Funds - Registered Investment Company		200,187
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Funds - Registered Investment Company		362,764
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Funds - Registered Investment Company		297,280
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Funds - Registered Investment Company		527,304
	Vanguard Target Retirement 2065 Fund Investor Shares	Mutual Funds - Registered Investment Company		31,950
	Vanguard Wellesley Income Fund Admiral Shares	Mutual Funds - Registered Investment Company		1,347,046
	Fidelity Intermediate Treasury Bond Index Fund	Mutual Funds - Registered Investment Company		7,009
	Vanguard Long-Term Treasury Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		31,753
	DFA Emerging Markets Core Equity Portfolio Institutional Class	Mutual Funds - Registered Investment Company		68,723
	Dodge & Cox International Stock Fund	Mutual Funds - Registered Investment Company		85,515
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Mutual Funds - Registered Investment Company		85,818
	Vanguard Target Retirement Income Fund	Mutual Funds - Registered Investment Company		1,295
	Vanguard Explorer Fund Admiral Shares	Mutual Funds - Registered Investment Company		22,389
	BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares	Mutual Funds - Registered Investment Company		1,849
	Diamond Hill Mid Cap Fund Class I	Mutual Funds - Registered Investment Company		43,109
	Columbia Select Large Cap Growth Fund Institutional 2 Class	Mutual Funds - Registered Investment Company		2,924
	DFA U.S. Large Cap Value Portfolio Institutional Class	Mutual Funds - Registered Investment Company		3,489
	JPMorgan Equity Income Fund Class R5	Mutual Funds - Registered Investment Company		67,713
*	Nationwide Loomis All Cap Growth Fund Class R6	Mutual Funds - Registered Investment Company		77,887
	AB Global Bond Fund Class I	Mutual Funds - Registered Investment Company		13,729
	Avantis U.S. Large Cap Value Fund	Mutual Funds - Registered Investment Company		73,396
	BlackRock High Yield Bond Portfolio Class K	Mutual Funds - Registered Investment Company		21,294
	BlackRock Total Return Fund Class K Shares	Mutual Funds - Registered Investment Company		3,760
	Fidelity Inflation-Protected Bond Index Fund	Mutual Funds - Registered Investment Company		514
	Fidelity Short-Term Treasury Bond Index Fund	Mutual Funds - Registered Investment Company		527
	Fidelity U.S. Bond Index Fund	Mutual Funds - Registered Investment Company		26,312
	PGIM Total Return Bond Fund -Class R6	Mutual Funds - Registered Investment Company		25,905
	PIMCO Real Return Fund Institutional Class	Mutual Funds - Registered Investment Company		20,012
	Black Rock Strategic Income Opportunities Portfolio	Mutual Funds - Registered Investment Company		105
	Avantis US Small Cap Value Fund	Mutual Funds - Registered Investment Company		22,771
	PIMCO Commodity Real Return Strategy Fund	Mutual Funds - Registered Investment Company		39,811
	Principal Global Real Estate Securities Fund	Mutual Funds - Registered Investment Company		41,613
*	Aggregate SDBA Assets	Self-Directed Brokerage Account		5,114
*	Nationwide Fixed Select Contract	Fixed Select Contract		2,185,345
				$ 9,595,846
*	Federated Hermes Government Obligations Fund	Cash equivalent		52,828
*	Notes receivales from participants	N/A		$ 160,559

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.

PLAN DE RETIRO DE SALUD INTEGRAL
EN LA MONTAÑA
Employer ID No: 66-0329532
Plan Number: 001

Financial Statements as of June 30, 2023 and 2022 and for the
Year Ended June 30, 2023, Supplemental Schedules
as of and for the Year Ended June 30, 2023,
and Independent Auditors' Report

PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTAÑA

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
Plan de Retiro de Salud Integral
en la Montaña

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

We have performed an audit of the accompanying financial statements of **Plan de Retiro de Salud Integral en la Montaña (the Plan)**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of June 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended June 30, 2023 and 2022, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about **Plan de Retiro de Salud Integral en la Montaña'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 **Plan de Retiro de Salud Integral en la Montaña'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 **Plan de Retiro de Salud Integral en la Montaña's** ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedules Required by ERISA

The supplemental schedule of Assets (Held at End of Year) is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

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

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License No. PSC - 196

Ponce, Puerto Rico
March 21, 2024

Stamp number E559324 was
affixed to the original report

PLAN DE RETIRO DE SALUD INTEGRAL

EN LA MONTAÑA

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF JUNE 30, 2023 AND 2022

	2023	2022
ASSETS:		
Investments — at fair value	$ 7,410,501	$ 5,097,910
Investment at contract value	2,185,345	1,980,772
Total investments	9,595,846	7,078,682
Receivables:		
Employer contribution	2,990,050	3,258,736
Participant contributions	37,076	26,640
Notes receivables from participants	160,559	104,566
Total receivables	3,187,685	3,389,942
Cash equivalents	52,828	50,723
Total assets	12,836,359	10,519,347
LIABILITIES:		
Forfeitures in suspense	18,606	31,878
NET ASSETS AVAILABLE FOR BENEFITS	$ 12,817,753	$ 10,487,469

See notes to financial statements.

PLAN DE RETIRO DE SALUD INTEGRAL

EN LA MONTAÑA

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2023

ADDITIONS:		
Contributions:		
Participant contributions	$	816,891
Rollovers		90,669
Employer matching contributions, including profit sharing		3,231,345
Total contributions		4,138,905
Investment income:		
Net appreciation in fair value of investments		506,787
Total additions		4,645,692
DEDUCTIONS:		
Benefits paid to participants		2,289,633
Administrative expenses		25,775
Total deductions		2,315,408
INCREASE IN NET ASSETS		2,330,284
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year		10,487,469
End of year	$	12,817,753

See notes to financial statements.

PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTAÑA

NOTES TO FINANCIAL STATEMENTS AS OF JUNE 30, 2023 AND 2022, AND FOR THE YEAR ENDED JUNE 30, 2023

1. DESCRIPTION OF THE PLAN

The following description of the **Plan de Retiro de Salud Integral en la Montaña** (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's information.

General — The Plan was established effective on May 24, 2006 with effective date July 1, 1997. The Plan is a defined contribution plan covering substantially all employees who are not covered by another plan of Salud Integral en la Montaña, Inc. (the "Company" or "Sponsor"), a not-for-profit organization that operates a comprehensive primary health care program, which provides services to low-income families, agricultural migrants and seasonal workers as well as to their dependents in the Barranquitas, Comerio, Toa Alta, Corozal, Naranjito, Orocovis and Bayamon. The Board of Directors of the Company has appointed the Retirement Plan Administration Committee to control and manage the operation and administration of the Plan.

The Plan is designed and operates in accordance regulations under the Puerto Rico Internal Revenue Code, as amended, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions — Contributions to the Plan include (i) salary reduction contributions authorized by participants, (ii) matching contributions made by the Company, (iii) discretionary contributions made by the Company, (iv) participant rollovers from another plan; and (v) profit sharing contribution made by the Company.

Participants may elect to contribute a percentage of their eligible compensation as defined by the Plan, to the Plan each year, subject to the limitations, as defined in the plan document. Such contributions are excluded from the participant's taxable income for Puerto Rico income tax purposes until received as a withdrawal or distribution from the Plan. The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan unless they affirmatively elect not to participate in the Plan. Automatically enrolled participants have their deferral rate set at 3% of eligible compensation and their contributions invested in a designated balanced fund until changed by the participant. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions; these additional contributions are ineligible for a Company matching contribution.

The Plan Sponsor makes a matching contribution to each participant's account equal to 100% of each participant salary deferral contributions not to exceeding 3% of eligible compensation as defined by the Plan. Additional profit-sharing amounts may be contributed at the discretion of the Company's' board of directors. On November 22, 2018, the board of directors approved the new profit-sharing contribution policy and instructed the Plan sponsor's management to calculate annual profit-sharing amount based on results of operations each fiscal year. No contribution for profit-sharing is allowed when results of operations is negative. As of June 30, 2023 and 2022, the approved profit-sharing amount recoded as employer contribution receivable in the accompanying statement of net assets available for benefits amounted to $ 2,978,927 and $3,250,744, respectively.

Participant Accounts — Individual accounts are maintained for each participant of the Plan. Each participant's account is credited with the participant's contribution and related matching and nonelective contributions and Plan earnings. Participant accounts are also charged with withdrawals and an allocation of plan losses that are 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.

Investments — Participants may direct the investment of their contributions and/or account balances into various investment options offered by the Plan and may change investments and transfer amounts between funds daily. The Plan offers several mutual funds and a stable value fund.

Vesting — Participants are vested immediately in their contributions, plus actual earnings thereon. Vesting in the Companies' contribution portion of their accounts plus earnings thereon is based on years of continuous service. A participant is 100% vested after three years of credited service.

Notes Receivable from Participants — Effective July 1, 2015, the Plan provides for participants' loans. The applicant may not have more than one (1) loan outstanding under the Plan. Loans can be renewed after twelve payments made. Participants may borrow from their fund accounts a minimum of $1,000 up to maximum equal to the lesser of $5,000. The loans are secured by the balance in the participant's account. The loan interest shall be charged at the "Prime" rate plus one percent (1%). Loan shall be made for terms not to exceed five (5) years unless the loan is for the purpose of acquiring a principal residence for the participant. Principal and interest are paid ratably through monthly payroll deductions.

Investment Management Fees and Operating Expenses

Investment management fees and operating expenses charged to the Plan for investments in the various funds are deducted from income earned on a daily basis and are reflected as a component of net appreciation (depreciation) in fair values of investments.

Payment of Benefits — On termination of service with the Companies (including termination of service due to death, disability, or retirement), a participant may generally elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or payments in monthly, quarterly, semiannual or annual installments over a period not exceed participant life expectancy or the joint life expectancy of participant and its beneficiary.

Participants are also eligible to make hardship withdrawals from their deferred contributions in the event of certain financial hardships. Following a hardship withdrawal, participants are not allowed to contribute to the Plan for a period of twelve months.

Forfeited Accounts — When certain terminations of participation in the Plan occur, the nonvested portion of the participant's account as defined by the Plan, represents a forfeiture. The plan document permits the use of forfeitures to either reduce future employer matching contributions or to pay administrative expenses for the plan year. At June 30, 2023 and 2022, forfeited nonvested accounts totaled $18,606 and $31,878, respectively. During 2023 and 2022, employer contributions were not reduced by forfeited nonvested accounts but rather used to pay administrative expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition — The Plan's investments are stated at fair value. Fair value of a financial instrument 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 3 for discussion on 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.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan as provided in the plan document. All investment management and transaction fees directly related to the Plan investments are paid by the Plan. Management fees and operating expenses charged to the Plan for investments are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Payment of Benefits — Benefit payments to participants are recorded upon distribution. FASB ASC 962-205-50-1(i) requires disclosure for amounts allocated to accounts of persons who have elected to withdraw from the plan but have not yet been paid. These amounts shall not be reported as a liability on the statement of net assets available for benefits. Amount allocated to accounts of persons who have elected to withdraw from the Plan or terminated, but have not yet been paid, was $6,760 and $8,905 at June 30, 2023 and 2022, respectively.

Excess Contributions Payable — The Plan is required to return contributions received during the Plan year in excess of the IRC limits. Amounts payable to participants for excess contributions withheld by the Plan Sponsor are recorded as a liability with a corresponding reduction to contributions, due to the following: (1) an error in the deferral rate election, (2) withholdings in excess to the limits imposed by the 2011 PR Code, (3) failure to comply with ADP and ACP tests or (4) deferral withholdings for a period of up to 12 months following certain in-service withdrawals (financial hardship).

Reclassification – Certain reclassifications have been made in the 2022 financial statements to conform with current year classifications.

Subsequent Events — Subsequent events were evaluated through March 21, 2024, the date the financial statements were available to be issued. Except for event disclosed in note 1, no events have occurred after June 30, 2023, but before March 21, 2024, the date the financial statements were available to be issued that require consideration as adjustments to or disclosures in the Plan's financial statements.

3. INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2019 Plan entered into a guaranteed investment contract with Nationwide Trust Company (Nationwide). Nationwide to 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.

The group annuity contract is not fully benefit-responsive as the contract does not meet the basic criteria to be considered a fully benefited responsive under FASB ASC 962-325-20 specifically, that all participant-initiated transactions with the plan (such as withdrawals, loans, or transfers allowed by the plan) to be made at contract value, without limitations, conditions, or restrictions. It offers investment options that, depending on the withdrawal amount and the reason for withdrawal, may be subject to a market value adjustment. For financial statement purposes contract that are not fully benefit responsive are to be reported at fair value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract at June 30, 2023 and 2022, was $2,185,345 and $1,980,772, respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0.5%. Such interest rates are reviewed on a quarterly basis for resetting. Though the interest rate will never go below 0.5%, a loss to the principal may result after fees and expenses are reflected

Certain events limit the Plan's ability to transact at contract value with Nationwide. Such events include the following: (a) amendments to the plan documents (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 (for example, divestitures or spin-offs of a subsidiary) 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. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. 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.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

4. INFORMATION CERTIFIED BY THE TRUSTEE AND CUSTODIAN (UNAUDITED)

Certain unaudited information regarding the Plan as of June 30, 2023 and 2022 and included in the Plan's financial statements and supplemental schedules, was prepared by Nationwide Trust Company, custodian of the Plan's assets for the years ended June 30, 2023 and 2022. The information was furnished to Oriental Bank, the trustee of the Plan and to the plan administrator. The plan administrator has obtained a certification from the trustee, that such information, disclosed below, is complete and accurate, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA:

- Investments, at fair value, including cash and cash equivalents, investments at contract value and participant loans included in the accompanying Statements of Net Assets Available for Benefits of $9,809,233 and $7,233,971 as of June 30, 2023 and 2022, respectively,

- Net apreciation in fair value of investments (including interest income), as reported in the accompanying Statement of Changes in Net Assets Available for Benefits of $506,787 for the year ended June 30, 2023.

- All investment balances and investment information disclosed in Notes 5 and 6, excluding the classification of investments by level,

- All investments-related information, included in the accompanying Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year).

5. INVESTMENTS

During the year ended June 30, 2023, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $506,787.

6. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

Asset Valuation Techniques — Valuation technologies 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 at June 30, 2023 and 2022.

Money Market Funds — Valued at the amortized cost which approximate fair value.

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

Cash Equivalents — Held primarily in short-term money market commingled funds, which are valued at cost plus accrued interest.

The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis at June 30, 2023 and 2022.

2023	Active Markets for Identical Assets (Level 1)	Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Mutual funds:	$ 7,405,387	$ -	$ -	$ 7,405,387
Self-directed brokerage account:	5,114	-	-	5,114
Total	$ 7,410,501	$ -	$ -	$ 7,410,501
2022				
Mutual funds:	$ 5,091,708	$ -	$ -	$ 5,091,708
Self-directed brokerage account:	6,202	-	-	6,202
Total	$ 5,097,910	$ -	$ -	$ 5,097,910

Transfers Between Levels — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluate the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended, June 30, 2023 and 2022, except for the guaranteed interest account, there were no transfers between levels.

7. ADMINISTRATIVE EXPENSES

Administrative expenses consist of John Hancock and Nationwide deduction charges, including the following: assets charge, participant fee and TPA service fee. The amount paid for administrative expenses for the year ended June 30, 2023, amounted to approximately $25,775.

8. RELATED PARTY TRANSACTION AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Nationwide. Nationwide is the trustee as defined by the plan and, therefore, these transactions qualify as party in interest transactions. Fees incurred by the Plan for the investment management services are included in the net appreciation in fair value of the investments, as they are paid through revenue sharing, rather than a direct payment. The Plan sponsor pays directly any other fees related to the plan's operations. The cash management trust primarily consists of a cash account that is used to facilitate the trustee in purchasing shares. These transactions qualify as party-in-interest transactions. At June 30, 2023, the Plan has a non interest bearing deposit with Nationwide, the Trustee and Custodian for the Plan.

9. PLAN TERMINATION

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts.

10. INCOME TAX STATUS

Effective August 1, 2012, the Plan adopted a plan document sponsored by Oriental Financial Group (d/b/a 401K, Inc). and received an opinion letter from the IRS, dated February 4, 2014, which states that the document and amendment satisfies the applicable provisions of the IRC. As discussed on note 1, on November 2019, the Plan was amendment and requested a determination letter form the Puerto Rico Treasury department. No response has been received however, the Plan Sponsor and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the Puerto Rico Internal Revenue Code, as amended, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP 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 the Puerto Rico Treasury Department (the "PRTD"). The Plan is subject to routine audits by the PRTD; however, there are currently no audits for any tax periods in progress.

11. RISKS AND UNCERTAINTIES

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

12. UNUSUAL AND INFREQUENT EVENTS

Special Disaster Relief Distributions - Hurricane Fiona

On September 18, 2022, hurricane Fiona impacted Puerto Rico causing substantial damage, power outages and alteration to the provision of essential services to citizens. In order to provide more liquidity and relief for citizens who have suffered damages, on September 17, 2022 the governor of Puerto Rico signed the executive order OE-22-045, which allows an administrative decision from the PRTD (DA 22-08) which allowed employees with a 401k private retirement plan or an IRA account to withdraw up to $10,000 tax free and up to $100,000 with a 10% preferential rate. The amount withdrawn may not exceed $100,000. This determination was effective as of September 18, 2022 for such purposes. During the period, participants withdrawals amounted to $2,298,633 which included $2,034,061 related to administrative determination 22-08.

* * * * * *

SUPPLEMENTAL SCHEDULE

PLAN DE RETIRO DE SALUD INTEGRAL EN LA MONTAÑA
RETIREMENT PLAN
Employer ID No: 66-0329532
Plan No: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF JUNE 30, 2023

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value	(d) Cost **	(e) Current Value
	PIMCO StocksPLUS Short Fund Institutional Class	Mutual Funds - Registered Investment Company	$	$ 333
	Fidelity International Index Fund	Mutual Funds - Registered Investment Company		97,719
	Vanguard Total World Stock Index Fund Admiral	Mutual Funds - Registered Investment Company		20,977
	Fidelity Small Cap Index Fund	Mutual Funds - Registered Investment Company		1,722
	Vanguard Small-Cap Growth Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		3,883
	Vanguard Small Cap Value Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		20,037
	Fidelity Mid Cap Index Fund	Mutual Funds - Registered Investment Company		15,401
	Vanguard Mid-Cap Growth Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		22,189
	Vanguard Mid-Cap Value Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		20,478
	Fidelity 500 Index Fund	Mutual Funds - Registered Investment Company		235,464
	Fidelity Large Cap Growth Index Fund	Mutual Funds - Registered Investment Company		27,010
	Vanguard Dividend Growth Fund Investor Shares	Mutual Funds - Registered Investment Company		8,077
	Vanguard Equity-Income Fund Admiral Shares	Mutual Funds - Registered Investment Company		2,598
	Columbia Thermostat Fund Institutional 2 Class	Mutual Funds - Registered Investment Company		769,778
	JPMorgan Large Cap Growth Fund Class R6	Mutual Funds - Registered Investment Company		67,967
	Janus Henderson Balanced Fund Class N	Mutual Funds - Registered Investment Company		1,250,748
	T. Rowe Price Spectrum Moderate Growth Allocation Fund	Mutual Funds - Registered Investment Company		737,861
	MFS Mid Cap Growth Fund Class R6	Mutual Funds - Registered Investment Company		40,590
	Vanguard Target Retirement 2020 Fund Investor Shares	Mutual Funds - Registered Investment Company		539
	Vanguard Target Retirement 2025 Fund Investor Shares	Mutual Funds - Registered Investment Company		192,580
	Vanguard Target Retirement 2030 Fund Investor Shares	Mutual Funds - Registered Investment Company		110,564
	Vanguard Target Retirement 2035 Fund Investor Shares	Mutual Funds - Registered Investment Company		147,943
	Vanguard Target Retirement 2040 Fund Investor Shares	Mutual Funds - Registered Investment Company		55,176
	Vanguard Target Retirement 2045 Fund Investor Shares	Mutual Funds - Registered Investment Company		200,187
	Vanguard Target Retirement 2050 Fund Investor Shares	Mutual Funds - Registered Investment Company		362,764
	Vanguard Target Retirement 2055 Fund Investor Shares	Mutual Funds - Registered Investment Company		297,280
	Vanguard Target Retirement 2060 Fund Investor Shares	Mutual Funds - Registered Investment Company		527,304
	Vanguard Target Retirement 2065 Fund Investor Shares	Mutual Funds - Registered Investment Company		31,950
	Vanguard Wellesley Income Fund Admiral Shares	Mutual Funds - Registered Investment Company		1,347,046
	Fidelity Intermediate Treasury Bond Index Fund	Mutual Funds - Registered Investment Company		7,009
	Vanguard Long-Term Treasury Index Fund Admiral Shares	Mutual Funds - Registered Investment Company		31,753
	DFA Emerging Markets Core Equity Portfolio Institutional Class	Mutual Funds - Registered Investment Company		68,723
	Dodge & Cox International Stock Fund	Mutual Funds - Registered Investment Company		85,515
	Goldman Sachs GQG Partners International Opportunities Fund Class R6	Mutual Funds - Registered Investment Company		85,818
	Vanguard Target Retirement Income Fund	Mutual Funds - Registered Investment Company		1,295
	Vanguard Explorer Fund Admiral Shares	Mutual Funds - Registered Investment Company		22,389
	BlackRock Mid-Cap Growth Equity Portfolio Institutional Shares	Mutual Funds - Registered Investment Company		1,849
	Diamond Hill Mid Cap Fund Class I	Mutual Funds - Registered Investment Company		43,109
	Columbia Select Large Cap Growth Fund Institutional 2 Class	Mutual Funds - Registered Investment Company		2,924
	DFA U.S. Large Cap Value Portfolio Institutional Class	Mutual Funds - Registered Investment Company		3,489
	JPMorgan Equity Income Fund Class R5	Mutual Funds - Registered Investment Company		67,713
*	Nationwide Loomis All Cap Growth Fund Class R6	Mutual Funds - Registered Investment Company		77,887
	AB Global Bond Fund Class I	Mutual Funds - Registered Investment Company		13,729
	Avantis U.S. Large Cap Value Fund	Mutual Funds - Registered Investment Company		73,396
	BlackRock High Yield Bond Portfolio Class K	Mutual Funds - Registered Investment Company		21,294
	BlackRock Total Return Fund Class K Shares	Mutual Funds - Registered Investment Company		3,760
	Fidelity Inflation-Protected Bond Index Fund	Mutual Funds - Registered Investment Company		514
	Fidelity Short-Term Treasury Bond Index Fund	Mutual Funds - Registered Investment Company		527
	Fidelity U.S. Bond Index Fund	Mutual Funds - Registered Investment Company		26,312
	PGIM Total Return Bond Fund -Class R6	Mutual Funds - Registered Investment Company		25,905
	PIMCO Real Return Fund Institutional Class	Mutual Funds - Registered Investment Company		20,012
	Black Rock Strategic Income Opportunities Portfolio	Mutual Funds - Registered Investment Company		105
	Avantis US Small Cap Value Fund	Mutual Funds - Registered Investment Company		22,771
	PIMCO Commodity Real Return Strategy Fund	Mutual Funds - Registered Investment Company		39,811
	Principal Global Real Estate Securities Fund	Mutual Funds - Registered Investment Company		41,613
*	Aggregate SDBA Assets	Self-Directed Brokerage Account		5,114
*	Nationwide Fixed Select Contract	Fixed Select Contract		2,185,345
				$ 9,595,846
*	Federated Hermes Government Obligations Fund	Cash equivalent		52,828
*	Notes receivales from participants	N/A		$ 160,559

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.