

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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: ☒ 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 CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/2012
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) CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. SAVINGS PLAN PO BOX 697 PATILLAS, PR 00723
2b	Employer Identification Number (EIN) 66-0430826
2c	Plan Sponsor's telephone number 787-839-4340
2d	Business code (see instructions) 622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	01/07/2025	MILDRED MOREL ORTIZ
	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

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 242
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 242 6a(2) 234 6b 6c 31 6d 265 6e 6f 265 6g(1) 188 6g(2) 191 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. SAVINGS PLAN	D Employer Identification Number (EIN) 66-0430826	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	514427-P1	87	04/01/2023	03/31/2024

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

(a) Total amount of commissions paid 1590	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
ALFREDO PEREZ GONZALEZ
LINCOLN FINANCIAL SECURITIES
PO BOX 1136 CAM RINCON
RINCON, PR 00677-1136

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1272			3

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

JANICE IRIZARRY NAZARIO
LINCOLN FINANCIAL SECURITIES
CARR 115 KM 12 VISTAMAR PLZ STE 5
RINCON, PR 00677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
318			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	

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** 391111**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. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 368431**c** Additions: (1) Contributions deposited during the year **7c(1)** 20327
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 4938
(4) Transferred from separate account **7c(4)** 86229
(5) Other (specify below) **7c(5)** 20638
▶(6) Total additions **7c(6)** 132132**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 500563**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 19363(2) Administration charge made by carrier **7e(2)** 490(3) Transferred to separate account **7e(3)** 89600(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 109453**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 391110

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024

A Name of plan CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC SAVINGS PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. SAVINGS PLAN	D Employer Identification Number (EIN) 66-0430826

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

No
- b

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

(b)

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

(b)

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)

EMPOWER ADVISORY GROUP LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	14740	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

BENEFIT CONSULTING GROUP OF PR INC

PO BOX 364173
SAN JUAN, PR 00936-4173

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	2756	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

EMPOWER ANNUITY INSURANCE COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	33087	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

LINCOLN FINANCIAL SECURITIES

PO BOX 2201
FORT WAYNE, IN 46801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	24411	Yes ☐ No ☒

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

LEAFHOUSE FINANCIAL ADVISORS LLC

6504 BRIDGE POINT PKWY STE 450
AUSTIN, TX 78730

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	2596	Yes ☐ No ☒	Yes ☐ No ☒	0	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
LINCOLN FINANCIAL SECURITIES	55	24411

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
GREAT WEST LIFE & ANNUITY INSURANCE 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMMISSIONS

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 04/01/2023 and ending 03/31/2024		
A Name of plan CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. SAVINGS PLAN	D Employer Identification Number (EIN) 66-0430826	

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: LARGE CAP VALUE FUND CLASS R1			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 38-4065329-426	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 213691	
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH FUND C1R			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 26-3783561-111	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18329	
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND FUND FEE CLASS R1			
b Name of sponsor of entity listed in (a): GREAT GRAY			
c EIN-PN 38-4116854-515	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40918	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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**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**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

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning <u>04/01/2023</u> and ending <u>03/31/2024</u>		
A Name of plan <u>CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. SAVINGS PLAN</u>		
		D Employer Identification Number (EIN) <u>66-0430826</u>

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	<u>192282</u>	<u>181933</u>
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	<u>4552865</u>	<u>6396485</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4745147	6578418
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	4745147	6578418

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)	713919	
(B) Participants	2a(1)(B)	620177	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1334096
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)	10294	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10294
(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)	109829	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		109829
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	630116	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		65886
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2150221

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	264375	
(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)		264375
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	52575	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		52575
j Total expenses. Add all expense amounts in column (b) and enter total	2j		316950

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1833271
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **JOSE GONZALEZ APONTE CPA**

(2) EIN: **66-0828334**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		250000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

**CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC
SAVINGS PLAN**

**FINANCIAL STATEMENT AND SUPPLEMENTAL SCHEDULE
FOR THE YEAR ENDED MARCH 31, 2024
TOGETHER WITH INDEPENDENT AUDITOR'S REPORT**

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

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Financial Statement for the Year Ended March 31, 2024:	
Statement of Net Assets Available for Benefits	4
Statement of Changes in Net Asset Available for Benefits	5
Notes to Financial Statements	6 - 12
Supplemental Schedule:	
Schedule H, line 4i- Schedule of Assets (Held at Year End) as of March 31, 2024	13
All other schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Joel I. González Aponte

Certified Public Accountant

1007 Ave. Muñoz Rivera, Oficina 310 San Juan, P.R 00925-2718

Tel.787.759.7960

cpajiga@outlook.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Centro de Servicios Primarios de Salud de Patillas, Inc Savings Plan
Patillas, P.R.

Opinion

I was engaged to audit the accompanying financial statements of Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan, which comprise the statements of net assets available for benefits as of March 31, 2024 and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2024, that the information provided to the plan administrator by the trustee is complete and accurate.

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; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan ability to continue as a going concern within one year after the date that the financial statements are issued.

Joel I. González Aponte, CPA

Member: Puerto Rico Society of Certified Public Accountants

Auditor's Responsibilities for the Audit of the Financial Statements

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 collusions, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an Audit in accordance with GAAS, we:

- Use professional judgment and exercise 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 Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan 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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan ability to continue as a going concern within one year after the date that the financial statements are issued.

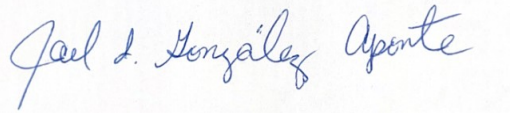
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and internal control related matters identified during our audit.

Other Matter

The supplemental Schedule H of Assets (Held at the End of Year) March 31, 2024 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



JOEL I. GONZALEZ APONTE, CPA

San Juan, Puerto Rico
December 5, 2024



D5819-11

CENTRO DE SERVICIOS PRIMARIOS DE
SALUD DE PATILLAS, INC. SAVING PLAN

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

STATEMENTS OF NET ASSET AVAILABLE FOR BENEFITS MARCH 31, 2024

Assets:

Investments:

Investments at fair market value	\$ 6,396,485
Participants' loans receivable	<u>181,933</u>

Net assets available for benefits	<u>\$ 6,578,418</u>
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The accompanying notes are an integral part of these financial statements.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED MARCH 31, 2024

Additions to net assets attributed to:

Investment income:

Interest and dividends	\$ 109,829
Net appreciation in fair value of investments	630,116
Realized gain on marketable securities	65,886
Total investment loss	<u>805,831</u>

Interest income on loans receivable participants	<u>10,294</u>
--	---------------

Contributions:

Participants	713,919
Employer	<u>620,177</u>

1,334,096

Total additions	2,150,221
-----------------	-----------

Deduction from net assets attributed to:

Benefits paid to participants	264,375
Fees	<u>52,575</u>

Total deductions	<u>316,950</u>
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Net increase	1,833,271
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Net assets available for benefits:

Beginning of year	<u>4,745,147</u>
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End of year	<u><u>\$ 6,578,418</u></u>
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The accompanying notes are an integral part of these financial statements.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 1 – DESCRIPTION OF THE PLAN

Centro de Servicios Primarios de Salud de Patillas, Inc Savings Plan (the “Plan”) is a defined contribution plan pursuant to Section 1081 (a) of the Puerto Rico Internal Revenue Code of 2011, as amended (“the Code”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was organized on October 1, 2012. New employees of Centro de Servicios Primarios de Salud de Patillas, Inc. (the “Sponsor”), that elect to participate in the Plan are admitted at the time the eligibility requirements are met.

Oriental Bank & Trust serves as the Plan trustee. The Administrative Committee, appointed by the Board of Trustees, acts as the Plan Administrator.

The following is a summary of the major provisions of the Plan. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

Contributions

Participants may make contributions as follows:

Pre-Tax Contributions may not exceed the amounts of \$15,000. Catch-up Contributions are not considered for purpose of this limitations unless otherwise provided by law or regulation.

Catch-up Contributions may only be made by participants who reach age 50 by the close of the Plan Year. Catch-up Contributions are limited to \$1,500 or other amount provided by applicable law.

After Tax Contributions in a Plan Year, if authorized, may not exceed 10% of the aggregate compensation paid to the Employee during all the years he or she has been a Plan Participant. After Tax Contributions may be subject to other restrictions and rules established by the Plan Administrator.

In addition, the Plan’s Trustee shall be authorized to receive rollover contributions if the employee has met participation requirement.

The Employer contributes to the Plan, on behalf of each Plan participant, 100% for each dollar of such participant’s contribution. However, Employer will not make matching contributions above 10% of the participant’s compensation. Such contribution will be deposited biweekly into the accounts of all eligible participants as determined by the Plan Administrator. The Employer has the right to designate all or a portion of the matching contribution as “Qualified”. To the extent matching contributions are so designated, they are nonforfeitable and may not be withdrawn from the Plan prior to separation from service or attainment of age 59½.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility

Employees who have attained 21 years of age and render service primarily within the Commonwealth of Puerto Rico are eligible to participate after six months of service to the Sponsor as defined in the Plan (the “Entry Date”).

Participant Accounts

Each participant’s account is credited with the participant’s contribution and an allocation of the Employer’s contributions, any Qualified Non-Elective Contribution and Plan earnings. It will be charged with withdrawals or distributions and an allocation of plan losses and administrative expenses, if any. 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.

Vesting

Contributions made by participants, rollover contributions and Qualified Non-Elective Contributions, plus or minus any earnings or losses, are **100%** vested at all times. Vesting in the Company’s contribution portion of their accounts is based on years of service. A participant is **100%** vested after six years of service.

However, a participant who terminates from service due to death, total and permanent disability or retirement on or after his normal retirement date, will automatically be **100%** vested in his employer contributions account. Normal retirement date is the date on which the participant attains age 65 or, if later, the fifth anniversary of the first day of the plan year in which the participant entered the Plan.

Forfeited Accounts

Forfeited balances of terminated non-vested participants are used to reduce related Plan cost and expenses. As of March 31, 2024 the forfeited balance in the Plan was not considered material.

Participant Loans

Participants may borrow from their fund accounts more than \$1,000. A loan to a participant shall not be in an amount that exceeds the lesser of **\$50,000** or **50%** of the vested participant’s account balances. A participant, however, may not have outstanding more than two loans in any Plan year. The maximum term of a loan is five years and 10 years only when the loan is for buy a principal residence.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Withdrawals and Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or periodical installments of substantially equal amounts over a period of years not to exceed ten (10) years.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States.

Date of Management's Review

Subsequent events were evaluated through December 5, 2024, which is the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

All investment funds of the Plan are participant-directed. Investments, which consist principally of mutual funds in Empower Retirement, LLC, are carried at their fair market value. Each fund's assets are valued primarily on the basis of market quotations. Oriental Bank & Trust, trustee of the plan, has provided information regarding fair value of investments. 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.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Appreciation (Depreciation) In Fair Value of Investments

Realized and unrealized appreciation (depreciation) in the fair value of investments is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation).

Payments of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Plan fees and expenses, including fees and expenses connected with the providing of administrative services by external services providers, are paid by the Plan Sponsor.

Participants' loan receivable

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred.

NOTE 3 – RISK AND UNCERTAINTIES

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

NOTE 4 – INFORMATION CERTIFIED BY THE ASSET CUSTODIAN AND TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from the Trustee that all information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments and earnings on investments is presented in reliance solely upon those certifications.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC

SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2024

NOTE 4 –INFORMATION CERTIFIED BY THE ASSET CUSTODIAN AND TRUSTEE (CONTINUED)

The following investment information certified by the custodian and trustee was not subject to any auditing procedures performed:

	March 31, 2024
Statement of net assets available for benefits:	
Investments:	
Investment at fair value	\$ 6,396,485
Participants' loans receivable	181,933
	<u>\$ 6,578,418</u>
 Statement of changes in net assets available for benefits:	
Investment loss:	
Interest and dividends	\$ 109,829
Interest income on loans receivable participants	10,294
Net appreciation in fair value of investments	630,116
Realized gain on marketable securities	65,886
	<u>\$ 816,125</u>

NOTE 5 – FAIR VALUE MEASUREMENTS

The measurement of fair value is based on assumptions used by market participants in pricing the asset. The estimate of an exchange price is the price in an orderly transactions between market participants to sell the asset ("exit price") in the principal market, or the most advantageous market in the absence of a principal market , for that asset, as opposed to the price that would be paid to acquire the asset ("entry price") . Pursuant to the Fair Value Measurement and Disclosure Topic of the FASB ASC, the financial instruments carried at fair value are categorized into three-level fair value hierarchy, based on the priority of inputs to the respective valuation technique. The three levels of the fair value hierarchy under FASB ASC described as follows:

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

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC

SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – Inputs to the valuation methodology include:

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

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Mutual funds are public investment vehicles valued using the Net Asset Value (“NAV”) provide by the administrator of the fund and focused on accumulating earnings while maintaining the appropriate level of diversified risk. The NAV is a quoted price in an active market; therefore, the mutual funds are classified within Level 1 of the fair value hierarchy.

The cash and cash equivalents mutual fund is a public investment vehicle valued using \$1 for de NAV. This fund is classified within Level 2 of the fair value hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the plan’s fair value measurements at March 31, 2024:

Fair Value Measurements at March 31, 2024

	(Level 1)	(Level 2)	(Level 3)	Total
Cash and cash equivalents	\$ -	\$ -	\$ -	\$ -
Equities – Mutual Funds	6,005,375	-	-	6,005,375
Fixed Income	391,110	-	-	391,110
Total	<u>\$ 6,396,485</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,396,485</u>

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 6 – INCOME TAXES

On June 20, 2021, the Puerto Rico Treasury Department issued a favorable determination letter confirming the qualified status of the Plan under the provisions of Section 1081.01(a) of the 2011 Code.

Accounting principles generally accepted in the United States of America require Plan Management to evaluate tax positions and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not be sustained upon examination by the Treasury Department. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2024, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or asset or disclosure in the financial statement. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

NOTE 7 – PLAN TERMINATION

Although the Centro de Servicios Primarios de Salud de Patillas, Inc Savings Plan intends to continue with the Plan indefinitely, they have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contribution.

NOTE 8 – RELATED PARTY TRANSACTIONS

Empower Retirement, LLC is the asset custodian and is contracted to manage the Plan's investments. These transactions qualify as party-in-interest transactions permitted under the provisions of ERISA and the regulations promulgated thereunder.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

There are no reconciling items between assets available for plan benefits at March 31, 2024 or increase in assets available for plan benefits for the year then ended per financial statements to Schedule H of Form 5500.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at End of Year) March 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify of issue, borrower, lessor or similar party		Description of investment including rate of interest, collateral, par, or maturity value	Cost	Current Value
Blackrock Lifepath Index 2030 K	*	Mutual fund	**	\$ 119,886
Blackrock Lifepath Index 2040 K	*	Mutual fund	**	547,035
Blackrock Lifepath Index 2045 K	*	Mutual fund	**	482,543
Blackrock Lifepath Index 2050 K	*	Mutual fund	**	513,249
Blackrock Lifepath Index 2055 K	*	Mutual fund	**	321,656
Blackrock Lifepath Index 2060 K	*	Mutual fund	**	93,940
American Fund Infaltion	*	Mutual fund	**	182,674
Fidelity 500	*	Mutual fund	**	437,117
Fidelity Emerging Market	*	Mutual fund	**	37,562
Fidelity Large Cap Growth	*	Mutual fund	**	320,589
Fidelity Large Cap Value	*	Mutual fund	**	214,009
Fidelity Mid Cap Growth	*	Mutual fund	**	74,322
Fidelity Mid Cap	*	Mutual fund	**	238,513
Fidelity Real Estate	*	Mutual fund	**	134,456
Fidelity Small Cap Growth	*	Mutual fund	**	41,356
Fidelity Small Cap	*	Mutual fund	**	116,529
Fidelity Small Cap Value	*	Mutual fund	**	15,678
Fidelity Total International	*	Mutual fund	**	827,701
Lord Abbet Bond	*	Mutual fund	**	36,812
PGIM Global	*	Mutual fund	**	57,524
State Street Aggregate	*	Mutual fund	**	919,288
Core Plus Bond Fund	*	Mutual fund	**	40,916
International Growth Fund	*	Mutual fund	**	18,329
Large Cap Value Fund	*	Mutual fund	**	213,691
 EI Fixed Account	 *	 Fixed Income	 **	 391,110
Loan to participants	*	Miscellaneous	**	181,933
				<u>\$ 6,578,418</u>
Total				

**CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC
SAVINGS PLAN**

**FINANCIAL STATEMENT AND SUPPLEMENTAL SCHEDULE
FOR THE YEAR ENDED MARCH 31, 2024
TOGETHER WITH INDEPENDENT AUDITOR'S REPORT**

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

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All other schedules required by the Department of Labor Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Joel I. González Aponte

Certified Public Accountant

1007 Ave. Muñoz Rivera, Oficina 310 San Juan, P.R 00925-2718

Tel.787.759.7960

cpajiga@outlook.com

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Centro de Servicios Primarios de Salud de Patillas, Inc Savings Plan
Patillas, P.R.

Opinion

I was engaged to audit the accompanying financial statements of Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan, which comprise the statements of net assets available for benefits as of March 31, 2024 and the related statement of changes in net assets available for benefits for the year then ended and the related notes to the financial statements.

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended March 31, 2024, that the information provided to the plan administrator by the trustee is complete and accurate.

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; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan ability to continue as a going concern within one year after the date that the financial statements are issued.

Joel I. González Aponte, CPA

Member: Puerto Rico Society of Certified Public Accountants

Auditor's Responsibilities for the Audit of the Financial Statements

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 collusions, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

In performing an Audit in accordance with GAAS, we:

- Use professional judgment and exercise 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 Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan 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 consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Centro de Servicios Primarios de Salud de Patillas, Inc Savins Plan ability to continue as a going concern within one year after the date that the financial statements are issued.

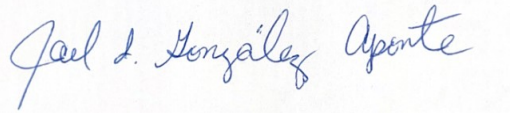
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and internal control related matters identified during our audit.

Other Matter

The supplemental Schedule H of Assets (Held at the End of Year) March 31, 2024 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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

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



JOEL I. GONZALEZ APONTE, CPA

San Juan, Puerto Rico
December 5, 2024



D5819-11

CENTRO DE SERVICIOS PRIMARIOS DE
SALUD DE PATILLAS, INC. SAVING PLAN

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

STATEMENTS OF NET ASSET AVAILABLE FOR BENEFITS MARCH 31, 2024

Assets:

Investments:

Investments at fair market value	\$ 6,396,485
Participants' loans receivable	<u>181,933</u>

Net assets available for benefits	<u>\$ 6,578,418</u>
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The accompanying notes are an integral part of these financial statements.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED MARCH 31, 2024

Additions to net assets attributed to:

Investment income:

Interest and dividends	\$ 109,829
Net appreciation in fair value of investments	630,116
Realized gain on marketable securities	65,886
Total investment loss	<u>805,831</u>

Interest income on loans receivable participants	<u>10,294</u>
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Contributions:

Participants	713,919
Employer	<u>620,177</u>

1,334,096

Total additions	2,150,221
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Deduction from net assets attributed to:

Benefits paid to participants	264,375
Fees	<u>52,575</u>

Total deductions	<u>316,950</u>
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Net increase	1,833,271
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Net assets available for benefits:

Beginning of year	<u>4,745,147</u>
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End of year	<u><u>\$ 6,578,418</u></u>
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The accompanying notes are an integral part of these financial statements.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 1 – DESCRIPTION OF THE PLAN

Centro de Servicios Primarios de Salud de Patillas, Inc Savings Plan (the “Plan”) is a defined contribution plan pursuant to Section 1081 (a) of the Puerto Rico Internal Revenue Code of 2011, as amended (“the Code”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”). The Plan was organized on October 1, 2012. New employees of Centro de Servicios Primarios de Salud de Patillas, Inc. (the “Sponsor”), that elect to participate in the Plan are admitted at the time the eligibility requirements are met.

Oriental Bank & Trust serves as the Plan trustee. The Administrative Committee, appointed by the Board of Trustees, acts as the Plan Administrator.

The following is a summary of the major provisions of the Plan. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

Contributions

Participants may make contributions as follows:

Pre-Tax Contributions may not exceed the amounts of \$15,000. Catch-up Contributions are not considered for purpose of this limitations unless otherwise provided by law or regulation.

Catch-up Contributions may only be made by participants who reach age 50 by the close of the Plan Year. Catch-up Contributions are limited to \$1,500 or other amount provided by applicable law.

After Tax Contributions in a Plan Year, if authorized, may not exceed 10% of the aggregate compensation paid to the Employee during all the years he or she has been a Plan Participant. After Tax Contributions may be subject to other restrictions and rules established by the Plan Administrator.

In addition, the Plan’s Trustee shall be authorized to receive rollover contributions if the employee has met participation requirement.

The Employer contributes to the Plan, on behalf of each Plan participant, 100% for each dollar of such participant’s contribution. However, Employer will not make matching contributions above 10% of the participant’s compensation. Such contribution will be deposited biweekly into the accounts of all eligible participants as determined by the Plan Administrator. The Employer has the right to designate all or a portion of the matching contribution as “Qualified”. To the extent matching contributions are so designated, they are nonforfeitable and may not be withdrawn from the Plan prior to separation from service or attainment of age 59½.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Eligibility

Employees who have attained 21 years of age and render service primarily within the Commonwealth of Puerto Rico are eligible to participate after six months of service to the Sponsor as defined in the Plan (the “Entry Date”).

Participant Accounts

Each participant’s account is credited with the participant’s contribution and an allocation of the Employer’s contributions, any Qualified Non-Elective Contribution and Plan earnings. It will be charged with withdrawals or distributions and an allocation of plan losses and administrative expenses, if any. 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.

Vesting

Contributions made by participants, rollover contributions and Qualified Non-Elective Contributions, plus or minus any earnings or losses, are **100%** vested at all times. Vesting in the Company’s contribution portion of their accounts is based on years of service. A participant is **100%** vested after six years of service.

However, a participant who terminates from service due to death, total and permanent disability or retirement on or after his normal retirement date, will automatically be **100%** vested in his employer contributions account. Normal retirement date is the date on which the participant attains age 65 or, if later, the fifth anniversary of the first day of the plan year in which the participant entered the Plan.

Forfeited Accounts

Forfeited balances of terminated non-vested participants are used to reduce related Plan cost and expenses. As of March 31, 2024 the forfeited balance in the Plan was not considered material.

Participant Loans

Participants may borrow from their fund accounts more than \$1,000. A loan to a participant shall not be in an amount that exceeds the lesser of **\$50,000** or **50%** of the vested participant’s account balances. A participant, however, may not have outstanding more than two loans in any Plan year. The maximum term of a loan is five years and 10 years only when the loan is for buy a principal residence.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 1 – DESCRIPTION OF THE PLAN (CONTINUED)

Withdrawals and Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or periodical installments of substantially equal amounts over a period of years not to exceed ten (10) years.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States.

Date of Management's Review

Subsequent events were evaluated through December 5, 2024, which is the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

All investment funds of the Plan are participant-directed. Investments, which consist principally of mutual funds in Empower Retirement, LLC, are carried at their fair market value. Each fund's assets are valued primarily on the basis of market quotations. Oriental Bank & Trust, trustee of the plan, has provided information regarding fair value of investments. 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.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Appreciation (Depreciation) In Fair Value of Investments

Realized and unrealized appreciation (depreciation) in the fair value of investments is based on the difference between the fair value of the assets at the beginning of the year, or at the time of purchased during the year, and the related fair value on the day investments are sold with respect to realized appreciation (depreciation), or on the last day of the year for unrealized appreciation (depreciation).

Payments of Benefits

Benefit payments are recorded when paid.

Administrative Expenses

Plan fees and expenses, including fees and expenses connected with the providing of administrative services by external services providers, are paid by the Plan Sponsor.

Participants' loan receivable

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are included in administrative expenses when incurred.

NOTE 3 – RISK AND UNCERTAINTIES

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

NOTE 4 – INFORMATION CERTIFIED BY THE ASSET CUSTODIAN AND TRUSTEE

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan Administrator has obtained certifications from the Trustee that all information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments and earnings on investments is presented in reliance solely upon those certifications.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC

SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2024

NOTE 4 – INFORMATION CERTIFIED BY THE ASSET CUSTODIAN AND TRUSTEE (CONTINUED)

The following investment information certified by the custodian and trustee was not subject to any auditing procedures performed:

	March 31, 2024
Statement of net assets available for benefits:	
Investments:	
Investment at fair value	\$ 6,396,485
Participants' loans receivable	181,933
	<u>\$ 6,578,418</u>
 Statement of changes in net assets available for benefits:	
Investment loss:	
Interest and dividends	\$ 109,829
Interest income on loans receivable participants	10,294
Net appreciation in fair value of investments	630,116
Realized gain on marketable securities	65,886
	<u>\$ 816,125</u>

NOTE 5 – FAIR VALUE MEASUREMENTS

The measurement of fair value is based on assumptions used by market participants in pricing the asset. The estimate of an exchange price is the price in an orderly transactions between market participants to sell the asset ("exit price") in the principal market, or the most advantageous market in the absence of a principal market, for that asset, as opposed to the price that would be paid to acquire the asset ("entry price"). Pursuant to the Fair Value Measurement and Disclosure Topic of the FASB ASC, the financial instruments carried at fair value are categorized into three-level fair value hierarchy, based on the priority of inputs to the respective valuation technique. The three levels of the fair value hierarchy under FASB ASC described as follows:

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

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC

SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

YEAR ENDED MARCH 31, 2024

NOTE 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – Inputs to the valuation methodology include:

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

Level 3 – Inputs to the valuation methodology are unobservable inputs in situations where there is little or no market activity for the asset or liability and the reporting entity makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

Mutual funds are public investment vehicles valued using the Net Asset Value (“NAV”) provide by the administrator of the fund and focused on accumulating earnings while maintaining the appropriate level of diversified risk. The NAV is a quoted price in an active market; therefore, the mutual funds are classified within Level 1 of the fair value hierarchy.

The cash and cash equivalents mutual fund is a public investment vehicle valued using \$1 for de NAV. This fund is classified within Level 2 of the fair value hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the plan’s fair value measurements at March 31, 2024:

Fair Value Measurements at March 31, 2024

	(Level 1)	(Level 2)	(Level 3)	Total
Cash and cash equivalents	\$ -	\$ -	\$ -	\$ -
Equities – Mutual Funds	6,005,375	-	-	6,005,375
Fixed Income	391,110	-	-	391,110
Total	<u>\$ 6,396,485</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 6,396,485</u>

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

NOTE 6 – INCOME TAXES

On June 20, 2021, the Puerto Rico Treasury Department issued a favorable determination letter confirming the qualified status of the Plan under the provisions of Section 1081.01(a) of the 2011 Code.

Accounting principles generally accepted in the United States of America require Plan Management to evaluate tax positions and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not be sustained upon examination by the Treasury Department. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of March 31, 2024, there are no uncertain positions taken or expected to be taken that would require the recognition of a liability or asset or disclosure in the financial statement. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress.

NOTE 7 – PLAN TERMINATION

Although the Centro de Servicios Primarios de Salud de Patillas, Inc Savings Plan intends to continue with the Plan indefinitely, they have the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contribution.

NOTE 8 – RELATED PARTY TRANSACTIONS

Empower Retirement, LLC is the asset custodian and is contracted to manage the Plan's investments. These transactions qualify as party-in-interest transactions permitted under the provisions of ERISA and the regulations promulgated thereunder.

NOTE 9 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

There are no reconciling items between assets available for plan benefits at March 31, 2024 or increase in assets available for plan benefits for the year then ended per financial statements to Schedule H of Form 5500.

CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS YEAR ENDED MARCH 31, 2024

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (Held at End of Year) March 31, 2024

(a)	(b)	(c)	(d)	(e)
Identify of issue, borrower, lessor or similar party		Description of investment including rate of interest, collateral, par, or maturity value	Cost	Current Value
Blackrock Lifepath Index 2030 K	*	Mutual fund	**	\$ 119,886
Blackrock Lifepath Index 2040 K	*	Mutual fund	**	547,035
Blackrock Lifepath Index 2045 K	*	Mutual fund	**	482,543
Blackrock Lifepath Index 2050 K	*	Mutual fund	**	513,249
Blackrock Lifepath Index 2055 K	*	Mutual fund	**	321,656
Blackrock Lifepath Index 2060 K	*	Mutual fund	**	93,940
American Fund Infaltion	*	Mutual fund	**	182,674
Fidelity 500	*	Mutual fund	**	437,117
Fidelity Emerging Market	*	Mutual fund	**	37,562
Fidelity Large Cap Growth	*	Mutual fund	**	320,589
Fidelity Large Cap Value	*	Mutual fund	**	214,009
Fidelity Mid Cap Growth	*	Mutual fund	**	74,322
Fidelity Mid Cap	*	Mutual fund	**	238,513
Fidelity Real Estate	*	Mutual fund	**	134,456
Fidelity Small Cap Growth	*	Mutual fund	**	41,356
Fidelity Small Cap	*	Mutual fund	**	116,529
Fidelity Small Cap Value	*	Mutual fund	**	15,678
Fidelity Total International	*	Mutual fund	**	827,701
Lord Abbet Bond	*	Mutual fund	**	36,812
PGIM Global	*	Mutual fund	**	57,524
State Street Aggregate	*	Mutual fund	**	919,288
Core Plus Bond Fund	*	Mutual fund	**	40,916
International Growth Fund	*	Mutual fund	**	18,329
Large Cap Value Fund	*	Mutual fund	**	213,691
EI Fixed Account	*	Fixed Income	**	391,110
Loan to participants	*	Miscellaneous	**	181,933
				\$ 6,578,418
Total				