

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: 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

<p>1a Name of plan <u>401(A) PROFIT-SHARING PLAN FOR EMPLOYEES OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>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) <u>FAMILY HEALTH CENTERS OF SOUTH</u></p> <p><u>PO BOX 1357</u> <u>FORT MYERS, FL 33902-1357</u></p>	<p>1c Effective date of plan <u>02/01/2011</u></p> <p>2b Employer Identification Number (EIN) <u>59-1741273</u></p> <p>2c Plan Sponsor's telephone number <u>239-278-3600</u></p> <p>2d Business code (see instructions) <u>621498</u></p>

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.	10/09/2025	DANIEL GRIFFITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	831
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)	548
	6a(2)	636
	6b	32
	6c	221
	6d	889
	6e	1
	6f	890
	6g(1)	803
6g(2)	851	
6h	12	
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:
2G 2E 2J 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

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

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

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

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

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

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

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan 401(A) PROFIT-SHARING PLAN FOR EMPLOYEES OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</p>	<p>B Three-digit plan number (PN) ▶ 003</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY HEALTH CENTERS OF SOUTH</p>	<p>D Employer Identification Number (EIN) 59-1741273</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
MUTUAL OF AMERICA SEC. CORP LLC

(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
13-1614399	88668	058371	851	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 12190
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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
SOUTH FLORIDA
1150 BROKEN SOUND PARKWAY NW
3RD FLOOR
BOCA RATON, FL 33487

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	12190	PORTION OF INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II	Investment and Annuity Contract Information	
	Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.	
4	Current value of plan's interest under this contract in the general account at year end	4410477
5	Current value of plan's interest under this contract in separate accounts at year end.....	25216208
6	Contracts With Allocated Funds:	
a	State the basis of premium rates ▶	
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input checked="" type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 4316601
c	Additions: (1) Contributions deposited during the year	7c(1) 402623
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 122449
	(4) Transferred from separate account	7c(4) 245941
	(5) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	7c(5) 4655745
	(6) Total additions	7c(6) 5426758
d	Total of balance and additions (add lines 7b and 7c(6))	7d 9743359
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 67938
	(2) Administration charge made by carrier.....	7e(2) 994
	(3) Transferred to separate account	7e(3) 591012
	(4) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	7e(4) 4672938
(5) Total deductions	7e(5) 5332882	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 4410477

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

A Name of plan 401(A) PROFIT-SHARING PLAN FOR EMPLOYEES OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY HEALTH CENTERS OF SOUTH	D Employer Identification Number (EIN) 59-1741273	

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

DWS **210 WEST 10TH STREET**
KANSAS CITY, MO 64105

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

FIDELITY INVESTMENTS **82 DEVONSHIRE STREET**
BOSTON, MA 02109

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

GOLDMAN SACHS **200 WEST STREET**
NEW YORK, NY 10282

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

MUTUAL OF AMERICA **320 PARK AVE**
NEW YORK, NY 10022

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

NEUBERGER BERMAN

1290 AVENUE OF THE AMERICAS
NEW YORK, NY 10104

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

INVESCO

11 GREENWAY PLAZA
STE. 2500
HOUSTON, TX 77046

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

VANGUARD

100 VANGUARD BOULEVARD
MALVERN, PA 19355

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

AMERICAN CENTURY INVESTMENTS

P.O. BOX 419200
4500 MAIN STREET
KANSAS CITY, MO 64141

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

MFS

111 HUNTINGTON AVENUE
BOSTON, MA 02199

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

DELAWARE FUNDS BY MACQUARIE

PO BOX 9876
PROVIDENCE, RI 02940

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

VICTORY CAPITAL MANAGEMENT INC.

15935 LA CANTERA PARKWAY
BUILDING TWO
SAN ANTONIO, TX 78256

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

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

(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

(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

(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)

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(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?
12 15 37 65	RECORD KEEPER	11548	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>401(A) PROFIT-SHARING PLAN FOR EMPLOYEES OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FAMILY HEALTH CENTERS OF SOUTH</u>	D Employer Identification Number (EIN) <u>59-1741273</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER SA1</u>		
b Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>		
c EIN-PN <u>13-1614399-003</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25216211</u>
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 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)		

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan 401(A) PROFIT-SHARING PLAN FOR EMPLOYEES OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 FAMILY HEALTH CENTERS OF SOUTH	D Employer Identification Number (EIN) 59-1741273

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	19542096	25216208
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4316601	4410477
(15) Other	1c(15)	0	0

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	23858697	29626685
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	23858697	29626685

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)	3136432	
(B) Participants.....	2a(1)(B)	0	
(C) Others (including rollovers).....	2a(1)(C)	51474	
(2) Noncash contributions.....	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3187906
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	0	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	0	
(F) Other.....	2b(1)(F)	122449	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		122449
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3485554
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		9741
d Total income. Add all income amounts in column (b) and enter total	2d		6805650

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1029443	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1029443
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)		
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(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)	8219	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8219
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1037662

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5767988
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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: HSC/TUSCAN & COMPANY, PA

(2) EIN: 59-2309183

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>401(A) PROFIT-SHARING PLAN FOR EMPLOYEES OF FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY HEALTH CENTERS OF SOUTH</u>	D Employer Identification Number (EIN) <u>59-1741273</u>	

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-3590259

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**FAMILY HEALTH CENTERS
OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
FINANCIAL STATEMENTS, TOGETHER WITH
REPORT OF INDEPENDENT AUDITOR
YEARS ENDED
DECEMBER 31, 2024 AND 2023**

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 All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because there is no information to report.	

HSC/Tuscan & Company, PA

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

INDEPENDENT AUDITOR'S REPORT

Plan Committee
Family Health Centers of Southwest Florida, Inc.
401(a) Profit-Sharing Plan
P.O. Box 1357
Fort Myers, Florida 33902

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

We have performed audits of the accompanying financial statements (modified cash basis) and the supplementary schedules of Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the Statements of Net Assets Available for Plan Benefits (modified cash basis) as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Plan Benefits (modified cash basis) for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan by Mutual of America Life Insurance Company that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets held are prepared and certified by Mutual of America Life Insurance Company in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained certifications from Mutual of America Life Insurance Company as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note D to the financial statements, is complete and accurate.

INTEGRITY SERVICE EXPERIENCE

Opinion

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

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

Basis for Opinion

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

Basis of Accounting

As described in NOTE B, these financial statements and the supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Management's Responsibilities for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in these circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, Plan management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risk 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 made by management, as well as evaluate the overall presentation of 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 Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's internal controls. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of the modified cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

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

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

Supplementary Schedules Required by ERISA

The supplementary schedules of Reportable Transactions and Assets Held for Investment Purposes (modified cash basis) are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplementary schedules, other than that agreed to or derived from certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplementary schedules that agreed to or is derived from the certified investment information, we

Plan Committee
Family Health Centers of Southwest Florida, Inc.
401(a) Profit-Sharing Plan
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compared such information to the related certified investment information.

In forming our opinion on the supplementary schedules, we evaluated whether the supplementary schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

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

HSC/Tuscan & Company, P.A.

HSC/TUSCAN & COMPANY, P.A.
Fort Myers, Florida
September 4, 2025

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(MODIFIED CASH BASIS)
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments, at fair value		
Mutual of America Life Insurance Company		
Contract Number 058-371-F-1A		
General interest accumulation account	\$ 4,410,477	\$ 4,316,601
Pooled Separate Accounts	<u>25,216,208</u>	<u>19,542,096</u>
TOTAL INVESTMENTS	<u>29,626,685</u>	<u>23,858,697</u>
Employer contributions receivable		
Required employer contributions	222,605	253,421
Other employer corrective contributions	-	22,493
Discretionary employer contributions	<u>931,153</u>	<u>820,005</u>
	<u>1,153,758</u>	<u>1,095,919</u>
TOTAL ASSETS AT FAIR VALUE	<u>30,780,443</u>	<u>24,954,616</u>
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 30,780,443</u>	<u>\$ 24,954,616</u>

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

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR
PLAN BENEFITS (MODIFIED CASH BASIS)
Years ended December 31, 2024 and 2023

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

	<u>2024</u>	<u>2023</u>
Investment income (loss)		
Investment earnings:		
Interest, dividends and other	\$ 122,449	\$ 66,060
Other income	9,741	-
Net realized and unrealized gains & losses	<u>3,485,554</u>	<u>3,201,173</u>
TOTAL INVESTMENT INCOME (LOSS)	<u>3,617,744</u>	<u>3,267,233</u>
Contributions		
Employer (cash):		
Required contributions	2,263,118	1,768,895
Corrective contributions	-	22,493
Discretionary contributions	931,153	820,005
Rollovers	<u>51,474</u>	<u>162,827</u>
TOTAL CONTRIBUTIONS	<u>3,245,745</u>	<u>2,774,220</u>
TOTAL ADDITIONS (REDUCTIONS) TO NET ASSETS	<u>6,863,489</u>	<u>6,041,453</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	1,029,443	1,440,321
Other expenses	-	9,741
Administrative expenses	<u>8,219</u>	<u>4,298</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>1,037,662</u>	<u>1,454,360</u>

Net increase (decrease) in net assets	5,825,827	4,587,093
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Net assets available for plan benefits:

BEGINNING OF YEAR	<u>24,954,616</u>	<u>20,367,523</u>
END OF YEAR	<u>\$ 30,780,443</u>	<u>\$ 24,954,616</u>

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

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of Family Health Centers of Southwest Florida, Inc.'s (the "Family Health Centers") 401(a) Profit-Sharing Plan (the "Plan") provides only general information. Participants should refer to the Summary Plan Description or Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a participant directed single-employer, defined contribution 401(a) profit-sharing plan (Plan 003) covering all eligible employees of Family Health Centers. The Plan was previously referred to as "Benefit Plan of Family Health Centers of Southwest Florida, Inc.", "Money Purchase Pension Plan," "Thrift 401(a) Money Purchase Pension Plan Fund" and "Employee Benefit Plan of Family Health Centers of Southwest Florida, Inc." in its various filings and legal documents. The Plan now operates under the name of the "401(a) Profit-Sharing Plan" for Employees of Family Health Centers of Southwest Florida, Inc. and the net assets available for Plan benefits of the Plan are reported herein. As such, effective February 1, 2011, the Plan transferred its assets from the Thrift 401(a) Money Purchase Pension Plan Fund to the 401(a) Profit-Sharing Plan. The Plan provides for required and discretionary employer contributions. The Plan prohibits employee contributions. The Plan was originally adopted on January 1, 1978, and amended January 1, 1994. The Plan was subsequently amended for certain law and technical changes on November 19, 2002. The Plan was, again, amended to reduce the employer required contribution rate from 8.75% to 5.0% of qualified employee compensation effective November 1, 2006. The Plan was further amended on February 1, 2011, to provide for discretionary employer contribution of 2% of qualified compensation of eligible participants enrolled in the Plan. Effective January 1, 2016, the Plan was clarified to direct future Plan forfeitures to reduce future employer contributions. The Plan was restated effective January 1, 2022, as required in compliance with Federal law. The Plan is designated Plan #003 and is intended to provide participants with future retirement benefit opportunities. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration

The management and administration of the Plan is the responsibility of Family Health Centers (the "Company") or its designee. Family Health Centers has designated Mutual of America Life Insurance Company (Mutual) as trustee of all the Plan's

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan Administration, continued

assets including substantially all the responsibility for investment and reinvestment at the direction of the participants. Mutual also has the responsibility for control and disbursement of the funds of the Plan. Mutual holds, and is the custodian of, all the assets of the Plan. Mutual acts as Family Health Centers' designated Servicing Agent and accounts for participant information and the Plan's annual financial activity and reporting.

Administrative expenses incurred by the designated Trustee are paid for by the Plan with Plan assets. All other Plan expenses (including the custodial fees of participant charges, per life charges, and contract fees) are paid for by Family Health Centers.

Eligibility

All employees, except non-resident aliens, and leased employees qualify for participation in the Plan at the beginning of the month immediately following completion of one year of service and the attainment of age twenty-one (21) having completed a minimum of 1,000 hours of service in the year of entry to the Plan.

Plan Receivables

During January 2025, the Board approved an employer discretionary contribution to all employees who were enrolled in the Plan as of December 31, 2024 for the year ended December 31, 2024. This additional employer discretionary contribution was 2.0% of the employee's qualified compensation. The amount of this contribution was \$931,153, which was paid to the Plan in February 2025.

During January 2024, the Board approved an employer discretionary contribution to all employees who were enrolled in the Plan as of December 31, 2023 for the year ended December 31, 2023. This additional employer discretionary contribution was 2.0% of the employee's qualified compensation. The amount of this contribution was \$820,005, which was paid to the Plan in February 2024.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Plan Receivables, continued

Required employer contributions receivable at December 31, 2024 and 2023 were \$222,605 and \$253,421, respectively.

Contributions

Employer:

The Plan was amended effective January 1, 1994, to allow Family Health Centers (Employer) to make monthly contributions to the Plan equal to 8.75% of qualified employee compensation. The Plan was then amended effective November 1, 2006. This amendment changed the required employer contribution (non-matching) percentage from 8.75% to 5% of qualified employee compensation. The Plan was, subsequently, amended to provide for discretionary employer contributions. Effective February 1, 2011, employer discretionary contributions (non-match) were fixed at 2% of employee compensation. However, the Plan also allows for additional employer discretionary contributions. This amount, if any, is determinable at the discretion of the employer and approved by the board. Contributions are made without regard to current or accumulated net profits. All employer contributions were in the form of cash or forfeitures.

Employee:

No employee contributions are required or permitted.

The Plan accepts rollover contributions.

Forfeitures

As of December 31, 2024 and 2023, forfeited non-vested accounts unallocated to participants totaled \$3,656 and \$3,557, respectively. These accounts are invested in the general interest accumulation account and will be used to reduce future employer contributions. During the years ended December 31, 2024 and 2023, employer contributions were reduced by \$185,657 and \$381,347 from forfeited non-vested accounts, respectively.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN, CONTINUED

Participant Accounts

Each participant's account is credited with the allocation of Family Health Centers' contribution based upon each participant's qualified compensation. Amounts allocated to accounts of vested participants who, at Plan year end, have terminated from the Plan (retired or become disabled) but have not been paid are identified by the trustee/custodian and will be disbursed as prescribed by the Plan documents and as elected by the participant. At December 31, 2024 and 2023, such allocated amounts were \$5,792,083 and \$4,387,998, respectively. Plan earnings, gains, losses, and expenses are allocated based on individual participant's account balances. The benefit to which a participant is entitled is the benefit that can be provided from the respective participant's vested account.

Participants may select any of the investment options as listed in Note D, to invest their respective participant account.

Vesting

Participants become 100% vested upon attainment of normal retirement age (i.e.: 65) or five (5) years of qualified service or if employment terminates prior to attainment of normal retirement age due to death or disability. Upon termination of employment for any other reason, a participant is entitled to a portion of employer contributions in their account in accordance with the following vesting schedule:

<u>Years of Vesting Service</u>	<u>Vested Percentage</u>
Less than 1	0%
One	10%
Two	20%
Three	40%
Four	60%
Five or more	100%

Employees are immediately vested in their own (employee) rollover contributions.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

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NOTE A - DESCRIPTION OF PLAN, CONTINUED

Vesting, continued

Effective January 1, 2002, credited service with member organizations of Health Choice Network shall be counted towards the minimum service and years of Plan vesting requirements.

Participant Loans

No participant loans are permitted under this Plan.

Payment of Benefits

Upon termination of service, retirement, early retirement, death or disability a participant may, with spousal consent, elect to receive either a lump-sum amount equal to the value of their account or various installment plans over a specified time frame. Early retirement age is defined as attainment of age 55. Normal retirement age is defined as attainment of age 65. If a participant elects payment of benefits while actively employed, required minimum distributions must be paid in the form of annual withdrawals. Accounts of \$1,000 or less upon termination will be automatically distributed.

Hardship withdrawals and in-service withdrawals are not permitted.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies used in the preparation of these financial statements:

Accounting Basis

The Family Health Centers of Southwest Florida, Inc. 401(a) Profit-Sharing Plan prepares its financial statements and notes thereto using the modified cash basis of accounting. Under this comprehensive basis of accounting, generally, no provision will be made to record items which have been incurred but not paid or earned but not received. Accordingly, the accompanying financial statements are not intended to present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

401(a) PROFIT-SHARING PLAN

NOTES TO THE FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Fair Value of Financial Instruments

FASB ASC 825-10-50-21 (formerly Financial Accounting Standards Board Statement No. 107), "Disclosures About Fair Value of Financial Instruments," requires disclosure of fair value information about financial instruments for which it is practicable to estimate that value. The carrying amounts of cash and money market accounts approximate fair value due to the short maturity of those instruments.

Investments

The Plan's investments are stated at fair market value. The value of each pooled separate account is determined at the close of each business day based on quoted or appraised market value. The value of each such account is expressed in units. The unit value is the dollar value of one unit and is determined at the close of each business day by dividing the value of the entire account by the total number of units in the account. The units of the guaranteed interest account (interest accumulation account) are stated at fair value, which is the value paid any time funds are withdrawn prior to their maturity.

Allowance for Credit Losses

The Plan records receivables for employer contributions that are remitted to the Plan subsequent to the Plan's year end. The Plan recognizes an expected allowance for credit losses that is updated to reflect any changes in credit risk since the receivable was initially recorded. The estimated allowance for credit losses is based on historical, current and expected future conditions. No significant deteriorations are expected in the future economic conditions, therefore management has determined that no allowance for credit losses is necessary for the years ended December 31, 2024 or 2023.

Income Recognition

Transactions are accounted for using the transaction date. Realized gains or losses are determined on the basis of actual cost. In accordance with the policy of stating investments at fair value, any change in unrealized appreciation or depreciation for the year is reflected in the Statements of Changes in Net Assets Available for Plan Benefits. Both realized and unrealized gain/appreciation and loss/depreciation, as well as interest/dividend income, are recorded and reflected as investment income.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Income Tax Status

The Plan received an original determination letter from the IRS dated February 11, 1997, stating that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Due to various amendments being implemented subsequent to the receipt of the original determination letter, the Plan received its most recent determination letter from the IRS dated November 30, 2020. Although the Plan has been amended since receiving the most recent determination letter, the Plan's management believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and believe that the Plan is qualified and tax exempt. Therefore, no income tax expense was incurred or accrued.

Accounting principles require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

The Plan's annual return Form 5500 for the prior three (3) fiscal years remain open and subject to examination by tax authorities, and may change upon examination.

Parties-in-Interest Transactions

Plan investments are held by Mutual, which is the Trustee/Custodian as defined by the Plan. Mutual also performs certain Plan administrative functions and is considered a party-in-interest.

Certain administrative functions are performed by employees of the employer (Plan sponsor). No such employee receives compensation from the Plan. The Company is also considered a party-in-interest.

Plan Termination

Although Family Health Centers has not expressed any intent to do so, Family Health Centers has 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 become 100% vested in their individual accounts.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

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NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets, liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results may differ from those estimates.

Subsequent Events

Subsequent events have been evaluated through September 4, 2025, which is the date the financial statements were available to be issued.

NOTE C - MARKET RISK

The Plan invests in various pooled separate account investments. All of the Plan's investments are recorded at fair market value, in accordance with the reporting requirements governing the Plan, with net changes in value reflected as net appreciation (depreciation) in fair value of investments. The market value of these investments is primarily dependent upon the national and global economy and are subject to market factors and fluctuation, which may result in a loss of capital (principal).

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE D - INVESTMENTS

The following table represents the fair value of the Plan's investments maintained by the trustee/custodian at December 31:

	2024	2023
<u>Mutual (Custodian and Trustee)**</u>		
(1) General Interest Accumulation Account	\$ 4,410,477 *	\$ 4,316,601 *
Pooled Separate Accounts:		
(1) Aggressive Allocation Fund	2,510,616 *	2,073,111 *
(1) Conservative Allocation Fund	65,655	55,160
(1) Moderate Allocation Fund	754,482	744,556
(1) Bond Fund	171,849	174,008
(1) T. Rowe Price Blue Chip Growth	915,912	621,358
(1) Composite Fund	20,047	14,367
(1) Calvert Social Balanced Fund	22,845	14,292
(1) Delaware VIP Small Cap Value	20,635	17,035
(1) Equity Index Fund	2,276,601 *	1,972,019 *
(1) Fidelity VIP Mid Cap	604,893	507,858
(1) Fidelity VIP II Asset Manager	276,467	246,797
(1) Fidelity VIP II Contrafund	1,884,421 *	1,433,193 *
(1) Fidelity VIP Equity - Income	163,372	110,022
(1) Goldman Sachs VIT US Equity	26,920	17,070
(1) Goldman Sachs VIT Small Cap	29,197	8,584
(1) American Funds IS New World	58,126	21,887
(1) MFS VIT III Mid Cap Value	11,044	978
(1) Money Market Fund	241,087	91,430
(1) Mid-Term Bond Fund	35,373	34,555
(1) Mid-Cap Equity Index Fund	648,569	574,890
(1) Mid Cap Value Fund	70,792	65,825
(1) Neuberger Berman Sustainable Equity	27,180	18,336
(1) International Fund	62,881	26,621
(1) Invesco V.I. Main Street	25,804	23,223
(1) Retirement Income Fund	92,173	72,796
(1) Vanguard VIF REIT Index	56,697	45,591
(1) PIMCO VIT Real Return	6,663	28,874
(1) Victory RS Small Cap Growth	30,810	22,078
(1) 2015 Retirement Fund	5,651	4,549
(1) 2021 Retirement Fund	129,949	104,204
(1) 2025 Retirement Fund	590,877	448,279
(1) 2030 Retirement Fund	639,821	495,692
(1) 2035 Retirement Fund	513,028	407,341
(1) 2040 Retirement Fund	1,096,553	759,789
(1) 2045 Retirement Fund	1,517,253	1,179,825
(1) 2050 Retirement Fund	2,370,016 *	1,753,856 *
(1) 2055 Retirement Fund	2,393,706 *	1,638,082 *
(1) 2060 Retirement Fund	1,117,401	800,090
(1) 2065 Retirement Fund	453,724	196,925
(1) All America Fund	75,451	69,456
(1) Small Cap Equity Index Fund	88,476	73,633
(1) DWS Capital Growth VIP	616,049	397,721
(1) Small Cap Growth Fund	347,044	387,861
(1) Small Cap Value Fund	157,326	163,875
(1) American Century VP Capital Appreciation	823,040	627,436
(1) Vanguard VIF Diversified Value	406,257	355,096
(1) Vanguard VIF International	671,498	601,875
(1) Vanguard Total Bond Market 1	91,977	39,997
	<u>25,216,208</u>	<u>19,542,096</u>
TOTAL INVESTMENTS	\$ <u>29,626,685</u>	\$ <u>23,858,697</u>

* Investments equal to or greater than 5% of assets available for Plan benefits at the end of the Plan year.

** Mutual is considered a Party-in-Interest

(1) Investment held by Mutual Life Insurance Company.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE D - INVESTMENTS, CONTINUED

Information Certified by Trustee

The Plan administrator has received certification from the trustee/custodian as to all data appearing in the financial statements (including data regarding investments appearing in NOTE D, which has been reconciled to such certification) except the following:

- Determination of amount contributed or to be contributed by Family Health Centers
- Tax status
- Plan description

NOTE E - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for plan benefits and consist of the following at December 31:

			Fair Value Measurements Using:
	Fair Value	Level not Assigned*	<u>Quoted Prices in Active Markets for Identical Assets Level (1)</u>
<u>2024</u>			
General Interest Accumulation Account	\$ 4,410,477	\$ 4,410,477	\$ -
Pooled Separate Accounts	<u>25,216,208</u>	<u>-</u>	<u>25,216,208</u>
TOTAL INVESTMENTS	<u>\$ 29,626,685</u>	<u>\$ 4,410,477</u>	<u>\$ 25,216,208</u>
<u>2023</u>			
General Interest Accumulation Account	\$ 4,316,601	\$ 4,316,601	\$ -
Pooled Separate Accounts	<u>19,542,096</u>	<u>-</u>	<u>19,542,096</u>
TOTAL INVESTMENTS	<u>\$ 23,858,697</u>	<u>\$ 4,316,601</u>	<u>\$ 19,542,096</u>

* Considered a cash equivalent by Mutual of America

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

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NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED

Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10-50-1 through 820-10-50-8 (formerly Statement of Financial Accounting Standards (SFAS) No. 157, "Fair Value Measurements") established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level (1) inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value. No Level (2) or Level (3) inputs were used by the Plan.

The General Account (i.e. Interest Accumulation Account) has been analyzed and determined by the Trustee/Custodian to be a cash equivalent and therefore, not subject to the leveling requirements.

Level (1) Fair Value Measurements

The fair value of the pooled separate accounts is based on quoted market values at the close of each business day and are considered Level 1 inputs.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ended December 31, 2024 and 2023, are reported as net realized and unrealized gains and losses of fair value of investments.

FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
401(a) PROFIT-SHARING PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE F - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the financial statements to the Form 5500 at December 31:

	<u>2024</u>	<u>2023</u>
Net assets, beginning of year, January 1,		
per the financial statements	\$ 24,954,616	\$ 20,367,523
Less: employer contributions receivable	<u>(1,095,919)</u>	<u>(959,663)</u>
Net assets, beginning of year, January 1,		
per Form 5500	<u>\$ 23,858,697</u>	<u>\$ 19,407,860</u>
Net assets, end of year, December 31,		
per the financial statements	\$ 30,780,443	\$ 24,954,616
Less: Employer contributions receivables	<u>(1,153,758)</u>	<u>(1,095,919)</u>
Net assets, end of year, December 31,		
per Form 5500	<u>\$ 29,626,685</u>	<u>\$ 23,858,697</u>

The following is a reconciliation of the financial statements to the Form 5500 for the year ended December 31:

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in Net Assets		
per financial statements	\$ 5,825,827	\$ 4,587,093
Plus (less): change in employer contributions		
receivable	(80,332)	(113,763)
Employer corrective contribution receivable	<u>22,493</u>	<u>(22,493)</u>
Net increase (decrease) in Net Assets		
per Form 5500	<u>\$ 5,767,988</u>	<u>\$ 4,450,837</u>

SUPPLEMENTARY SCHEDULES

401(a) PROFIT-SHARING PLAN

EIN 59-1741273

PLAN NUMBER: 003

SCHEDULE 1

FORM 5500, PART IV, SCHEDULE H, line (4)(j) - REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

IDENTITY		NUMBER	NUMBER	TOTAL	TOTAL	
OF PARTY	DESCRIPTION	OF	OF	DOLLAR	DOLLAR	
INVOLVED	OF ASSETS	PURCHASES	SALES	VALUE OF	VALUE OF	DATE
				PURCHASES	SALES	

None Noted

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

401(a) PROFIT-SHARING PLAN

EIN 59-1741273

PLAN NUMBER: 003

SCHEDULE 2

FORM 5500, PART IV, SCHEDULE H, line (4)(j) - REPORTABLE TRANSACTIONS

For the year ended December 31, 2023

IDENTITY		NUMBER	NUMBER	TOTAL	TOTAL	
OF PARTY	DESCRIPTION	OF	OF	DOLLAR	DOLLAR	
INVOLVED	OF ASSETS	PURCHASES	SALES	VALUE OF	VALUE OF	DATE
				PURCHASES	SALES	

None Noted

Reportable transaction is defined as an individual or series of transactions which exceed 5% or more of the Plan's assets at the beginning of the year.

401(a) PROFIT-SHARING PLAN

EIN 59-1741273

PLAN NUMBER: 003

SCHEDULE 3

FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)

December 31, 2024

IDENTITY OF ISSUER	DESCRIPTION OF INVESTMENT	CURRENT YEAR COST (2)	CURRENT VALUE
MA(1)	General Account Fund - Contract #058-371-F-1A	\$ -	\$ 4,410,477 *
	Pooled Separate Accounts:		
MA(1)	Aggressive Allocation Fund	-	2,510,616 *
MA(1)	Conservative Allocation Fund	-	65,655
MA(1)	Moderate Allocation Fund	-	754,482
MA(1)	Bond Fund	-	171,849
MA(1)	T. Rowe Price Blue Chip Growth	-	915,912
MA(1)	Composite Fund	-	20,047
MA(1)	Calvert Social Balanced Fund	-	22,845
MA(1)	Delaware VIP Small Cap Value	-	20,635
MA(1)	Equity Index Fund	-	2,276,601 *
MA(1)	Fidelity VIP Mid Cap	-	604,893
MA(1)	Fidelity VIP II Asset Manager	-	276,467
MA(1)	Fidelity VIP II Contrafund	-	1,884,421 *
MA(1)	Fidelity VIP Equity - Income	-	163,372
MA(1)	Goldman Sachs VIT US Equity	-	26,920
MA(1)	Goldman Sachs VIT Small Cap	-	29,197
MA(1)	American Funds IS New World	-	58,126
MA(1)	MFS VIT III Mid Cap Value	-	11,044
MA(1)	Money Market Fund	-	241,087
MA(1)	Mid-Term Bond Fund	-	35,373
MA(1)	Mid-Cap Equity Index Fund	-	648,569
MA(1)	Mid Cap Value Fund	-	70,792
MA(1)	Neuberger Berman Sustainable Equity	-	27,180
MA(1)	International Fund	-	62,881
MA(1)	Invesco V.I. Main Street	-	25,804
MA(1)	Retirement Income Fund	-	92,173
MA(1)	Vanguard VIF REIT Index	-	56,697
MA(1)	PIMCO VIT Real Return	-	6,663
MA(1)	Victory RS Small Cap Growth	-	30,810
MA(1)	2015 Retirement Fund	-	5,651
MA(1)	2021 Retirement Fund	-	129,949
MA(1)	2025 Retirement Fund	-	590,877
MA(1)	2030 Retirement Fund	-	639,821
MA(1)	2035 Retirement Fund	-	513,028
MA(1)	2040 Retirement Fund	-	1,096,553
MA(1)	2045 Retirement Fund	-	1,517,253
MA(1)	2050 Retirement Fund	-	2,370,016 *
MA(1)	2055 Retirement Fund	-	2,393,706 *
MA(1)	2060 Retirement Fund	-	1,117,401
MA(1)	2065 Retirement Fund	-	453,724
MA(1)	All America Fund	-	75,451
MA(1)	Small Cap Equity Index Fund	-	88,476
MA(1)	DWS Capital Growth VIP	-	616,049
MA(1)	Small Cap Growth Fund	-	347,044
MA(1)	Small Cap Value Fund	-	157,326
MA(1)	American Century VP Capital Appreciation	-	823,040
MA(1)	Vanguard VIF Diversified Value	-	406,257
MA(1)	Vanguard VIF International	-	671,498
MA(1)	Vanguard Total Bond Market 1	-	91,977
		-	25,216,208
		\$ -	\$ 29,626,685

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

(1) MA - Mutual of America Life Insurance Company, considered a Party-in-Interest.

(2) This column is not required as all investments are participant directed.

401(a) PROFIT-SHARING PLAN

EIN 59-1741273

PLAN NUMBER: 003

SCHEDULE 4

FORM 5500, SCHEDULE H, PART IV, LINE 4i - ASSETS HELD FOR INVESTMENT PURPOSES AT THE END OF PLAN YEAR (MODIFIED CASH BASIS)

December 31, 2023

IDENTITY OF ISSUER	DESCRIPTION OF INVESTMENT	CURRENT YEAR COST (2)	CURRENT VALUE
MA(1)	General Account Fund - Contract #058-371-F-1A	\$ -	\$ 4,316,601 *
	Pooled Separate Accounts		
MA(1)	Aggressive Allocation Fund	-	2,073,111 *
MA(1)	Conservative Allocation Fund	-	55,160
MA(1)	Moderate Allocation Fund	-	744,556
MA(1)	Bond Fund	-	174,008
MA(1)	T. Rowe Price Blue Chip Growth	-	621,358
MA(1)	Composite Fund	-	14,367
MA(1)	Calvert Social Balanced Fund	-	14,292
MA(1)	Delaware VIP Small Cap Value	-	17,035
MA(1)	Equity Index Fund	-	1,972,019 *
MA(1)	Fidelity VIP Mid Cap	-	507,858
MA(1)	Fidelity VIP II Asset Manager	-	246,797
MA(1)	Fidelity VIP II Contrafund	-	1,433,193 *
MA(1)	Fidelity VIP Equity - Income	-	110,022
MA(1)	Goldman Sachs VIT US Equity	-	17,070
MA(1)	Goldman Sachs VIT Small Cap	-	8,584
MA(1)	American Funds IS New World	-	21,887
MA(1)	MFS VIT III Mid Cap Value	-	978
MA(1)	Money Market Fund	-	91,430
MA(1)	Mid-Term Bond Fund	-	34,555
MA(1)	Mid-Cap Equity Index Fund	-	574,890
MA(1)	Mid Cap Value Fund	-	65,825
MA(1)	Neuberger Berman Sustainable Equity	-	18,336
MA(1)	International Fund	-	26,621
MA(1)	Invesco V.I. Main Street	-	23,223
MA(1)	Retirement Income Fund	-	72,796
MA(1)	Vanguard VIF REIT Index	-	45,591
MA(1)	PIMCO VIT Real Return	-	28,874
MA(1)	Victory RS Small Cap Growth	-	22,078
MA(1)	2015 Retirement Fund	-	4,549
MA(1)	2021 Retirement Fund	-	104,204
MA(1)	2025 Retirement Fund	-	448,279
MA(1)	2030 Retirement Fund	-	495,692
MA(1)	2035 Retirement Fund	-	407,341
MA(1)	2040 Retirement Fund	-	759,789
MA(1)	2045 Retirement Fund	-	1,179,825
MA(1)	2050 Retirement Fund	-	1,753,856 *
MA(1)	2055 Retirement Fund	-	1,638,082 *
MA(1)	2060 Retirement Fund	-	800,090
MA(1)	2065 Retirement Fund	-	196,925
MA(1)	All America Fund	-	69,456
MA(1)	Small Cap Equity Index Fund	-	73,633
MA(1)	DWS Capital Growth VIP	-	397,721
MA(1)	Small Cap Growth Fund	-	387,861
MA(1)	Small Cap Value Fund	-	163,875
MA(1)	American Century VP Capital Appreciation	-	627,436
MA(1)	Vanguard VIF Diversified Value	-	355,096
MA(1)	Vanguard VIF International	-	601,875
MA(1)	Vanguard Total Bond Market 1	-	39,997
		-	19,542,096
		\$ -	\$ 23,858,697

*Investment equal to or greater than 5% of net assets available for Plan benefits (fair value) at the end of the Plan year.

- (1) MA - Mutual of America Life Insurance Company, considered a Party-in-Interest.
- (2) This column is not required as all investments are participant directed.

Attachment to Jan2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Family Health Centers of Southwest Florida, Inc.
EIN: 59-1741273
Plan Number: 003

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e) Closing Value
	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		823,040
	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		58,126
	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		22,845
	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		616,049
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		276,467
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		1,884,421
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		163,372
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		604,893
	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		29,197
	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		26,920
	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.L. Main Street Fund		25,804
	Mutual of America	GROUP ANNUITY CONTRACT Macquarie VIP Small Cap Value Series		20,635
	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		11,044
	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		2,510,619
	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		75,451
	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		20,047
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		5,651
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		129,949
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		590,877
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		639,821
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		513,028
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		1,096,553
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		1,517,253
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		2,370,016
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		2,393,706
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		1,117,401
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		453,724
	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		65,655
	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		171,849
	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		2,276,601
	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		35,373
	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		62,881
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		648,569
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		70,792
	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		754,482
	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		92,173
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		88,476
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		347,044
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		157,326
	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		241,087
	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		4,410,477

Attachment to Jan2024 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Family Health Centers of Southwest Florida, Inc.
EIN: 59-1741273
Plan Number: 003

.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sustainable Equity Portfolio		27,180
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		6,663
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		915,912
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		406,257
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		671,498
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		56,697
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		91,977
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		30,810