

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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, a single-employer plan, a DFE, the first return/report, the final return/report, an amended return/report, a short plan year return/report.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report.
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.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.
1b Three-digit plan number (PN): 002
1c Effective date of plan: 06/01/1992
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 59-1741273
2c Plan Sponsor's telephone number: 239-278-3600
2d Business code (see instructions): 621498

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	817
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	651
	<b>6a(2)</b>	671
	<b>6b</b>	12
	<b>6c</b>	145
	<b>6d</b>	828
	<b>6e</b>	0
	<b>6f</b>	828
	<b>6g(1)</b>	454
<b>6g(2)</b>	463	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2G 3D 2J

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**

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

**b General Schedules**

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

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

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**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.

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**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 \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></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 style="font-size: large;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>002</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FAMILY HEALTH CENTERS OF SOUTH</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>59-1741273</b></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	015678	462	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.

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>6086</b>
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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	
	6086	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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	5072917
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	18045513
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	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>b</b>	Balance at the end of the previous year .....	<b>7b</b> 5955205
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b> 294273
	(2) Dividends and credits.....	<b>7c(2)</b> 0
	(3) Interest credited during the year.....	<b>7c(3)</b> 156572
	(4) Transferred from separate account .....	<b>7c(4)</b> 81739
	(5) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	<b>7c(5)</b> 4997661
	(6) Total additions .....	<b>7c(6)</b> 5530245
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 11485450
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 718856
	(2) Administration charge made by carrier.....	<b>7e(2)</b> 1275
	(3) Transferred to separate account .....	<b>7e(3)</b> 697566
	(4) Other (specify below)..... ▶ ROLLOVER, LOANS, FORFEITURES	<b>7e(4)</b> 4994836
(5) Total deductions .....	<b>7e(5)</b> 6412533	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 5072917

**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:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>
<b>b</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. ....	<b>10b</b>

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. ▶

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

<b>A</b> Name of plan <b>FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FAMILY HEALTH CENTERS OF SOUTH</b>	<b>D</b> Employer Identification Number (EIN) <b>59-1741273</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

<b>DWS</b>	<b>210 WEST 10TH STREET KANSAS CITY, MO 64105</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>FIDELITY INVESTMENTS</b>	<b>82 DEVONSHIRE STREET BOSTON, MA 02109</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>GOLDMAN SACHS</b>	<b>200 WEST STREET NEW YORK, NY 10282</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>MUTUAL OF AMERICA</b>	<b>320 PARK AVE NEW YORK, NY 10022</b>
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**(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

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**(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

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**(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

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

VANGUARD

100 VANGUARD BOULEVARD  
MALVERN, PA 19355

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**(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

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

MFS

111 HUNTINGTON AVENUE  
BOSTON, MA 02199

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**(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

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**(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

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**(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

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**(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

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**(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

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

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

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

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

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

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

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

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	2699	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.

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

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

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

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

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

<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

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

<b>A</b> Name of plan <u>FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</u>	<b>B</b> Three-digit plan number (PN)	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FAMILY HEALTH CENTERS OF SOUTH</u>	<b>D</b> Employer Identification Number (EIN) <u>59-1741273</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT NUMBER SA2</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MUTUAL OF AMERICA</u>		
<b>c</b> EIN-PN <u>13-1614399-002</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18045513</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)

**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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FAMILY HEALTH CENTERS OF SOUTH</b>	<b>D</b> Employer Identification Number (EIN) <b>59-1741273</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	92346	92717
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	14063484	18045513
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	0	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	5862859	4980199
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	20018689	23118429
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	20018689	23118429

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	0	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	1781502	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	200320	
(2) Noncash contributions.....	<b>2a(2)</b>	0	1981822
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	156572
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	0	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	156572	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		156572
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	0
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	0	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	0
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		0
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(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)	2550359
(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
<b>c</b> Other income .....	2c	2834
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	4691587

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1589567
(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)	1589567
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g	
<b>h</b> Interest expense.....	2h	
<b>i</b> 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)	2280
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	2280
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1591847

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k	3099740
<b>l</b> 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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>FAMILY HEALTH CENTERS OF SOUTH</u>	<b>D</b> Employer Identification Number (EIN) <u>59-1741273</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
---	----------	----------

**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.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<u>31</u>
--	----------	-----------

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	0.00
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J300873A.

**FAMILY HEALTH CENTERS  
OF SOUTHWEST FLORIDA, INC.  
403(b) TAX DEFERRED ANNUITY 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.  
403(b) Tax Deferred Annuity 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. 403(b) Tax Deferred Annuity 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. 403(b) Tax Deferred Annuity 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. 403(b) Tax Deferred Annuity Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Basis of Accounting**

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. 403(b) Tax Deferred Annuity 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. 403(b) Tax Deferred Annuity 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. 403(b) Tax Deferred Annuity 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 accounting principles generally accepted in the United States of America.

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

### **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 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 12, 2025

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**  
**403(b) TAX DEFERRED ANNUITY PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS**  
**(MODIFIED CASH BASIS)**  
**December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>Investments, at fair value</b>		
Mutual of America Life Insurance Company		
Contract Number 015-678-D-10		
General account	\$ 4,980,199	\$ 5,862,859
Pooled Separate Accounts	<u>18,045,513</u>	<u>14,063,484</u>
TOTAL INVESTMENTS	<u>23,025,712</u>	<u>19,926,343</u>
<b>Receivables</b>		
Notes receivable from participants	<u>92,717</u>	<u>92,346</u>
TOTAL RECEIVABLES	<u>92,717</u>	<u>92,346</u>
TOTAL ASSETS	<u>23,118,429</u>	<u>20,018,689</u>
<b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b>	<u>\$ 23,118,429</u>	<u>\$ 20,018,689</u>

The accompanying notes are an integral part of this statement.

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**  
**403(b) TAX DEFERRED ANNUITY 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>
<b>Investment income (loss)</b>		
Interest - investments	\$ 156,572	\$ 170,747
Interest income from notes receivable	2,834	1,691
Net investment earnings including realized and unrealized gains (losses)	<u>2,550,359</u>	<u>2,342,927</u>
TOTAL INVESTMENT INCOME (LOSS)	<u>2,709,765</u>	<u>2,515,365</u>
<b>Contributions</b>		
Employee	1,781,502	1,484,276
Rollover contributions	<u>200,320</u>	<u>20,204</u>
TOTAL CONTRIBUTIONS	<u>1,981,822</u>	<u>1,504,480</u>
TOTAL ADDITIONS (REDUCTIONS) TO NET ASSETS	<u>4,691,587</u>	<u>4,019,845</u>

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

Benefits paid to participants	1,589,567	933,649
Deemed Distributions of participant loan	-	-
Administrative expenses	<u>2,280</u>	<u>1,482</u>
TOTAL DEDUCTIONS FROM NET ASSETS	<u>1,591,847</u>	<u>935,131</u>

Net increase (decrease) in net assets	3,099,740	3,084,714
---------------------------------------	-----------	-----------

**Net assets available for plan benefits:**

BEGINNING OF YEAR	<u>20,018,689</u>	<u>16,933,975</u>
END OF YEAR	<u>\$ 23,118,429</u>	<u>\$ 20,018,689</u>

The accompanying notes are an integral part of this statement.

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**  
**403(b) TAX DEFERRED ANNUITY PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

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**NOTE A - DESCRIPTION OF PLAN**

The following description of Family Health Centers of Southwest Florida, Inc.'s ("Family Health Centers") 403(b) Tax Deferred Annuity Plan (the "Plan") Plan 002 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 was originally established effective June 1, 1992. The Plan was subsequently amended by a Board Resolution dated November 19, 2008, in order to comply with ERISA and IRS guidelines. The Plan, as amended, was effective January 1, 2009. The Plan was amended on March 24, 2020, effective January 1, 2019, to include regulatory changes related to hardship withdrawals as included in the Bipartisan Budget Act of 2018. The Plan is a participant directed, single-employer 403(b) tax deferred group annuity defined contribution plan. The Plan is exclusively funded through employee contributions. There are no employer contributions permitted. The Plan covers all eligible employees, except non-resident aliens and bargaining unit members, of Family Health Centers. The Plan operates under the name of the "403(b) Tax Deferred Annuity Plan" and "Tax Deferred Annuity Plan of Family Health Centers of Southwest Florida, Inc." and the net assets available for Plan benefits of such Plan are reported herein. Employees qualify for participation in the Plan immediately upon their hire date. The Plan has no stated minimum age or service requirement to participate. Plan entry date is the first day of each pay period. Employee contributions are deducted in the first pay period immediately following the receipt of the participant's enrollment form and salary deferral form. The Plan is designated Plan #002 and is intended to provide participants with future retirement benefit opportunities while benefiting from favorable tax treatment. 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 or their designee. Family Health Centers has designated Mutual of America Life Insurance Company (Mutual) as trustee/custodian of all the Plan's assets including substantially all the responsibility for all 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

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**  
**403(b) TAX DEFERRED ANNUITY PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

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**NOTE A - DESCRIPTION OF PLAN, CONTINUED**

**Plan Administration, continued**

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 the Plan with Plan assets, as well.

**Contributions**

The Plan permits only employee salary pre-tax reduction deferral and rollover contributions. The Plan does not provide for any contributions by the employer or non-deferral employee contributions. The contributions are limited to the amount specified in the salary deferral agreement and by the maximum contribution permitted by the Internal Revenue Code. The maximum permitted by the Internal Revenue Code was \$23,000 for 2024, and \$22,500 for 2023, plus an additional \$7,500 and \$7,500, if age 50 or over for the years ended December 31, 2024 and 2023, respectively.

The Plan does not allow Roth contributions.

The Plan does permit rollover contributions.

**Participant Accounts**

Each participant's account is credited with their respective elected contribution based on their actual contribution amount or percentage and the participant's specific account investment activity. Amounts allocated to accounts of participants who, at Plan year end, have elected to withdraw from the Plan but have not requested payment, 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 \$7,420,734 and \$6,406,724, respectively. Plan earnings, gains, losses, and expenses are allocated based on individual participant's account balances.

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

**NOTE A - DESCRIPTION OF PLAN, CONTINUED**

**Vesting**

Participants are immediately 100% vested in their account and shall have a non-forfeitable right to 100% of their account value at all times. Therefore, the Plan has no forfeitures.

**Participant Loans (Notes Receivable from Participants)**

Loans are permitted under this Plan. The minimum loan amount is \$1,000 and the maximum loan amount is limited to the lesser of 50% of the participant's account balance or \$50,000 according to the guidelines set forth in the Plan documents. The borrowers' annuity contracts will be used as collateral for their loans. Interest charged on loans shall be commensurate with similar commercial loans and is recorded as accrued. There is no limit to the number of loans a participant may have outstanding. No allowance for doubtful accounts as loans are 100% collateralized by the respective participant's investment account. Any default is recovered from the respective participant's account.

**Distributions to Participants**

Upon termination of service, retirement, hardship, death or disability a participant may, with spousal consent, receive a distribution as permitted under the annuity contract. Normal retirement is considered to be attainment of age 65. Withdrawals are permitted upon attainment of age 59 1/2. If the value of the account is less than \$1,000, the participant will receive a lump sum distribution.

The Plan permits hardship withdrawals and, if age 59 1/2, in-service withdrawals.

**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. 403(b) Tax Deferred Annuity Plan prepares its financial statements using the modified cash basis of accounting. Under this comprehensive basis of accounting, no provision has been made to record items which have been incurred but not paid or earned but not received. This includes items such as interest receivable, contributions receivable and investment earnings. Accordingly, the accompanying financial statements are not intended to

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Accounting Basis, continued**

present financial position or results of operations in conformity with accounting principles generally accepted in the United States of America.

**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 market (fair) 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 market value, which is the value paid anytime funds are withdrawn prior to their maturity.

**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. Realized and unrealized gain/appreciation and loss/depreciation are combined, as well as interest/dividend income, then recorded and reflected as investment income.

**Income Tax Status**

The Plan's most recent tax determination letter was dated March 2, 2020. The Plan's management believes that the Plan is designed and is currently being operated to qualify under Section 403(b) of the Internal Revenue Code (IRC). Therefore, no income tax expense was incurred or accrued.

The Plan's income tax returns for the past three years are open and subject to examination by tax authorities, and may change upon examination.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, CONTINUED**

**Parties-in-Interest Transactions**

Certain Plan investments are managed by Mutual, the trustee/custodian as defined by the Plan. Mutual also performs substantially all Plan Administrator functions, as well as holds all Plan Investments. As such, Mutual and the Company are 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.

**Plan Termination**

Although Family Health Centers has not expressed any intent to do so, Family Health Centers has the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the rights of all participants to benefits accrued are nonforfeitable and will be distributed in accordance with the provisions of the Plan.

**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 12, 2025, which is the date the financial statements were available to be issued.

**NOTE C - MARKET RISK**

The Plan invests in various mutual fund 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.**  
**403(b) TAX DEFERRED ANNUITY 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
<b><u>Mutual (Custodian and Trustee)(1)</u></b>			
(1) Interest Accumulation - General Account	\$ 4,980,199	*	\$ 5,862,859
Pooled Separate Accounts:			
(1) Aggressive Allocation Fund	1,113,771		914,505
(1) Conservative Allocation Fund	36,539		24,782
(1) Moderate Allocation Fund	311,618		301,911
(1) Bond Fund	82,753		84,048
(1) T. Rowe Blue Chip Growth	756,739		637,052
(1) Composite Fund	51,688		31,357
(1) Calvert Social Balanced Fund	77,129		97,817
(1) DelawareVIPSmallCap	20,537		16,286
(1) Equity Index Fund	2,003,300	*	1,537,390
(1) Fidelity VIP Mid Cap	711,190		463,333
(1) Fidelity VIP Asset Manager	61,392		94,737
(1) Fidelity VIP Contrafund	1,729,593	*	1,231,796
(1) Fidelity VIP Equity - Income	466,690		342,992
(1) GS Sachs VIT US Equity Insights	120,657		17,623
(1) GS Sachs VIT Small Cap Eq Insights	71,822		7,463
(1) American Funds IS New World	130,489		57,262
(1) Money Market Fund	262,130		15,255
(1) Mid-Term Bond Fund	47,481		52,014
(1) Mid-Cap Equity Index Fund	542,912		503,875
(1) MFS VIT III Mid Cap Value	84,324		42,868
(1) Mid Cap Value Fund	22,366		20,506
(1) Neuberger Berman - AMT Sustainable Equity	16,660		60,654
(1) International Fund	42,757		19,981
(1) Invesco VI Main St	357,334		268,376
(1) Retirement Income Fund	6,412		23,146
(1) Vanguard VIF REIT Index	178,856		162,825
(1) PIMCO VIT	56,950		139,221
(1) Victory RS - Small Cap Growth Equity VIP	54,553		23,118
(1) 2020 Retirement Fund	9,554		45,632
(1) 2025 Retirement Fund	421,842		333,564
(1) 2030 Retirement Fund	485,060		346,482
(1) 2035 Retirement Fund	89,761		103,751
(1) 2040 Retirement Fund	701,152		620,606
(1) 2045 Retirement Fund	927,613		696,882
(1) 2050 Retirement Fund	1,291,055	*	950,136
(1) 2055 Retirement Fund	225,058		194,241
(1) 2060 Retirement Fund	107,605		56,702
(1) 2065 Retirement Fund	206,815		83,823
(1) All America Fund	89,315		68,982
(1) Small Cap Equity Index Fund	128,981		111,794
(1) Deutsche VSI Capital Growth VIP	601,473		450,206
(1) Small Cap Growth Fund	518,015		491,987
(1) Small Cap Value Fund	242,538		216,436
(1) American Century VP Capital Appreciation	624,299		495,387
(1) Vanguard VIF Diversified Value	1,050,689		863,383
(1) Vanguard VIF International	876,571		720,412
(1) Vanguard Bond Market I	29,475		20,885
	<u>18,045,513</u>		<u>14,063,484</u>
Total Investments	<u>\$ 23,025,712</u>		<u>\$ 19,926,343</u>

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

(1) Investment held by Mutual of America Life Insurance Company. Mutual is considered a Party-in-Interest.

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**  
**403(b) TAX DEFERRED ANNUITY 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 amounts contributed
- Tax status
- Plan description

**NOTE E - FAIR VALUE MEASUREMENTS**

The Plan's assets are reported at fair value in the accompanying Statements of Net Assets Available for Plan Benefits and consists of the following at December 31:

	Fair Value	Fair Value Measurements Using:			
		Level not Assigned*	Quoted Prices in Active Markets for Identical Assets Level (1)	Observable Inputs Other Than Quoted Prices Level (2)	Significant Unobservable Inputs Level (3)
<b><u>2024</u></b>					
General Account	\$ 4,980,199	\$ 4,980,199	\$ -	\$ -	\$ -
Pooled Separate Accounts	18,045,513	-	18,045,513	-	-
Notes Receivable	92,717	-	-	-	92,717
<b>TOTAL ASSETS</b>	<b>\$ 23,118,429</b>	<b>\$ 4,980,199</b>	<b>\$ 18,045,513</b>	<b>\$ -</b>	<b>\$ 92,717</b>
<b><u>2023</u></b>					
General Account	\$ 5,862,859	\$ 5,862,859	\$ -	\$ -	\$ -
Pooled Separate Accounts	14,063,484	-	14,063,484	-	-
Notes Receivable	92,346	-	-	-	92,346
<b>TOTAL ASSETS</b>	<b>\$ 20,018,689</b>	<b>\$ 5,862,859</b>	<b>\$ 14,063,484</b>	<b>\$ -</b>	<b>\$ 92,346</b>

\* Considered a cash equivalent by Mutual of America

**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. Level (2) inputs consist of observable inputs other than quoted prices in active markets for identical assets. Level (3) inputs consist of unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level (1) inputs because they generally provide the most reliable evidence of fair value.

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 pooled separate accounts are based on quoted market values at the end of a business day, for the shares held by the Plan at year end and are considered Level 1 inputs.

Gains and losses (realized and unrealized) included in changes in net assets available for plan benefits for the years ended December 31, 2024 and 2023, are reported in investment earnings.

**Level (2) Fair Value Measurements**

The Plan held no Level (2) inputs.

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**  
**403(b) TAX DEFERRED ANNUITY PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE E - FAIR VALUE MEASUREMENTS, CONTINUED**

**Level (3) Fair Value Measurements**

The fair value of participant loans (notes receivable) is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level (3) fair value measurements.

**Fair Value Measurements Using Significant Unobservable Inputs (Level 3)**

Notes receivable from participants consisted of the following activity for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Beginning Balance	\$ 92,346	\$ 95,806
New Loans	22,671	14,147
PY Deemed Distributions	(8,412)	-
CY Deemed Distributions	-	(8,412)
Misc Adj.	72	-
Principal Repayments	<u>(13,960)</u>	<u>(9,195)</u>
TOTAL LEVEL (3) INPUTS	<u>\$ 92,717</u>	<u>\$ 92,346</u>

**NOTE F - NOTES RECEIVABLE**

Notes receivable (participant loans) consist of notes receivables from Plan participants of \$92,717 and \$92,346 as of December 31, 2024 and 2023, respectively. At December 31, 2024, the notes carried interest rates ranging from 4.21% to 5.68%. These notes receivables are managed and are in the custody of the trustee/custodian. Interest earned on notes receivable is recognized as a separate item on the Statements of Changes in Net Assets Available for Plan Benefits when accrued. Notes receivable balances are reflected at their outstanding balance (amortized cost) at year end. Loans not repaid at the date of employee termination are recorded as deemed distributions.

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**  
**403(b) TAX DEFERRED ANNUITY PLAN**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**December 31, 2024 and 2023**

**NOTE G - 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>
<b>Net assets, beginning of year, January 1,</b>		
per the financial statements	\$ 20,018,689	\$ 16,933,975
Benefits payable, prior year	-	-
Difference between Form 5500 prior year ending net assets and current year beginning net assets	-	-
Rounding	-	-
Deemed distributions on Form 5500	<u>-</u>	<u>-</u>
<b>Net assets, beginning of year, January 1,</b>		
per Form 5500	<u>\$ 20,018,689</u>	<u>\$ 16,933,975</u>
<b>Net assets, end of year, December 31,</b>		
per the financial statements	\$ 23,118,429	\$ 20,018,689
Deemed distributions on Form 5500	-	-
Rounding	<u>-</u>	<u>-</u>
<b>Net assets, end of year, December 31,</b>		
per Form 5500	<u>\$ 23,118,429</u>	<u>\$ 20,018,689</u>

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

	<u>2024</u>	<u>2023</u>
Net increase (decrease) in Net Assets		
per financial statements	\$ 3,099,740	\$ 3,084,714
Deemed distributions on Form 5500	-	-
Rounding	-	-
Increase/(decrease) in payables	<u>-</u>	<u>-</u>
Net increase (decrease) in Net Assets		
per Form 5500	<u>\$ 3,099,740</u>	<u>\$ 3,084,714</u>

**SUPPLEMENTARY SCHEDULES**

**403(b) TAX DEFERRED ANNUITY PLAN**

**EIN: 59-1741273**

**PLAN NUMBER 002**

**SCHEDULE 1**

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

**For the year ended December 31, 2024**

<u>IDENTITY</u> <u>OF PARTY</u> <u>INVOLVED</u>	<u>DESCRIPTION</u> <u>OF ASSETS</u>	<u>NUMBER</u> <u>OF</u> <u>PURCHASES</u>	<u>NUMBER</u> <u>OF</u> <u>SALES</u>	<u>TOTAL</u> <u>DOLLAR</u> <u>VALUE OF</u> <u>PURCHASES</u>	<u>TOTAL</u> <u>DOLLAR</u> <u>VALUE OF</u> <u>SALES</u>	<u>DATE</u>
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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.

**403(b) TAX DEFERRED ANNUITY PLAN**

**EIN: 59-1741273**

**PLAN NUMBER 002**

**SCHEDULE 2**

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

**For the year ended December 31, 2023**

<b>IDENTITY OF PARTY INVOLVED</b>	<b>DESCRIPTION OF ASSETS</b>	<b>NUMBER OF PURCHASES</b>	<b>NUMBER OF SALES</b>	<b>TOTAL DOLLAR VALUE OF PURCHASES</b>	<b>TOTAL DOLLAR VALUE OF SALES</b>	<b>DATE</b>
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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.

**403(b) TAX DEFERRED ANNUITY PLAN**

**EIN 59-1741273**

**PLAN NUMBER: 002**

**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**

<u>IDENTITY OF ISSUER</u>	<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (2)</u>	<u>CURRENT VALUE</u>
Mutual of America (1)	Interest Accumulation - General Account	\$ -	\$ 4,980,199 *
Mutual of America (1)	Aggressive Allocation Fund	-	1,113,771
Mutual of America (1)	Conservative Allocation Fund	-	36,539
Mutual of America (1)	Moderate Allocation Fund	-	311,618
Mutual of America (1)	Bond Fund	-	82,753
Mutual of America (1)	T. Rowe Blue Chip Growth	-	756,739
Mutual of America (1)	Composite Fund	-	51,688
Mutual of America (1)	Calvert Social Balanced Fund	-	77,129
Mutual of America (1)	DelawareVIPSmallCap	-	20,537
Mutual of America (1)	Equity Index Fund	-	2,003,300 *
Mutual of America (1)	Fidelity VIP Mid Cap	-	711,190
Mutual of America (1)	Fidelity VIP Asset Manager	-	61,392
Mutual of America (1)	Fidelity VIP Contrafund	-	1,729,593 *
Mutual of America (1)	Fidelity VIP Equity - Income	-	466,690
Mutual of America (1)	GS Sachs VIT US Equity Insights	-	120,657
Mutual of America (1)	GS Sachs VIT Small Cap Eq Insights	-	71,822
Mutual of America (1)	American Funds IS New World	-	130,489
Mutual of America (1)	Money Market Fund	-	262,130
Mutual of America (1)	Mid-Term Bond Fund	-	47,481
Mutual of America (1)	Mid-Cap Equity Index Fund	-	542,912
Mutual of America (1)	MFS VIT III Mid Cap Value	-	84,324
Mutual of America (1)	Mid Cap Value Fund	-	22,366
Mutual of America (1)	Neuberger Berman - AMT Sustainable Equity	-	16,660
Mutual of America (1)	International Fund	-	42,757
Mutual of America (1)	Invesco VI Main St	-	357,334
Mutual of America (1)	Retirement Income Fund	-	6,412
Mutual of America (1)	Vanguard VIF REIT Index	-	178,856
Mutual of America (1)	PIMCO VIT	-	56,950
Mutual of America (1)	Victory RS - Small Cap Growth Equity VIP	-	54,553
Mutual of America (1)	2020 Retirement Fund	-	9,554
Mutual of America (1)	2025 Retirement Fund	-	421,842
Mutual of America (1)	2030 Retirement Fund	-	485,060
Mutual of America (1)	2035 Retirement Fund	-	89,761
Mutual of America (1)	2040 Retirement Fund	-	701,152
Mutual of America (1)	2045 Retirement Fund	-	927,613
Mutual of America (1)	2050 Retirement Fund	-	1,291,055 *
Mutual of America (1)	2055 Retirement Fund	-	225,058
Mutual of America (1)	2060 Retirement Fund	-	107,605
Mutual of America (1)	2065 Retirement Fund	-	206,815
Mutual of America (1)	All America Fund	-	89,315
Mutual of America (1)	Small Cap Equity Index Fund	-	128,981
Mutual of America (1)	Deutsche VSI Capital Growth VIP	-	601,473
Mutual of America (1)	Small Cap Growth Fund	-	518,015
Mutual of America (1)	Small Cap Value Fund	-	242,538
Mutual of America (1)	American Century VP Capital Appreciation	-	624,299
Mutual of America (1)	Vanguard VIF Diversified Value	-	1,050,689
Mutual of America (1)	Vanguard VIF International	-	876,571
Mutual of America (1)	Vanguard Bond Market I	-	29,475
Participant Loans (1)	Interest rates ranging 4.21% - 5.68%	-	92,717
		<u>\$ -</u>	<u>\$ 23,118,429</u>

(1) Held by Mutual of America in contract number 015-678-D-10 and considered to be a party-in-interest.

(2) This column is blank as all investments are participant directed.

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

**FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC.**

**403(b) TAX DEFERRED ANNUITY PLAN**

**EIN 59-1741273**

**PLAN NUMBER: 002**

**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**

<u>IDENTITY OF ISSUER</u>		<u>DESCRIPTION OF INVESTMENT</u>	<u>CURRENT YEAR COST (2)</u>	<u>CURRENT VALUE</u>
Mutual of America	(1)	Interest Accumulation - General Account	\$ -	\$ 5,862,859 *
Mutual of America	(1)	Aggressive Allocation Fund	-	914,505
Mutual of America	(1)	Conservative Allocation Fund	-	24,782
Mutual of America	(1)	Moderate Allocation Fund	-	301,911
Mutual of America	(1)	Bond Fund	-	84,048
Mutual of America	(1)	T. Rowe Blue Chip Growth	-	637,052
Mutual of America	(1)	Composite Fund	-	31,357
Mutual of America	(1)	Calvert Social Balanced Fund	-	97,817
Mutual of America	(1)	DelawareVIPSmallCap	-	16,286
Mutual of America	(1)	Equity Index Fund	-	1,537,390 *
Mutual of America	(1)	Fidelity VIP Mid Cap	-	463,333
Mutual of America	(1)	Fidelity VIP Asset Manager	-	94,737
Mutual of America	(1)	Fidelity VIP Contrafund	-	1,231,796 *
Mutual of America	(1)	Fidelity VIP Equity - Income	-	342,992
Mutual of America	(1)	GS Sachs VIT US Equity Insights	-	17,623
Mutual of America	(1)	GS Sachs VIT Small Cap Eq Insights	-	7,463
Mutual of America	(1)	American Funds IS New World	-	57,262
Mutual of America	(1)	Money Market Fund	-	15,255
Mutual of America	(1)	Mid-Term Bond Fund	-	52,014
Mutual of America	(1)	Mid-Cap Equity Index Fund	-	503,875
Mutual of America	(1)	MFS VIT III Mid Cap Value	-	42,868
Mutual of America	(1)	Mid Cap Value Fund	-	20,506
Mutual of America	(1)	Neuberger Berman - AMT Sustainable Equity	-	60,654
Mutual of America	(1)	International Fund	-	19,981
Mutual of America	(1)	Invesco VI Main St	-	268,376
Mutual of America	(1)	Retirement Income Fund	-	23,146
Mutual of America	(1)	Vanguard VIF REIT Index	-	162,825
Mutual of America	(1)	PIMCO VIT	-	139,221
Mutual of America	(1)	Victory RS - Small Cap Growth Equity VIP	-	23,118
Mutual of America	(1)	2020 Retirement Fund	-	45,632
Mutual of America	(1)	2025 Retirement Fund	-	333,564
Mutual of America	(1)	2030 Retirement Fund	-	346,482
Mutual of America	(1)	2035 Retirement Fund	-	103,751
Mutual of America	(1)	2040 Retirement Fund	-	620,606
Mutual of America	(1)	2045 Retirement Fund	-	696,882
Mutual of America	(1)	2050 Retirement Fund	-	950,136
Mutual of America	(1)	2055 Retirement Fund	-	194,241
Mutual of America	(1)	2060 Retirement Fund	-	56,702
Mutual of America	(1)	2065 Retirement Fund	-	83,823
Mutual of America	(1)	All America Fund	-	68,982
Mutual of America	(1)	Small Cap Equity Index Fund	-	111,794
Mutual of America	(1)	Deutsche VSI Capital Growth VIP	-	450,206
Mutual of America	(1)	Small Cap Growth Fund	-	491,987
Mutual of America	(1)	Small Cap Value Fund	-	216,436
Mutual of America	(1)	American Century VP Capital Appreciation	-	495,387
Mutual of America	(1)	Vanguard VIF Diversified Value	-	863,383
Mutual of America	(1)	Vanguard VIF International	-	720,412
Mutual of America	(1)	Vanguard Bond Market I	-	20,885
Participant Loans	(1)	Interest rates ranging 4.21% -5.29%	-	92,346
			<u>\$ -</u>	<u>\$ 20,018,689</u>

(1) Held by Mutual of America in contract number 015-678-D-10 and considered to be a party-in-interest.

(2) This column is blank as all investments are participant directed.

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

**Attachment to January 2024 Form 5500**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**Plan Name: Tax Deferred Annuity Plan of Family Health Centers of Southwest Florida, Inc.**  
**EIN: 59-1741273**  
**Plan Number: 002**

(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		624,299
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		130,489
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		77,129
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		601,473
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		61,392
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		1,729,593
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		466,690
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		711,190
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		71,822
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		120,657
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		357,334
.	Mutual of America	GROUP ANNUITY CONTRACT Macquarie VIP Small Cap Value Series		20,537
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		84,324
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		1,113,771
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		89,315
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		51,688
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		9,554
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		421,842
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		485,060
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		89,761
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		701,152
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		927,613
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		1,291,055
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		225,058
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		107,605

**Attachment to January 2024 Form 5500**  
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**Plan Name: Tax Deferred Annuity Plan of Family Health Centers of Southwest Florida, Inc.**  
**EIN: 59-1741273**  
**Plan Number: 002**

.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		206,815
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		36,539
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		82,753
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		2,003,300
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		47,481
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		42,757
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		542,912
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		22,366
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		311,618
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		6,412
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		128,981
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		518,015
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		242,538
.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		262,130
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		5,072,917
.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sustainable Equity Portfolio		16,660
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		56,950
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		756,739
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		1,050,689
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		876,571
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		178,856
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		29,475
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		54,553