

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>403(B) THRIFT PLAN FOR EMPLOYEES OF SOUTH CENTRAL FAMILY HEALTH CENTER</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SOUTH CENTRAL FAMILY HEALTH CE</u></p> <p><u>4425 S CENTRAL AVE</u> <u>LOS ANGELES, CA 90011-3629</u></p>	<p><b>1c</b> Effective date of plan <u>05/01/1998</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-3877793</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>323-908-4200</u></p> <p><b>2d</b> Business code (see instructions) <u>621111</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/10/2025	EMMANUEL PARAKATI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>	379
<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>	304
	<b>6a(2)</b>	331
	<b>6b</b>	19
	<b>6c</b>	63
	<b>6d</b>	413
	<b>6e</b>	1
	<b>6f</b>	414
	<b>6g(1)</b>	309
	<b>6g(2)</b>	381
<b>h</b>	<b>6h</b>	24
<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 2K 2E 2S 2T

**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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><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><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>403(B) THRIFT PLAN FOR EMPLOYEES OF SOUTH CENTRAL FAMILY HEALTH CENTER</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>001</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTH CENTRAL FAMILY HEALTH CE</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>95-3877793</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	021448	384	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid <b>0</b>	(b) Total amount of fees paid <b>567</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  
**LOS ANGELES**  
**111 WEST OCEAN BOULEVARD**  
**SUITE 1110**  
**LONG BEACH, CA 90802**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	825470
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	8501815

**6** Contracts With Allocated Funds:

**a** 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>	

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

**b** Balance at the end of the previous year ..... **7b** 815967

<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	47201
(2) Dividends and credits.....	<b>7c(2)</b>	0
(3) Interest credited during the year.....	<b>7c(3)</b>	24321
(4) Transferred from separate account .....	<b>7c(4)</b>	113923
(5) Other (specify below).....	<b>7c(5)</b>	43556

▶ ROLLOVER, LOANS, FORFEITURES

(6) Total additions ..... **7c(6)** 229001

**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 1044968

**e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	54566
(2) Administration charge made by carrier.....	<b>7e(2)</b>	805
(3) Transferred to separate account .....	<b>7e(3)</b>	121504
(4) Other (specify below).....	<b>7e(4)</b>	42623

▶ ROLLOVER, LOANS, FORFEITURES

(5) Total deductions ..... **7e(5)** 219498

**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 825470

**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>403(B) THRIFT PLAN FOR EMPLOYEES OF SOUTH CENTRAL FAMILY HEALTH CENTER</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTH CENTRAL FAMILY HEALTH CE</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3877793</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	5825	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>403(B) THRIFT PLAN FOR EMPLOYEES OF SOUTH CENTRAL FAMILY HEALTH CENTER</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SOUTH CENTRAL FAMILY HEALTH CE</u>	<b>D</b> Employer Identification Number (EIN) <u>95-3877793</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>13-1614399-001</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>8487789</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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>403(B) THRIFT PLAN FOR EMPLOYEES OF SOUTH CENTRAL FAMILY HEALTH CENTER</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTH CENTRAL FAMILY HEALTH CE</b>	<b>D</b> Employer Identification Number (EIN) <b>95-3877793</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>	182119	280563
<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>	6722703	8501815
<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>	633847	544907
<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>		
(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>	7538669	9327285
<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>	7538669	9327285

**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>	541975	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	937599	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	128999	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(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>		1608573
<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	
<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>	24323	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		24323
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	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
<b>(3)</b> 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	
<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>		
<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)	945944
(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	758
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	2579598

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	784949
(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)	784949
<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)	6033
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	6033
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	790982

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	1788616
<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: **VASQUEZ & COMPANY LLP**

(2) EIN: **33-0700332**

**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		500000
<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>403(B) THRIFT PLAN FOR EMPLOYEES OF SOUTH CENTRAL FAMILY HEALTH CENTER</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SOUTH CENTRAL FAMILY HEALTH CE</u>	<b>D</b> Employer Identification Number (EIN) <u>95-3877793</u>	

<b>Part I</b>	<b>Distributions</b>
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**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.....	1	0
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**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 .....	3	
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<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) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<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).....	6c	

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

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

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

<b>Part III</b>	<b>Amendments</b>
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**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.
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**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>	
<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 / 02 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number J502244A.

# South Central Family Health Center

Financial Statements and Supplementary Information

Years Ended December 31, 2024 and 2023



**WIPFLI**

## **Independent Auditor's Report**

Board of Directors  
South Central Family Health Center  
Los Angeles, California

### ***Report on the Audit of the Financial Statements***

#### ***Opinion***

We have audited the accompanying financial statements of South Central Family Health Center, which comprise the statement of financial position as of December 31, 2024, and the related statement of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the financial position of South Central Family Health Center as of December 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America ("GAAP").

#### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS") and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of 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 South Central Family Health Center and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about South Central Family Health Center's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

#### ***Prior Period Financial Statements***

The financial statements of South Central Family Health Center as of December 31, 2023 were audited by other auditors whose report was dated June 30, 2024 expressed an unmodified opinion on those statements.

## ***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of South Central Family Health Center's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about South Central Family Health Center's ability to continue as a going concern for a reasonable period of time.

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 Information***

Our audit was conducted for the purpose of forming opinions on the financial statements as a whole. The accompanying schedule of expenditures of federal awards as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. 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 has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

***Other Reporting Required by Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated September 25, 2025 on our consideration of South Central Family Health Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of South Central Family Health Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering South Central Family Health Center's internal control over financial reporting and compliance.

*Wipfli LLP*

Wipfli LLP

Minneapolis, Minnesota  
September 25, 2025

# South Central Family Health Center

## Statements of Financial Position

<i>As of December 31,</i>	2024	2023
Assets		
Current assets:		
Cash and cash equivalents	\$ 4,382,424	\$ 4,564,184
Investments	5,107,686	1,822,335
Patient accounts receivable, net	3,026,881	1,674,245
Grants receivable	1,061,196	832,828
Other receivables	3,894,750	1,021,466
Estimated settlement amounts due from third-party payers	-	153,196
Prepaid expenses and other current assets	116,367	122,956
<b>Total current assets</b>	<b>17,589,304</b>	<b>10,191,210</b>
Long-term assets:		
Property and equipment, net	17,061,560	17,387,594
Right-of-use assets - Operating leases	4,883,436	3,079,159
Estimated settlement amounts due from third-party payers	-	846,305
Assets limited as to use - Held by trustee	133,599	132,387
Goodwill, net	641,250	-
Deposits	162,768	98,488
<b>Total long-term assets</b>	<b>22,882,613</b>	<b>21,543,933</b>
<b>TOTAL ASSETS</b>	<b>\$ 40,471,917</b>	<b>\$ 31,735,143</b>

# South Central Family Health Center

## Statements of Financial Position (Continued)

<i>As of December 31,</i>	2024	2023
<b>Liabilities and Net Assets</b>		
Current liabilities:		
Accounts payable	\$ 1,243,402	\$ 1,138,914
Accrued liabilities	2,460,682	2,585,614
Current portion of operating lease liability	1,164,167	1,249,198
Estimated settlement amounts due to third-party payers	-	882,257
Current maturities of long-term debt	182,080	199,819
<b>Total current liabilities</b>	<b>5,050,331</b>	<b>6,055,802</b>
Long-term liabilities:		
Long-term debt, net of current portion	1,813,973	2,556,113
Operating lease liability, net of current portion	3,761,045	1,875,372
Estimated settlement amounts due to third-party payers - long-term	4,632,239	3,418,228
<b>Total long-term liabilities</b>	<b>10,207,257</b>	<b>7,849,713</b>
<b>TOTAL LIABILITIES</b>	<b>15,257,588</b>	<b>13,905,515</b>
Net assets:		
Without donor restrictions	25,016,256	17,593,899
With donor restrictions	198,073	235,729
<b>Total net assets</b>	<b>25,214,329</b>	<b>17,829,628</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 40,471,917</b>	<b>\$ 31,735,143</b>

See accompanying notes to financial statements

# South Central Family Health Center

## Statements of Activities

<i>Year Ended December 31, 2024</i>	2024	2023
Revenue and other support:		
Patient service revenue	\$ 29,510,154	\$ 22,234,638
Capitation revenue	5,132,581	3,719,573
Performance incentives	1,296,342	1,287,051
Grant revenue	11,431,955	11,427,705
Contributions	232,340	204,479
Employer Retention Credit	1,914,529	-
Pharmaceutical revenue	101,129	223,101
Other	44,062	57,892
Net assets released from restrictions	357,233	375,989
<b>Total revenue and other support</b>	<b>50,020,325</b>	<b>39,530,428</b>
Expenses:		
Clinical/Program services	32,538,245	32,551,235
General and administrative	8,960,891	5,276,526
Fundraising	1,361,061	538,112
<b>Total operating expenses</b>	<b>42,860,197</b>	<b>38,365,873</b>
<b>Income from operations</b>	<b>7,160,128</b>	<b>1,164,555</b>
<b>Other income - Investment income</b>	<b>262,229</b>	<b>216,058</b>
<b>Revenue in excess of expenses and changes in net assets without donor restrictions</b>	<b>7,422,357</b>	<b>1,380,613</b>
Changes in net assets with donor restrictions:		
Contributions with donor restrictions	319,577	275,594
Net assets released from restrictions	(357,233)	(375,989)
<b>Decrease in net assets with donor restrictions</b>	<b>(37,656)</b>	<b>(100,395)</b>
<b>Change in net assets</b>	<b>7,384,701</b>	<b>1,280,218</b>
<b>Net assets at beginning</b>	<b>17,829,628</b>	<b>16,549,410</b>
<b>Net assets at end</b>	<b>\$ 25,214,329</b>	<b>\$ 17,829,628</b>

See accompanying notes to financial statements

# South Central Family Health Center

## Statements of Functional Expenses

<i>Year Ended December 31, 2024</i>	Clinical/Program Services	General and administrative	Fundraising	Total
Salaries and wages	\$ 17,306,512	\$ 6,082,162	\$ 295,084	\$ 23,683,758
Employee benefits	3,234,064	1,136,573	55,142	4,425,779
Purchased services and professional fees	2,976,372	618,721	897,451	4,492,544
Supplies and other	6,091,801	935,607	113,384	7,140,792
Rent	1,443,873	1,372	-	1,445,245
Depreciation and amortization	1,485,623	91,802	-	1,577,425
Interest	-	94,654	-	94,654
<b>Totals</b>	<b>\$ 32,538,245</b>	<b>\$ 8,960,891</b>	<b>\$ 1,361,061</b>	<b>\$ 42,860,197</b>

<i>Year Ended December 31, 2023</i>	Clinical/Program services	General and administrative	Fundraising	Total
Salaries and wages	\$ 16,441,380	\$ 3,509,266	\$ 410,683	\$ 20,361,329
Employee benefits	3,691,941	787,830	92,197	4,571,968
Purchased services and professional fees	6,247,430	207,522	10,793	6,465,745
Supplies and other	3,502,073	408,007	24,439	3,934,519
Rent	1,391,771	46,759	-	1,438,530
Depreciation and amortization	1,275,579	182,716	-	1,458,295
Interest	1,061	134,426	-	135,487
<b>Totals</b>	<b>\$ 32,551,235</b>	<b>\$ 5,276,526</b>	<b>\$ 538,112</b>	<b>\$ 38,365,873</b>

See accompanying notes to financial statements

# South Central Family Health Center

## Statements of Cash Flows

Years Ended December 31,	2024	2023
Change in cash and cash equivalents:		
Cash flows from operating activities:		
Change in net assets	\$ 7,384,701	\$ 1,280,218
Adjustments to reconcile change in net assets to net cash and cash equivalents from operating activities:		
Depreciation and amortization	1,577,425	1,458,295
Realized and unrealized gain on investments	(136,190)	-
Change in operating lease	(3,635)	29,438
Changes in operating assets and liabilities:		
Patient accounts receivable	(1,352,636)	257,464
Grants and other receivables	(3,101,652)	159,629
Estimated settlement amounts due from third-party payers	999,501	(29,035)
Prepaid expenses and other current assets	6,589	19,408
Deposits	(64,280)	(2,000)
Accounts payable	104,488	138,016
Accrued expenses	(124,932)	247,246
Estimated settlement amounts due to third-party payers	331,754	996,944
<b>Net cash from operating activities</b>	<b>5,621,133</b>	<b>4,555,623</b>
Cash flows from investing activities:		
Purchase of investments	(6,651,958)	(2,372,597)
Sale of investments	3,502,797	2,942,407
Increase in assets limited as to use	(1,212)	(34,203)
Purchase of property and equipment	(1,217,641)	(4,507,186)
Purchase of goodwill	(675,000)	-
<b>Net cash from investing activities</b>	<b>(5,043,014)</b>	<b>(3,971,579)</b>
<b>Cash flows from financing activities - Payment of long-term debt</b>	<b>(759,879)</b>	<b>(925,745)</b>
Net change in cash and cash equivalents	(181,760)	(341,701)
Cash and cash equivalents at beginning of year	4,564,184	4,905,885
<b>Cash and cash equivalents at end of year</b>	<b>\$ 4,382,424</b>	<b>\$ 4,564,184</b>
Supplemental disclosures of cash flow information		
Cash paid for interest during the year	\$ 94,654	\$ 135,487
Cash paid for amounts included in measurement of lease liabilities:		
Operating cash flow-payments of operating leases	\$ -	\$ 1,310,955

See accompanying notes to financial statements

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies**

#### **The Entity**

Since 1981, South Central Family Health Center (the "Organization"), has served the working poor and uninsured men, women and children of South Los Angeles by providing affordable, accessible and comprehensive family health care. The Organization is a managed care provider and offers an assortment of medical care in a linguistically and culturally appropriate manner. The Organization primarily earns revenues by providing physician and related health care services through nine clinics located in Los Angeles, California.

#### **Financial Statement Presentation**

The Organization follows accounting standards set by the Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC"). The ASC is the single source of authoritative accounting principles generally accepted in the United States ("GAAP") to be applied to nongovernmental entities.

#### **Use of Estimates**

The preparation of the accompanying financial statements in conformity with GAAP requires management to make certain estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Actual results may differ from these estimates.

#### **Cash and Cash Equivalents**

The Organization considers all highly liquid investments with an original maturity of three months or less to be cash equivalents. Cash equivalents exclude amounts whose use is limited by arrangements under trust agreements.

#### **Patient Accounts Receivable and Credit Policy**

Patient accounts receivable are reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care services. Patient accounts receivable are recorded in the accompanying statements of financial position net of contractual adjustments and implicit price concessions, which reflect management's estimate of the transaction price. The Organization estimates the transaction price based on negotiated contractual agreements, historical experience, and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions and is recorded through a reduction of gross revenue and a credit to accounts receivable. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. The Organization does not have a policy to charge interest on past due accounts.

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies (Continued)**

#### **Investments and Investment Income**

The Organization carries investments in marketable securities with readily determined fair values and all investments in debt securities at their fair values in the statements of financial position. Investment income or loss and unrealized gains or losses are included in the statements of activities and changes in net assets as increases or decreases in net assets without donor restrictions unless the income or loss is restricted by donor or law.

#### **Fair Value Measurements**

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an ordinary transaction between market participants at the measurement date. A three-tier hierarchy prioritizes the inputs used in measuring fair value. These tiers include Level 1, defined as observable inputs such as quoted market prices in active markets; Level 2, defined as inputs other than quoted market prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions. The asset's or liability's fair value measurement within the hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

#### **Assets Limited as to Use**

Assets limited as to use include cash held by a trustee for future unemployment claims.

#### **Goodwill**

The Organization amortizes goodwill on a straight-line basis over a period of 10 years. The Organization tests goodwill for impairment only when a triggering event has occurred that indicates it is more likely than not that the fair value of the reporting unit is below its carrying value. The Organization evaluates the impairment as of the end of the reporting period (interim or annual) in which the triggering event has occurred. No impairment adjustment was deemed necessary for the year ended December 31, 2024.

#### **Property, Equipment, and Depreciation**

Property and equipment acquisitions are recorded at cost, if purchased, or at market value at the date of donation, if donated. Maintenance and repair costs are charged to expense as incurred. Gains or losses on disposition of property and equipment are reflected in other revenue. Depreciation is computed on the straight-line method for financial reporting purposes, based on the estimated useful lives of the assets. The estimated useful life for depreciable equipment is three to twenty-five years.

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies (Continued)**

#### **Property, Equipment, and Depreciation (Continued)**

Property and equipment purchased with grant funds are owned by the Organization while used in the program for which they were purchased or in other future authorized programs. However, the various funding sources have a reversionary interest in the property and equipment purchased with grant funds. Their disposition, as well as the ownership of any proceeds therefrom, is subject to funding source regulations. The property and equipment purchased with grant funds are normally restricted for use in specific programs operated by the Organization.

Gifts of long-lived assets, such as land, buildings, or equipment, if any, are reported as support without donor restrictions and are excluded from revenue over expenses unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

#### **Impairment of Long-Lived Assets**

The Organization reviews long-lived assets, which consist primarily of property and equipment with finite useful lives, for impairment whenever events or changes in circumstances indicate the carrying amount of an asset may not be recoverable. Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets. Assets to be disposed of are reported at the lower of carrying amount or the fair value less costs to sell. During the years ended December 31, 2024 and 2023, the Organization determined that no evaluations of recoverability were necessary.

#### **Leases**

The Organization is a lessee in noncancelable operating leases. If the contract provides the Organization the right to substantially all the economic benefits and the right to direct the use of the identified asset, it is considered to be or contain a lease. Right-of-use ("ROU") assets and lease liabilities are recognized at the lease commencement date based on the present value of the future lease payments over the expected lease term. The ROU asset includes contractual lease payments to be made, less any lease incentives and initial direct costs incurred.

The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or a rate. Increases (decreases) to variable lease payments due to subsequent changes in an index or rate are recorded as variable lease cost (income) in the period in which they are incurred.

The Organization uses the risk-free rate as of the lease commencement for a term similar to the underlying lease for all leases.

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies** (Continued)

#### **Leases** (Continued)

The ROU asset is subsequently measured throughout the lease term at the amount of the remeasured lease liability (i.e., present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received, and any impairment recognized. Lease costs are recognized on a straight-line basis over the lease term.

The Organization has elected, for all underlying classes of assets, to not recognize ROU assets and lease liabilities for short-term leases that have a lease term of 12 months or less at lease commencement, and do not include an option to purchase the underlying asset that the Organization is reasonably certain to exercise. Leases containing termination clauses in which either party may terminate the lease without cause given a notice period less than 12 months are deemed short-term leases with lease costs included in short-term lease expense. The Organization recognizes lease costs associated with short-term leases on a straight-line basis over the lease term.

The Organization made an accounting policy election to not separate the lease components of a contract and its associated non-lease components (i.e., lessor-provided maintenance and other services).

#### **Net Assets**

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

**Net assets without donor restrictions:** Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions.

**Net assets with donor restrictions:** Net assets with donor restrictions are assets subject to donor or grantor-imposed restrictions, some of which are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor, while others are perpetual in nature, where the donor stipulates the resources to be maintained in perpetuity. As of December 31, 2024 and 2023, the balance of net assets with donor restrictions were available for health care services.

# South Central Family Health Center

## Notes to Financial Statements

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### Note 1: Nature of Operations and Summary of Significant Accounting Policies (Continued)

#### Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration for retroactive revenue adjustments resulting from settlement of audits, reviews, and investigations. Generally, the Organization bills the patients and third-party payors several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided. For revenue from services provided to patients of the Organization, the performance obligation is satisfied as the patient simultaneously receives and consumes the benefits provided as the patient care services are performed. In the case of these services, recognition of the obligation over time yields the same result as recognizing the obligation at a point in time. The Organization believes this method provides a faithful depiction of the transfer of services over the term of the performance obligation based on the inputs needed to satisfy the obligation.

The Organization determines the transaction price, which involves significant estimates and judgment, based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients in accordance with the Organization's policy, and implicit price concessions provided to patients. The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience for each patient portfolio based on payor class and service type.

The Organization has agreements with third-party payors that typically provide for payments at amounts less than established charges. A summary of the payment arrangements with major third-party payors follows:

- **Medicare:** The Organization qualifies for the Medicare Federally Qualified Health Center ("FQHC") program and is reimbursed using a prospectively based payment system ("PPS") under which FQHCs are paid 80% of the lesser of charges based on FQHC payment codes or the PPS rate, a national encounter-based rate with geographic and other adjustments. The FQHC PPS base rate is updated annually based on an FQHC market-based index.
- **Medi-Cal:** Under State of California Department of Health Care Services (DHCS) Medi-Cal, the Organization is reimbursed at a PPS rate for Medi-Cal visits and on an interim basis for certain visits insured under Medi-Cal managed care plans, with a final reconciliation taking into account total visits, the approved reimbursement rate, and interim payments received.
- **Other:** The Organization also has entered into payment agreements with certain commercial insurance carriers, HMOs, and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per procedure, percentage discounts from established charges, and capitation contracts.

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies (Continued)**

#### **Patient Service Revenue (Continued)**

##### **Laws and Regulations**

Laws and regulations concerning government programs, including Medicare and Medicaid, are complex and subject to varying interpretation. Because of investigations by governmental agencies, various healthcare organizations have received requests for information and notices regarding alleged noncompliance with those laws and regulations, which in some instances have resulted in organizations entering into significant settlement agreements. Compliance with such laws and regulations may also be subject to future government review and interpretation, as well as significant regulatory action, including fines, penalties, and potential exclusion from the related programs. There can be no assurance that regulatory authorities will not challenge the Organization's compliance with these laws and regulations, and it is not possible to determine the impact (if any) such claims or penalties would have on the Organization.

The Centers for Medicare and Medicaid Services ("CMS") uses recovery audit contractors ("RACs") to search for potentially inaccurate Medicare payments that might have been made to healthcare providers and that were not detected through existing CMS program integrity efforts. Once the RAC identifies a claim it believes is inaccurate, the RAC makes a deduction from or addition to the provider's Medicare reimbursement in an amount estimated to equal the overpayment or underpayment. The Organization has not been notified by the RAC of any potential significant reimbursement adjustments. In addition, the contracts the Organization has with commercial payors provide for retroactive audit and review of claims.

##### **Accounting for Contractual Arrangements**

Settlements with third-party payors for retroactive adjustments resulting from audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and the Organization's historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available) or as years are settled or are no longer subject to such audits, reviews, and investigations. Adjustments rising from a change in transaction price were not significant in 2024 or 2023.

Generally, patients who are covered by third-party payors are responsible for related deductibles and coinsurance, which vary in amount. The Organization also provides services to uninsured patients and offers those uninsured patients a discount, either by policy or law, from standard charges. The Organization estimates the transaction price for patients with deductibles and coinsurance and from those who are uninsured based on historical experience and current market conditions. The initial estimate of the transaction price is determined by reducing the standard charge by any contractual adjustments, discounts, and implicit price concessions. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient service revenue in the period of the change. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2024 and 2023, was not significant.

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies (Continued)**

#### **Patient Service Revenue (Continued)**

Consistent with the Organization's mission, care is provided to patients regardless of their ability to pay. The Organization provides care to patients who meet certain criteria under its sliding fee schedule without charge or at amounts less than its established rates. The amount that charges are discounted from established rates under the sliding fee schedule is based on income and household size. In addition, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts the Organization expects to collect based on its collection history with those patients.

The promised amounts of consideration from patients and third-party payors have not been adjusted for the effects of a significant financing component due to the Organization's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payor pays for that service will be one year or less. However, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

All incremental customer contract acquisition costs are expensed as they are incurred, since the amortization period of the asset that the Organization otherwise would have recognized is one year or less in duration.

#### **Capitation Revenue**

Revenue for capitation contracts is recognized on a per-member, per month basis in the periods that beneficiaries are entitled to healthcare services, subject to retroactive changes in assigned beneficiaries.

#### **Performance Incentives**

Performance incentives revenues are payments from various third-party payors for the purpose of encouraging provider outreach, regular monitoring of chronic conditions, and other activities for purposes of improving patient outcomes, lowering overall cost of care, and improving overall quality of care. Components of the incentive programs are reviewed annually, and revenue is not recognized until goals are achieved and incentive payments are known or received.

#### **Pharmacy Revenue**

The Organization is a participant in Section 340B Drug Pricing program. Payment arrangements include contracted calculations based upon discounted prices. Pharmacy revenues are reported at estimated net realizable amounts from sales to patients, third-party payors, and others.

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies (Continued)**

#### **Grant Revenue**

Grants are either recorded as contributions or exchange transactions based on criteria contained in the grant award:

- *Grant awards that are contributions* - Grants that qualify as contributions are recorded as invoiced to the funding sources. Revenue is recognized in the accounting period when the related allowable expenses are incurred. Amounts received in excess of expenses are reflected as grant funds received in advance and are included in refundable advance liability in the accompanying statements of financial position.
- *Grant awards that are exchange transactions* - Revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for services provided under grant awards or contracts. The Organization has no grant awards that are considered exchange transactions.

#### **Contribution Revenue**

Contributions, including promises to give, are considered conditional or unconditional, depending on the nature and existence of any donor or grantor conditions. A contribution or promise to give contains a donor or grantor condition when both of the following are present:

- An explicit identification of a barrier, that is more than trivial, that must be overcome before the revenue can be earned and recognized
- An implicit obligation to return assets transferred or the obligation to release a donor or grantor's obligation to transfer assets promised, if the condition is not met

Conditional contributions are recognized when the barrier(s) to entitlement are overcome. Unconditional contributions are recognized as revenue when received.

Unconditional contributions or conditional contributions in which the conditions have been substantially met or explicitly waived by the donor are recorded as support with or without donor restrictions, depending on the existence and nature of any donor restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions. Contributions that are restricted by the donor are reported as increases in net assets without donor restrictions if the restrictions expire in the fiscal year in which the contributions are recognized.

# South Central Family Health Center

## Notes to Financial Statements

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### **Note 1: Nature of Operations and Summary of Significant Accounting Policies (Continued)**

#### **Functional Allocation of Expenses**

The costs of program, supporting service and fundraising activities have been summarized on a functional basis in the statements of activities and changes in net assets. The statements of functional expenses present the natural classification details of expenses by function. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Expenses directly attributable to specific functional areas of the Organization are reported as expenses of those functional areas while indirect costs that benefit multiple functional areas have been allocated among the various functional areas based on the number of employees involved or the amount of time spent.

#### **Advertising Costs**

Advertising costs are expensed as incurred.

#### **Revenue in Excess of Expenses**

The statements of activities include revenue in excess of expenses, which is considered the operating indicator. Changes in net assets without donor restrictions that are excluded from the operating indicator include investment income and contributions of long-lived assets, including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets.

#### **Income Taxes**

The Organization is a tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Code (the "Code") and is exempt from federal income taxes on related income pursuant to Section 501(a)(1) of the Code. The Organization is also exempt from state income taxes on related income.

#### **Subsequent Events**

Subsequent events have been evaluated through September 25, 2025, which is the date the financial statements were issued.

# South Central Family Health Center

## Notes to Financial Statements

### Note 2: Patient Accounts Receivable

Patient accounts receivable consisted of the following at December 31:

	2024	2023
Patient accounts receivable	\$ 3,171,066	\$ 1,849,957
Less - Contractual adjustments and implicit price concessions	(144,185)	(175,712)
Patient accounts receivable - Net	\$ 3,026,881	\$ 1,674,245

Patient accounts receivable - net at January 1, 2023 was \$1,931,709.

### Note 3: Investments and Assets Limited as to Use

Investments consisted of the following at December 31:

	2024	2023
Cash	\$ 752,460	\$ -
Certificate of deposits	3,238,911	-
Equity securities	343,766	760,433
Exchange traded funds	772,549	1,061,902
Total investments	\$ 5,107,686	\$ 1,822,335

#### Assets Limited as to Use

Assets limited as to use consisted cash held by a trustee for future unemployment claims in the amount of \$133,599 and \$132,387 at December 31, 2024 and 2023, respectively.

#### Investment Income

Investment income, including gains and losses on cash equivalents and investments, consisted of the following for the years ended December 31:

	2024	2023
Interest and dividends	\$ 140,144	\$ 216,058
Realized gains	100,822	-
Unrealized gains	21,263	-
Total investment income	\$ 262,229	\$ 216,058

# South Central Family Health Center

## Notes to Financial Statements

### Note 3: Investments and Assets Limited as to Use (Continued)

Investments, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of certain investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

### Note 4: Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Certificates of deposits	\$ -	\$ 3,238,911	\$ -	\$ 3,238,911
Equity securities	343,766	-	-	343,766
Exchanged-traded funds	772,549	-	-	772,549
<b>Totals</b>	<b>\$ 1,116,315</b>	<b>\$ 3,238,911</b>	<b>\$ -</b>	<b>\$ 4,355,226</b>

	2023			
	Level 1	Level 2	Level 3	Total
Equity securities	\$ 760,433	\$ -	\$ -	\$ 760,433
Exchanged-traded funds	1,061,902	-	-	1,061,902
<b>Totals</b>	<b>\$ 1,822,335</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,822,335</b>

The following is a description of the valuation methodologies used for assets measured at fair value:

*Certificate of deposits:* Cash equivalents consisting mainly of money market mutual funds, are valued using a net asset value ("NAV") of \$1..

*Equity securities:* Equity securities are valued at the closing price reported in the active market in which the individual securities are traded.

*Exchange-traded funds:* Valued using quoted market prices from the active market in which the security trades.

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

# South Central Family Health Center

## Notes to Financial Statements

### Note 5: Grants Receivable

Grants receivable represents the following amounts due from various funding sources as of December 31:

	2024	2023
Health Center Program Cluster Grants	\$ 766,300	\$ 667,934
Certified Community Behavioral Health Clinic Expansion Grants	114,644	70,899
Congressional Directives	150,000	-
Other	30,252	93,995
<b>Total</b>	<b>\$ 1,061,196</b>	<b>\$ 832,828</b>

### Note 6: Property and Equipment

Property and equipment consisted of the following at December 31:

	2024	2023
Land	\$ 5,708,034	\$ 5,708,034
Building and leasehold improvements	18,748,436	16,154,280
Equipment	4,401,850	3,840,891
Construction in progress	603,387	2,540,861
<b>Total property and equipment</b>	<b>29,461,707</b>	<b>28,244,066</b>
<b>Less - Accumulated depreciation</b>	<b>(12,400,147)</b>	<b>(10,856,472)</b>
<b>Totals</b>	<b>\$ 17,061,560</b>	<b>\$ 17,387,594</b>

Construction in progress at December 31, 2024 and 2023 is related to building improvements at several clinics. The projects are expected to be completed in 2025 and are being financed through operations.

### Note 7: Leases

The Organization leases facilities from unrelated organizations under operating lease agreements. Any renewal option periods are included in the measurement of the ROU asset and lease liability when the exercise of the option is reasonably certain to occur.

The depreciable life of assets and leasehold improvements are limited by the expected lease term, unless there is a transfer of title or purchase option reasonably certain of exercise.

The Organization's lease agreements do not contain any material residual value guarantees or material restrictive covenants. Payments due under the lease contracts include fixed payments plus, for many of the Organization's leases, variable payments. These variable lease payments are not included in lease payments used to determine the lease liability and are recognized as variable costs when incurred.

# South Central Family Health Center

## Notes to Financial Statements

### Note 7: Leases (Continued)

Lease expense, including variable lease payments not included in the minimum lease payments, was \$1,445,245 and \$1,438,530 for the years ended December 31, 2024 and 2023, respectively.

Supplemental cash flow information related to leases is as follows for the years ended December 31:

	2024	2023
Cash paid for amounts included in the measurements of lease liability - Operating cash flows from operating leases	\$ 1,370,793	\$ 1,310,955

Supplemental balance sheet information related to leases is as follows as of December 31:

	2024	2023
Weighted-average remaining lease term (in years) - Operating leases	4.57	3.68
Weighted-average discount rate - Operating leases	3.78%	3.78%

Maturities of lease liabilities are as follows as of December 31, 2024:

2025	\$ 1,325,695
2026	1,282,137
2027	1,050,932
2028	674,913
2029	535,384
Thereafter	494,285
Total minimum lease payments	5,363,346
Amount representing interest	438,134
Present value of future minimum lease payments	4,925,212
Less - current maturities	(1,164,167)
Long-term obligations under operating leases	\$ 3,761,045

# South Central Family Health Center

## Notes to Financial Statements

### Note 8: Goodwill

The Organization recorded goodwill of \$675,000 in the acquisition of business in 2024. Amortization expense was \$33,750 for the year ended December 31, 2024 and is included in depreciation and amortization in the accompanying statements of functional expenses.

Expected amortization expense for the next five years and thereafter is as follows at December 31, 2024:

2025	\$	67,500
2026		67,500
2027		67,500
2028		67,500
2029		67,500
Thereafter		303,750
Total	\$	641,250

### Note 9: Long-Term Debt

Long-term debt consisted of the following at December 31:

	2024	2023
In September 2020, the Organization entered into a loan agreement with a bank for the principal amount of \$2,570,000. The loan bears interest at a fixed rate of 3.78% and requires monthly interest and principal payments of \$13,331 with the unpaid principal due in September 2030. The loan is secured by the Deed of Trust on the Organization's real property.	\$ 1,042,970	\$ 1,449,218
In March 2021, the Organization entered into a loan agreement with a bank for the principal amount of \$2,280,000. The loan bears interest at a fixed rate of 3.91% and requires monthly interest and principal payments of \$11,994 with the unpaid principal due in March 2031. The loan is secured by the Deed of Trust on the Organization's real property. As of June 27, 2025, the loan was paid in full.	953,083	1,306,714
Total long-term debt	1,996,053	2,755,932
Less: current maturities of long-term debt	182,080	199,819
Long-term debt, less current maturities	\$ 1,813,973	\$ 2,556,113

# South Central Family Health Center

## Notes to Financial Statements

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### Note 9: Long-Term Debt (Continued)

Scheduled payments of principal on long-term debt at December 31, 2024, including current maturities, are summarized as follows:

2025	\$	182,080
2026		189,331
2027		196,870
2028		204,423
2029		212,849
Thereafter		1,010,500
<hr/>		
Total	\$	1,996,053

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### Note 10: Line of Credit

The Organization maintains a line of credit with a bank in the amount of \$1,500,000. The line of credit continues in full force and effect until either party cancels or all of the Organization's loans are paid in full. The line bears interest at the highest prime rate of the Wall Street Journal plus .7%. The line is secured by a commercial security agreement. The line of credit agreement requires the Organization to maintain a maximum funded debt to capitalization ratio measured quarterly and fixed charge coverage ratio measured annually. There was no outstanding balance at December 31, 2024 and 2023.

### Note 11: Net Assets Released From Donor Restrictions

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of the passage of time or other events specified by donors as follows for the years ended December 31:

	2024	2023
Health care services	\$ 198,073	\$ 235,729

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Net assets released from restrictions for the years ended December 31, 2024 and 2023 amounted to \$357,233 and \$375,989, respectively, by satisfying the purpose specified by the donor.

# South Central Family Health Center

## Notes to Financial Statements

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### Note 12: Patient Service Revenue

The Organization has determined the nature, amount, timing, and uncertainty of revenue and cash flows are affected by the following factors: payors and method of reimbursement. The following table provides details of these factors.

The composition of patient service revenue by primary payor for the years ended December 31 was as follows:

	2024	2023
Fee for service:		
Medi-Cal	\$ 28,119,506	\$ 20,063,480
Medicare	1,129,669	1,643,088
Self-pay	190,592	327,215
Commercial and other	70,387	200,855
Patient service revenue	\$ 29,510,154	\$ 22,234,638

### Note 13: Retirement Plan

The Organization provides a tax-deferred annuity plan qualified under Section 403(b) of the Code that covers all eligible employees of the Organization. Eligible employees may make contributions to the plan up to the maximum amount allowed under the Code. The Organization may make discretionary matching contributions to the plan of the eligible employee's salary after one year of service. The Organization contributed 1% and 3% of eligible compensation for a total of \$440,138 and \$902,382 to the plan during the years ended December 31, 2024 and 2023, respectively.

### Note 14: Professional Liability Insurance

For professional liability insurance purposes, the Organization is deemed to be an employee of the federal government in accordance with Section 224(h) of the Public Health Service Act as amended by the Federally Supported Health Centers Assistance Act of 1995. Liability protection is provided under the Federal Tort Claims Act ("FTCA") for the Organization and its employees when they are providing services within the scope of employment included under FQHC activities.

# South Central Family Health Center

## Notes to Financial Statements

### Note 15: Liquidity

The following table reflects the Organization's financial assets available for general expenditure, that is without donor restrictions or designations limiting their use, within 12 months of the balance sheet date, are summarized as follows as of December 31:

	2024	2023
Cash and cash equivalents	\$ 4,382,424	\$ 4,564,184
Investments	5,107,686	1,822,335
Patient accounts receivable, net	3,026,881	1,674,245
Grants receivable	1,061,196	832,828
Other receivables	3,894,750	1,021,466
Estimated settlement amounts due from third-party payors	-	153,196
Financial assets available to meet cash needs for general expenditures within one year	\$ 17,472,937	\$ 10,068,254

As part of the Organization's liquidity plan, the Organization invests excess cash in short-term investments, including money market accounts and equity securities. The Organization has a \$1,500,000 line of credit available to meet cash flow needs (see Note 10).

### Note 16: Employee Retention Tax Credit (ERTC)

In March 2020, the Coronavirus Aid, Relief and Economic Security ("CARES") Act created and funded the Employee Retention Tax Credit ("ERTC") to aid employers that were negatively impacted by the COVID-19 pandemic. The ERTC was designed to provide an incentive to retain employees throughout the pandemic. The Organization applied for the credit under the mandatory shut down method.

The Organization applied for and was approved for a credit in the amount of \$1,914,529 during the year ended December 31, 2024. The Organization has recognized \$1,914,529 in revenue and other support in the accompanying statements of activities and as an other receivable in the accompanying statements of financial position.

Laws and regulations concerning government programs, including the ERTC established by the CARES Act, are complex and subject to varying interpretations. Claims made under the CARES Act may also be subject to retroactive audit and review. There can be no assurance that regulatory authorities will not challenge the Organization's claim to the ERTC, and it is not possible to determine the impact (if any) this would have upon the Organization.

# South Central Family Health Center

## Notes to Financial Statements

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### Note 17: Concentrations of Credit Risk

#### Bank Deposits

The Organization maintains depository relationships with financial institutions that are Federal Deposit Insurance Corporation ("FDIC") insured institutions. Depository accounts at these institutions are insured by the FDIC up to \$250,000 per institution. Balances in excess of FDIC limits are uninsured. Management has not experienced any losses with these accounts and believes the Organization is not exposed to any significant risk on cash.

#### Receivables

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows as of December 31:

	2024	2023
Medi-cal and other programs	46 %	48 %
Medicare	12	7
MyHealth LA	39	19
Self-pay	2	6
Other third-party payors	1	20
Totals	100 %	100 %

### Note 18: Reclassifications

Certain reclassifications have been made to the 2023 financial statements to conform to the 2024 financial statements. Specifically, for the year ended December 31, 2023, amounts previously reported as capitation revenue have been reclassified to patient service revenue to better reflect the nature of the revenue. This reclassification had no impact on total revenue, net income, or net assets as previously reported.

## **Supplementary Information**

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# South Central Family Health Center

## Schedule of Expenditures of Federal Awards

<i>Federal Grantor/Pass-Through Grantor/Program Title</i>	Contract Number	Entity Passed Through	Federal Assistance Listing Number	Federal Expenditures
U.S. Department of Health and Human Services:				
Health Center Cluster:				
Health Center Program	H80CS00265	Direct	93.224	\$ 3,616,708
FY 2023 Early Childhood Development Grants for New and Expanded Services under the Health Center Program	H8KCS49796	Direct	93.224	269,759
Optimizing Virtual Care	H08CS00265	Direct	93.527	2,329,730
Health Center Program Service Expansion - School Based Service Sites	Q8VCS45429	Direct	93.527	180,950
FY 2023 Bridge Access Program	H2ECS45618	Direct	93.527	320,958
FY 2023 Expanding COVID-19 Vaccination	H8LCS51265	Direct	93.527	124,176
FY 2021 Ending the HIV Epidemic - Primary Care HIV Prevention	H8GCS47660	Direct	93.527	58,806
	H8HCS45022	Direct	93.527	422,163
<b>Total Health Center Cluster</b>				<b>7,323,250</b>
Certified Community Behavioral Health Clinic Expansion Grants	H79SM088846	Direct	93.696	1,065,473
Congressional Directives	CE2CS52767	Direct	93.493	625,573
Family Planning Services	2852-5320-71219-23-24;	California Family Health Council	93.217	126,024
<b>Total U.S. Department of Health and Human Services</b>				<b>9,140,320</b>
<b>Total expenditures of federal awards</b>				<b>\$ 9,140,320</b>

See Independent Auditor's Report.

See accompanying notes to schedule of expenditures of federal awards.

# South Central Family Health Center

## Notes to Schedule of Expenditures of Federal Awards

Year Ended December 31, 2024

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### **Note 1: General**

The accompanying schedule of expenditures of federal (the "Schedule") includes the federal grant activity of South Central Family Health Center (the "Organization") under programs of the federal government for the year ended December 31, 2024. The information in the Schedule is presented in accordance with requirements of the Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards* ("Uniform Guidance"). Because the Schedule presents only a selected portion of the operations of South Central Family Health Center, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

### **Note 2: Summary of Significant Accounting Policies**

Expenditures on the Schedule are reported on the accrual basis of accounting and are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement.

### **Note 3: Indirect Cost Rate**

The Organization have elected not to use the 10-percent de minimis indirect cost rate allowed under the Uniform Guidance.

### **Note 4: Subrecipients**

The Organization do not have any subrecipients of federal awards.

## **Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards***

Board of Directors  
South Central Family Health Center  
Los Angeles, California

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of South Central Family Health Center, as of and for the year ended December 31, 2024 and the related notes to the financial statements, which collectively comprise the South Central Family Health Center's basic financial statements, and have issued our report thereon dated September 25, 2025.

### **Report on Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered South Central Family Health Center's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of South Central Family Health Center's internal control. Accordingly, we do not express an opinion on the effectiveness of South Central Family Health Center's internal control.

*A deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies in internal control, such that there is reasonable possibility that a material misstatement of South Central Family Health Center's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. We identified a deficiency in internal control described in the accompanying schedule of findings and questioned costs as item 2024-001 that we consider to be a significant deficiency.

## **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether South Central Family Health Center's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

### **South Central Family Health Center's Response to Findings**

*Government Auditing Standards* requires the auditor to perform limited procedures on the South Central Family Health Center's response to the findings identified in our audit and described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the other auditing procedures applied in the audit of the financial statements and, accordingly, we express no opinion on the response.

### **Purpose of This Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of South Central Family Health Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering South Central Family Health Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.



Wipfli LLP

Minneapolis, Minnesota

September 25, 2025

## **Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance Required by the Uniform Guidance**

Board of Directors  
South Central Family Health Center  
Los Angeles, California

### **Report on Compliance for Each Major Federal Program**

#### ***Opinion on Each Major Federal Program***

We have audited South Central Family Health Center's compliance with the types of compliance requirements identified as subject to audit in the OMB *Compliance Supplement* that could have a direct and material effect on each of its major federal programs for the year ended December 31, 2024. South Central Family Health Center's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, South Central Family Health Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each major federal program for the year ended December 31, 2024.

#### ***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America ("GAAS"); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of South Central Family Health Center and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of South Central Family Health Center's compliance with the compliance requirements referred to above.

#### ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to South Central Family Health Center's federal programs.

### ***Auditor's Responsibility for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on South Central Family Health Center's compliance based on our audit. 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 GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about South Central Family Health Center's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding South Central Family Health Center's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of South Central Family Health Center's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of South Central Family Health Center's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### ***Report on Internal Control Over Compliance***

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over-compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Wipfli LLP*

Wipfli LLP

Minneapolis, Minnesota

September 25, 2025

# South Central Family Health Center

## Schedule of Findings and Questioned Costs

Year Ended December 31, 2024

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### Section I - Summary of Auditor's Results

#### Financial Statements

Type of auditor's report issued Unmodified

Internal control over financial reporting:

    Material weakness(es) identified?  yes  no

    Significant deficiency(ies) identified?  yes  no

Noncompliance material to financial statements noted?  yes  no

#### Federal Awards

Internal control over major programs:

    Material weakness(es) identified?  yes  no

    Significant deficiency(ies) identified?  yes  no

Type of auditor's report issued on compliance for major programs Unmodified

Any audit findings disclosed that are required to be reported  
in accordance with the Uniform Guidance [2 CFR 200.516(a)]?  yes  no

#### Identification of major federal programs:

Assistance Listing Number

93.224 / 93.527

93.696

Name of Federal Program or Cluster

Health Center Cluster

Certified Community Behavioral Health Clinic

Expansion Grants

Dollar threshold used to distinguish between Type A and Type B programs: \$750,000

Auditee qualified as low-risk auditee? Yes

**South Central Family Health Center**  
**Schedule of Findings and Questioned Costs (Continued)**  
Year Ended December 31, 2024

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**Section II - Financial Statement Findings**

Finding 2024-001	Significant Audit Adjustments
Condition:	There were not effective controls in place to properly reconcile and adjust the due to third-party settlement accounts and properly classify patient service and capitation revenue at year end. As a result, the auditor posted a significant adjustment and reclassification entry to the financial statements.
Criteria:	Internal controls should be in place that provide for accurate reporting of financial information.
Cause:	Management oversight.
Effect:	Significant audit adjustments were recorded.
Recommendation:	We recommend the due to third-party payor account be reconciled monthly and revenue be reviewed regularly for appropriate classification.
View of Responsible Officials:	Management agrees with the adjustments and will correct for future periods.

**Section III – Federal Award Findings and Questioned Costs**

None reported.

**SCFHC Corporate Office**

 1111 E. Vernon Avenue  
Los Angeles, CA 90011



9/25/2025

<b>Finding # 2024-001</b>	
<b>Condition</b>	There were not effective controls in place to properly reconcile and adjust the due to third-party settlement accounts and properly classify patient service and capitation revenue at year end. As a result, the auditor posted a significant adjustment and reclassification entry to the financial statements.
<b>Response</b>	To address the lack of effective controls over third-party settlement account reconciliations and revenue classification, management will implement standardized monthly reconciliation procedures with month end close and enhance year-end close processes to ensure accurate adjustments and classifications. A internal review by management will be conducted prior to the financial statement audit to verify accuracy of accounts.
<b>Responsible Party</b>	Emmanuel Parakati, CFO
<b>Estimated Completion Date</b>	12/31/2025

Attachment to Jan2024 Form 5500  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
South Central Family Health Center  
EIN: 95-3877793  
Plan Number: 001

(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		79,116
	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		4,471
	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		4,007
	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		174,258
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager Portfolio		696
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		79,509
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		149,570
	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		162,722
	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		824
	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		2,698
	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.L. Main Street Fund		6,038
	Mutual of America	GROUP ANNUITY CONTRACT Macquarie VIP Small Cap Value Series		1,935
	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		1,815
	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		21,094
	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		14,849
	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		772
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2015 Fund		1,175
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		303,913
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		976,060
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		676,637
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		668,097
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		991,264
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		864,073
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		790,299
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		307,452
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		386,821
	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		84,397
	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		103,865
	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		2,883
	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		418,195
	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		1,815
	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		14,920
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		99,000
	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		38,735
	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		727
	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		422,674
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		61,511
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		12,812
	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		42,380
	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		198,084
	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		825,470

Attachment to Jan2024 Form 5500  
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
South Central Family Health Center  
EIN: 95-3877793  
Plan Number: 001

.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Sustainable Equity Portfolio		3,671
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		1,817
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		201,538
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		10,469
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		78,207
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		21,053
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		12,247
.	Mutual of America	GROUP ANNUITY CONTRACT Victory RS Small Cap Growth Equity VIP Series		647