

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CORP DE SERVICIOS MEDICO PRIMARIO Y PREVENCION DE HATILLO SAV & RET PLAN
1b Three-digit plan number (PN): 019
1c Effective date of plan: 03/01/2017
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 66-0427194
2c Plan Sponsor's telephone number: 787-595-4190
2d Business code (see instructions): 621112

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	241
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	209
	6a(2)	193
	6b	34
	6c	
	6d	227
	6e	
	6f	227
	6g(1)	211
6g(2)	227	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

(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
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	(c) Amount	(d) Purpose	

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

Part II	Investment and Annuity Contract Information	
Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.		
4	Current value of plan's interest under this contract in the general account at year end	4 69986
5	Current value of plan's interest under this contract in separate accounts at year end.....	5 0
6 Contracts With Allocated Funds:		
a State the basis of premium rates ▶		
b	Premiums paid to carrier	6b
c	Premiums due but unpaid at the end of the year	6c
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d
e Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		
7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)		
a Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶		
b	Balance at the end of the previous year	7b 50214
c Additions: (1) Contributions deposited during the year	7c(1)	8441
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 918
	(4) Transferred from separate account	7c(4) 31320
	(5) Other (specify below)..... ▶	7c(5) 11432
	(6) Total additions	7c(6) 52111
d	Total of balance and additions (add lines 7b and 7c(6))	7d 102325
e Deductions:	(1) Disbursed from fund to pay benefits or purchase annuities during year	
	7e(1)	10446
	(2) Administration charge made by carrier.....	7e(2) 7794
	(3) Transferred to separate account	7e(3) 14098
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 32338	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 69987

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan CORP DE SERVICIOS MEDICO PRIMARIO Y PREVENCION DE HATILLO SAV & RET PLAN	B Three-digit plan number (PN) ▶	019
C Plan sponsor's name as shown on line 2a of Form 5500 CORP DE SERV MEDICO PRIMARIO Y PREV DE HATILLO SAV & RET PLAN	D Employer Identification Number (EIN) 66-0427194	

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

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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)

BENEFIT CONSULTING GROUP OF PR INC

P O BOX 364173
SAN JUAN, PR 00936

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADM	1313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EMPOWER ADVISORY GROUP LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTEMENT MANAGER	7646	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

EMPOWER ANNUITY INSURANCE COMPAN OF

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	24137	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

OSAIC SF INC

P O BOX 2201
FORT WAYNE, IN 46801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ ADVISER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

LEAFHOUSE FINANCIAL ADVISORS LLC

6504 BRIDGE POINT PKKWY
STE 450
AUSTIN, TX 78730

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER		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)

ORIENTAL BANK AND TRUST

P O BOX 191429
SAN JUAN, PR 00919

(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?
25	TRUSTEE	10456	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

LEAFHOUSE FINANCIAL

6300 BRIDGE POINT PKWY BLDG 1
STE 3
AUSTIN, TX 78730-5097

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	1313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LINCOLN FINANCIAL SECURITIES	55	
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER ANNUITY INSURANCE CO OF AME 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80916	OTHER COMMISSION	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan <u>CORP DE SERVICIOS MEDICO PRIMARIO Y PREVENCION DE HATILLO SAV & RET PLAN</u>	B Three-digit plan number (PN)	<u>019</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CORP DE SERV MEDICO PRIMARIO Y PREV DE HATILLO SAV & RET PLAN</u>	D Employer Identification Number (EIN) <u>66-0427194</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CORE PLUS BOND FUND FEE CLASS R1</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
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)	
<u>38-4116854-515</u>	<u>C</u>		<u>22062</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>INTERNATIONAL GROWTH FUND CL R</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
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)	
<u>26-3793561-000</u>	<u>C</u>		<u>13383</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LARGE CAP VALUE FUND CLASS R1</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY</u>		
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)	
<u>38-4065329-426</u>	<u>C</u>		<u>94020</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CORP DE SERVICIOS MEDICO PRIMARIO Y PREVENCIÓN DE HATILLO SAV & RET PLAN	B Three-digit plan number (PN) ▶ 019
C Plan sponsor's name as shown on line 2a of Form 5500 CORP DE SERV MEDICO PRIMARIO Y PREV DE HATILLO SAV & RET PLAN	D Employer Identification Number (EIN) 66-0427194

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

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	13230 16877
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	69593 80178
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2302194 2957614
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	2385017	3054669
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2385017	3054669

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	148513	
(B) Participants.....	2a(1)(B)	403952	
(C) Others (including rollovers).....	2a(1)(C)	7574	
(2) Noncash contributions.....	2a(2)	50910	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		610949
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	5329	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5329
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	64290	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		64290
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	235997	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		916565

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	171979	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	34463	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		206442
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	40471	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		40471
j Total expenses. Add all expense amounts in column (b) and enter total	2j		246913

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		669652
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **RKF PUERTO RICO LLC**

(2) EIN: **66-0831816**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan**

Financial Statements and Supplementary Information

Including Independent Auditors' Report
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

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Independent Auditors' Report

To the Plan Administrator
Corporación de Servicios Médico Primario y Prevención de Hatillo Savings and Retirement Plan

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

We have performed an audit of the financial statements of Corporación de Servicios Médico Primario y Prevención de Hatillo Savings and Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 and 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

PKF Puerto Rico, LLC is a member of PKF Global, the network of member firms of PKF International Limited, each of which is a separate and independent legal entity and does not accept any responsibility or liability for the actions or inactions of any individual member or correspondent firm(s).



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

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 and 2023 financial statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after September 15, 2025, which is the date the financial statements were available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 and 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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, 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 the Plan'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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2024 Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets at December 31, 2024 is presented for the purposes of additional analysis and is not a required part of the financial statements but is supplementary



information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

PKF Puerto Rico, LLC

PKF Puerto Rico, LLC
Certified Public Accountants & Business Advisors Member Firm of PKF Global
Trujillo Alto, Puerto Rico
September 15, 2025

Certified Public Accountants
Commonwealth of Puerto Rico
License No. LLC-304
Expires December 1, 2027



DLLC304-33
Corporacion de Servicios Medico Primario y
Prevencion de Hatillo Savings and Retirement
Plan

**Corporación de Servicios Médico Primario y
Previsión de Hatillo Savings and Retirement Plan
Statements of Net Assets Available for Benefits**

	December 31	
	2024	2023
Assets		
Cash equivalents	\$ 16,877	\$ 13,230
Investments at fair value		
Mutual funds	2,775,038	2,114,471
Fixed income	53,109	36,984
Collective trust funds	129,467	150,739
Total investments at fair value	2,957,614	2,302,194
Loans receivable from participants	80,178	69,593
Total assets	3,054,669	2,385,017
 Net assets available for benefits	 \$ 3,054,669	 \$ 2,385,017

The accompanying notes are an integral part of these financial statements

**Corporación de Servicios Médico Primario y
Previsión de Hatillo Savings and Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

Additions	
Investment income	
Dividends	\$ 64,290
Interest	5,329
Net appreciation in fair value of investments	<u>235,997</u>
Total investment income	<u>305,616</u>
Contributions	
Participant contributions	403,952
Employer contributions	148,513
Other	<u>7,574</u>
Total contributions	<u>560,039</u>
Other additions	<u>50,910</u>
Total additions	<u>916,565</u>
Deductions	
Benefits paid to participants	171,979
Administrative expenses	40,471
Other deductions	<u>34,463</u>
Total deductions	<u>246,913</u>
Net increase	669,652
Net assets available for benefits, beginning of year	<u>2,385,017</u>
Net assets available for benefits, end of year	<u>\$ 3,054,669</u>

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan**
Notes to Financial Statements
Year ended December 31, 2024

Note 1 – Description of Plan

The following description of the Corporación de Servicios Médico Primario y Prevención de Hatillo (Plan) Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, originally established effective March 1, 2017. It was Amended and Restated in its entirety effective January 13, 2022. The Plan covers all employees of Plan Sponsor who are aged 21 or older and are residents of the Commonwealth of Puerto Rico. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended ("ERISA").

Contributions

Each year, participants may contribute an amount of their base salary (taxable income) to the Plan such as Pre-Tax, Catch-up (if applicable) and After-Tax contributions. Pre-Tax Contributions to the Plan cannot exceed the amount established in Section 1081.01 of the Puerto Rico Internal Revenue Code of 2011. Participants who have attained age 50 by the close of the Plan year are eligible to make Catch-up contributions. After-Tax Contributions to the Plan have no amount limitation but contributions may not exceed 10% of the aggregate compensation paid to the participant during all the years in which the participant has been in the Plan or as amended. After-Tax Contributions may be subject to other restrictions and rules established by the Plan Administrator. Participants cannot contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers), due to the conditions and limitations set forth in the Plan agreement. Participants direct the investment of their contributions into various investments options offered by the Plan. The plan includes automatic enrollment, where a participant will be deferred from his/her salary a minimum of 3 %, as soon as they become eligible as defined in Section B3 of the plan Document. The participant has the option to opt out of this provision, during the first 30 days after the notification has been handed to them. The Plan contributes discretionary matching contributions to the Plan. The Plan does not make a discretionary employer contribution other than a discretionary matching or qualified non-elective contribution. The Plan makes no profit-sharing or additional contributions to the Plan.

Participant accounts

Each participant account is credited with the participant's contributions and Plan matching and additional contributions, as well as allocations of the Plan earnings. Participant accounts, if applicable, are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participants' earnings, account balances, or specific participants transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan
Notes to Financial Statements
Year ended December 31, 2024**

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after five years of continuous service. Notwithstanding the above, all participants are 100% vested upon attaining the age of 65.

Loans receivable from participants

Participants may borrow from their fund accounts subject to the Plan's loan rules. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant or the participant beneficiaries may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period of time. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeited Accounts

As of December 31, 2024 and 2023, the forfeited non-vested accounts balance is \$16,877 and \$13,231, respectively. During the years then ended, forfeitures from non-vested participants amounted to \$11,004 and \$1,408, including a gain on forfeitures of \$187 and \$229, respectively. Plan sponsor determined that forfeited balance at year end will be used to reduce future employer's matching contributions and plan's administrative expenses.

Investment Options

Participants direct the investment of contributions into various investment options offered by the Plan.

Note 2 – Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Cash Equivalents

The Plan considers all highly liquid investments with a maturity of 90 days or less when purchased to be cash equivalents.

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan
Notes to Financial Statements
Year ended December 31, 2024**

Investments Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion on fair value measurements. The assets of the Plan are subject to market fluctuations which could affect the balances available for benefits.

Interest and dividend income, capital gains and losses are recorded at the time the proceeds are received.

Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Participant Loans Receivable

Participant loans receivable is recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest in income on participant loan receivables is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2024.

Contributions

Participant and Plan Sponsor contributions are recognized when received by the trustee.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the determination of the fair value of the Plan's assets. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recognized when paid.

Expenses

The Plan intends to pay all of the administrative expenses of the Plan directly but reserves the right to authorize such expenses to be paid by the Plan. Any such payment of administrative expenses by the Plan will be allocated among the various investment funds in proportion to the fair value of the assets on the last valuation date and allocated to the various accounts in the same manner as a gain on investments.

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan
Notes to Financial Statements
Year ended December 31, 2024**

Subsequent Events

Subsequent events were evaluated through September 15, 2025, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820, Fair Value Measurement, are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on December 31, 2024, and 2023.

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Fixed Income Equity Securities*: Valued at the quoted price in an exchange market.

**Corporación de Servicios Médico Primario y
Previsión de Hatillo Savings and Retirement Plan
Notes to Financial Statements
Year ended December 31, 2024**

- **Collective Trust Funds:** The fair value of participation units in collective trust funds is valued using NAV for units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held by the fund less its liability. Investments that were measured at NAV as practical expedient have not been classified in the fair value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024, and 2023:

Investments at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,775,038	\$ -	\$ -	\$ 2,775,038
Fixed income	-	53,109	-	53,109
Collective Trust Funds	-	-	129,467	129,467
	<u>\$ 2,775,038</u>	<u>\$ 53,109</u>	<u>\$ 129,467</u>	<u>\$ 2,957,614</u>

Investments at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,114,471	\$ -	\$ -	\$ 2,114,471
Fixed income	-	36,984	-	36,984
Collective Trust Funds	-	-	150,739	150,739
	<u>\$ 2,114,471</u>	<u>\$ 36,984</u>	<u>\$ 150,739</u>	<u>\$ 2,302,194</u>

**Corporación de Servicios Médico Primario y
Previsión de Hatillo Savings and Retirement Plan
Notes to Financial Statements
Year ended December 31, 2024**

Note 4 – Concentrations

The following are individual equity mutual funds' investments which represent a significant concentration as a percentage (2%) of net assets available as of December 31, 2024:

	<u>Fair Value</u>
American Funds Inflation Linked BD R6	\$ 61,821
Blackrock Lifepath Index 2040 K	92,010
Blackrock Lifepath Index 2045 K	300,677
Blackrock Lifepath Index 2050 K	282,185
Blackrock Lifepath Index 2055 K	244,208
Fidelity 500 Index	307,304
Fidelity Large Cap Growth Index	183,902
Fidelity Large Cap Value Index	101,553
Fidelity Mid Cap Index	103,992
Fidelity Total International Index	385,508
State Street Aggregate Bond Index K	390,027
Large Cap Value Fund Class R1	94,021
Fidelity Real Estate Index	67,965

Note 5 – Information Certified by Trustee

The plan administrator has elected the method of compliance in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2023 and 2022. Accordingly, Oriental Bank and Trust, the successor Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the Statements of Net Assets Available for Benefits as of December 31, 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

The following table presents investment income for the year ended December 31, 2024, held and certified by the trustee:

Investment income:	
Net appreciation in fair value of investments:	
Realized gains	\$ 18,978
Market appreciation	217,019
	<u>235,997</u>
Dividend income	64,290
Total investment income	<u>\$ 300,287</u>

**Corporación de Servicios Médico Primario y
Prevenición de Hatillo Savings and Retirement Plan
Notes to Financial Statements
Year ended December 31, 2024**

The following table presents investment income for the year ended December 31, 2023, held and certified by the trustee:

Investment income:	
Net appreciation in fair value of investments:	
Realized gains	\$ 50,506
Market appreciation	216,836
	<hr/>
	267,342
Dividend income	42,928
Total investment income	<hr/> <u>\$ 310,270</u>

Note 6 – Related-Party and Party in Interest Transactions

Plan's investments are managed by Oriental Bank and Trust (the trustee), and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Plan has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

Note 8 – Tax Status

The Plan adopted a master plan originally offered by Banco Popular de Puerto Rico when a favorable determination letter from the Puerto Rico Treasury Department was obtained as to the Popular Master Plan's qualified status as a master plan under the Puerto Rico Code. The previously qualified plan and trust was amended and restated with Oriental Bank and Trust as the successor trustee.

Oriental Bank and Trust is responsible to maintain the Master Plan status as a qualified master plan under the Puerto Rico Code and in compliance with Title I of ERISA and any other applicable laws.

Although the Plan has been amended since receiving the Puerto Rico Treasury Department determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Puerto Rico Treasury Department, and therefore believes that the Plan is qualified, and the related trust is tax exempt.

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan
Notes to Financial Statements
Year ended December 31, 2024**

Note 9 – Risks and Uncertainties

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

Corporación de Servicios Médico Primario y Prevención de Hatillo Savings and Retirement Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) Year ended December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	American Funds Inflation Linked BD R6	Mutual Funds	\$ 76,404	\$ 61,821
*	Blackrock Lifepath Index 2040 K	Mutual Funds	48,775	92,010
*	Blackrock Lifepath Index 2045 K	Mutual Funds	234,798	300,677
*	Blackrock Lifepath Index 2050 K	Mutual Funds	187,225	282,185
*	Blackrock Lifepath Index 2055 K	Mutual Funds	158,413	244,208
*	Blackrock Lifepath Index 2060 K	Mutual Funds	20,306	28,825
*	Blackrock Lifepath Index 2065 K	Mutual Funds	78	99
*	Fidelity Emerging Markets Index	Mutual Funds	9,036	19,811
*	Fidelity Total International Index	Mutual Funds	272,446	385,508
*	Fidelity Real Estate Index	Mutual Funds	41,010	67,965
*	Fidelity Small Cap Index	Mutual Funds	38,210	58,467
*	Fidelity Small Cap Growth Index	Mutual Funds	17,625	25,847
*	Fidelity Small Cap Value Index	Mutual Funds	553	20,350
*	Fidelity Large Cap Value Index	Mutual Funds	1,890	2,853
*	Fidelity Mid Cap Index	Mutual Funds	104,090	103,992
*	Fidelity Mid Cap Growth Index	Mutual Funds	20,418	32,155
*	Fidelity Large Cap Growth Index	Mutual Funds	109,498	183,902
*	Fidelity Large Cap Value Index	Mutual Funds	75,310	101,553
*	Fidelity 500 Index	Mutual Funds	157,013	307,304
*	Lord Abbett Bond Debenture R6	Mutual Funds	30,081	21,300
*	PGIM Global Total Return R6	Mutual Funds	15,792	44,178
*	State Street Aggregate Bond Index K	Mutual Funds	408,457	390,027
	Mutual Funds Totals		2,027,428	2,775,037
*	EI Fixed Account - Series Class I	Fixed Income	36,379	53,109
*	Core Plus Bond Fund Fee Class R1	Collective Trust Funds	25,179	22,063
*	International Growth Fund	Collective Trust Funds	16,326	13,384
*	Large Cap Value Fund Class R1	Collective Trust Funds	91,021	94,021
	Collective Trust Funds Totals		\$ 132,526	\$ 129,468
	Forfeitures	Cash Equivalents	\$ 12,853	\$ 16,877
	Participants Loans	Interest rate 4.500-9.500%, various maturity date	69,509	\$ 78,988

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan**

Financial Statements and Supplementary Information

Including Independent Auditors' Report
As of December 31, 2024 and 2023
and for the Year Ended December 31, 2024

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Independent Auditors' Report

To the Plan Administrator
Corporación de Servicios Médico Primario y Prevención de Hatillo Savings and Retirement Plan

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

We have performed an audit of the financial statements of Corporación de Servicios Médico Primario y Prevención de Hatillo Savings and Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits (modified cash basis) as of December 31, 2024, and 2023, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2024 and 2023 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

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

PKF Puerto Rico, LLC is a member of PKF Global, the network of member firms of PKF International Limited, each of which is a separate and independent legal entity and does not accept any responsibility or liability for the actions or inactions of any individual member or correspondent firm(s).



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

Basis for Opinion on the Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 and 2023 financial statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after September 15, 2025, which is the date the financial statements were available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 and 2023 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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, 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 the Plan'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 the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2024 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

Other Matters

2024 Supplemental Schedule Required by ERISA

The supplemental Schedule of Assets at December 31, 2024 is presented for the purposes of additional analysis and is not a required part of the financial statements but is supplementary



information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

PKF Puerto Rico, LLC

PKF Puerto Rico, LLC
Certified Public Accountants & Business Advisors Member Firm of PKF Global
Trujillo Alto, Puerto Rico
September 15, 2025

Certified Public Accountants
Commonwealth of Puerto Rico
License No. LLC-304
Expires December 1, 2027



DLLC304-33
Corporacion de Servicios Medico Primario y
Prevencion de Hatillo Savings and Retirement
Plan

**Corporación de Servicios Médico Primario y
Previsión de Hatillo Savings and Retirement Plan
Statements of Net Assets Available for Benefits**

	December 31	
	2024	2023
Assets		
Cash equivalents	\$ 16,877	\$ 13,230
Investments at fair value		
Mutual funds	2,775,038	2,114,471
Fixed income	53,109	36,984
Collective trust funds	129,467	150,739
Total investments at fair value	2,957,614	2,302,194
Loans receivable from participants	80,178	69,593
Total assets	3,054,669	2,385,017
Net assets available for benefits	\$ 3,054,669	\$ 2,385,017

The accompanying notes are an integral part of these financial statements

**Corporación de Servicios Médico Primario y
Previsión de Hatillo Savings and Retirement Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024**

Additions	
Investment income	
Dividends	\$ 64,290
Interest	5,329
Net appreciation in fair value of investments	<u>235,997</u>
Total investment income	<u>305,616</u>
Contributions	
Participant contributions	403,952
Employer contributions	148,513
Other	<u>7,574</u>
Total contributions	<u>560,039</u>
Other additions	<u>50,910</u>
Total additions	<u>916,565</u>
Deductions	
Benefits paid to participants	171,979
Administrative expenses	40,471
Other deductions	<u>34,463</u>
Total deductions	<u>246,913</u>
Net increase	669,652
Net assets available for benefits, beginning of year	<u>2,385,017</u>
Net assets available for benefits, end of year	<u>\$ 3,054,669</u>

**Corporación de Servicios Médico Primario y
Prevención de Hatillo Savings and Retirement Plan**
Notes to Financial Statements
Year ended December 31, 2024

Note 1 – Description of Plan

The following description of the Corporación de Servicios Médico Primario y Prevención de Hatillo (Plan) Savings and Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan, originally established effective March 1, 2017. It was Amended and Restated in its entirety effective January 13, 2022. The Plan covers all employees of Plan Sponsor who are aged 21 or older and are residents of the Commonwealth of Puerto Rico. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended ("ERISA").

Contributions

Each year, participants may contribute an amount of their base salary (taxable income) to the Plan such as Pre-Tax, Catch-up (if applicable) and After-Tax contributions. Pre-Tax Contributions to the Plan cannot exceed the amount established in Section 1081.01 of the Puerto Rico Internal Revenue Code of 2011. Participants who have attained age 50 by the close of the Plan year are eligible to make Catch-up contributions. After-Tax Contributions to the Plan have no amount limitation but contributions may not exceed 10% of the aggregate compensation paid to the participant during all the years in which the participant has been in the Plan or as amended. After-Tax Contributions may be subject to other restrictions and rules established by the Plan Administrator. Participants cannot contribute amounts representing distributions from other qualified defined benefit or contribution plans (rollovers), due to the conditions and limitations set forth in the Plan agreement. Participants direct the investment of their contributions into various investments options offered by the Plan. The plan includes automatic enrollment, where a participant will be deferred from his/her salary a minimum of 3 %, as soon as they become eligible as defined in Section B3 of the plan Document. The participant has the option to opt out of this provision, during the first 30 days after the notification has been handed to them. The Plan contributes discretionary matching contributions to the Plan. The Plan does not make a discretionary employer contribution other than a discretionary matching or qualified non-elective contribution. The Plan makes no profit-sharing or additional contributions to the Plan.

Participant accounts

Each participant account is credited with the participant's contributions and Plan matching and additional contributions, as well as allocations of the Plan earnings. Participant accounts, if applicable, are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participants' earnings, account balances, or specific participants transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Corporación de Servicios Médico Primario y
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Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after five years of continuous service. Notwithstanding the above, all participants are 100% vested upon attaining the age of 65.

Loans receivable from participants

Participants may borrow from their fund accounts subject to the Plan's loan rules. The loans are secured by the balance in the participant's account. Principal and interest are paid ratably through payroll deductions.

Payment of benefits

On termination of service due to death, disability or retirement, a participant or the participant beneficiaries may elect to receive either a lump sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a period of time. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

Forfeited Accounts

As of December 31, 2024 and 2023, the forfeited non-vested accounts balance is \$16,877 and \$13,231, respectively. During the years then ended, forfeitures from non-vested participants amounted to \$11,004 and \$1,408, including a gain on forfeitures of \$187 and \$229, respectively. Plan sponsor determined that forfeited balance at year end will be used to reduce future employer's matching contributions and plan's administrative expenses.

Investment Options

Participants direct the investment of contributions into various investment options offered by the Plan.

Note 2 – Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Cash Equivalents

The Plan considers all highly liquid investments with a maturity of 90 days or less when purchased to be cash equivalents.

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Investments Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for a discussion on fair value measurements. The assets of the Plan are subject to market fluctuations which could affect the balances available for benefits.

Interest and dividend income, capital gains and losses are recorded at the time the proceeds are received.

Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Participant Loans Receivable

Participant loans receivable is recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest in income on participant loan receivables is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2024.

Contributions

Participant and Plan Sponsor contributions are recognized when received by the trustee.

Use of Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates include the determination of the fair value of the Plan's assets. Actual results could differ from those estimates.

Payment of Benefits

Benefits are recognized when paid.

Expenses

The Plan intends to pay all of the administrative expenses of the Plan directly but reserves the right to authorize such expenses to be paid by the Plan. Any such payment of administrative expenses by the Plan will be allocated among the various investment funds in proportion to the fair value of the assets on the last valuation date and allocated to the various accounts in the same manner as a gain on investments.

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Subsequent Events

Subsequent events were evaluated through September 15, 2025, which is the date the financial statements were available to be issued.

Note 3 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3).

The three levels of the fair value hierarchy under FASB ASC 820, Fair Value Measurement, are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used on December 31, 2024, and 2023.

- *Mutual funds*: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the U.S Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
- *Fixed Income Equity Securities*: Valued at the quoted price in an exchange market.

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- **Collective Trust Funds:** The fair value of participation units in collective trust funds is valued using NAV for units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the investments held by the fund less its liability. Investments that were measured at NAV as practical expedient have not been classified in the fair value hierarchy.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024, and 2023:

Investments at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,775,038	\$ -	\$ -	\$ 2,775,038
Fixed income	-	53,109	-	53,109
Collective Trust Funds	-	-	129,467	129,467
	<u>\$ 2,775,038</u>	<u>\$ 53,109</u>	<u>\$ 129,467</u>	<u>\$ 2,957,614</u>

Investments at Fair Value as of December 31, 2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 2,114,471	\$ -	\$ -	\$ 2,114,471
Fixed income	-	36,984	-	36,984
Collective Trust Funds	-	-	150,739	150,739
	<u>\$ 2,114,471</u>	<u>\$ 36,984</u>	<u>\$ 150,739</u>	<u>\$ 2,302,194</u>

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Note 4 – Concentrations

The following are individual equity mutual funds' investments which represent a significant concentration as a percentage (2%) of net assets available as of December 31, 2024:

	<u>Fair Value</u>
American Funds Inflation Linked BD R6	\$ 61,821
Blackrock Lifepath Index 2040 K	92,010
Blackrock Lifepath Index 2045 K	300,677
Blackrock Lifepath Index 2050 K	282,185
Blackrock Lifepath Index 2055 K	244,208
Fidelity 500 Index	307,304
Fidelity Large Cap Growth Index	183,902
Fidelity Large Cap Value Index	101,553
Fidelity Mid Cap Index	103,992
Fidelity Total International Index	385,508
State Street Aggregate Bond Index K	390,027
Large Cap Value Fund Class R1	94,021
Fidelity Real Estate Index	67,965

Note 5 – Information Certified by Trustee

The plan administrator has elected the method of compliance in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2023 and 2022. Accordingly, Oriental Bank and Trust, the successor Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the Statements of Net Assets Available for Benefits as of December 31, 2024, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024.

The following table presents investment income for the year ended December 31, 2024, held and certified by the trustee:

Investment income:	
Net appreciation in fair value of investments:	
Realized gains	\$ 18,978
Market appreciation	217,019
	<u>235,997</u>
Dividend income	64,290
Total investment income	<u>\$ 300,287</u>

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The following table presents investment income for the year ended December 31, 2023, held and certified by the trustee:

Investment income:	
Net appreciation in fair value of investments:	
Realized gains	\$ 50,506
Market appreciation	216,836
	<hr/>
	267,342
Dividend income	42,928
Total investment income	<hr/> <u>\$ 310,270</u>

Note 6 – Related-Party and Party in Interest Transactions

Plan's investments are managed by Oriental Bank and Trust (the trustee), and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Plan Sponsor. No such officer or employee receives compensation from the Plan.

Note 7 – Plan Termination

Although it has not expressed any intent to do so, the Plan has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100 percent vested in their employer contributions.

Note 8 – Tax Status

The Plan adopted a master plan originally offered by Banco Popular de Puerto Rico when a favorable determination letter from the Puerto Rico Treasury Department was obtained as to the Popular Master Plan's qualified status as a master plan under the Puerto Rico Code. The previously qualified plan and trust was amended and restated with Oriental Bank and Trust as the successor trustee.

Oriental Bank and Trust is responsible to maintain the Master Plan status as a qualified master plan under the Puerto Rico Code and in compliance with Title I of ERISA and any other applicable laws.

Although the Plan has been amended since receiving the Puerto Rico Treasury Department determination letter, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Puerto Rico Treasury Department, and therefore believes that the Plan is qualified, and the related trust is tax exempt.

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Note 9 – Risks and Uncertainties

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

Corporación de Servicios Médico Primario y Prevención de Hatillo Savings and Retirement Plan

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) Year ended December 31, 2024

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	American Funds Inflation Linked BD R6	Mutual Funds	\$ 76,404	\$ 61,821
*	Blackrock Lifepath Index 2040 K	Mutual Funds	48,775	92,010
*	Blackrock Lifepath Index 2045 K	Mutual Funds	234,798	300,677
*	Blackrock Lifepath Index 2050 K	Mutual Funds	187,225	282,185
*	Blackrock Lifepath Index 2055 K	Mutual Funds	158,413	244,208
*	Blackrock Lifepath Index 2060 K	Mutual Funds	20,306	28,825
*	Blackrock Lifepath Index 2065 K	Mutual Funds	78	99
*	Fidelity Emerging Markets Index	Mutual Funds	9,036	19,811
*	Fidelity Total International Index	Mutual Funds	272,446	385,508
*	Fidelity Real Estate Index	Mutual Funds	41,010	67,965
*	Fidelity Small Cap Index	Mutual Funds	38,210	58,467
*	Fidelity Small Cap Growth Index	Mutual Funds	17,625	25,847
*	Fidelity Small Cap Value Index	Mutual Funds	553	20,350
*	Fidelity Large Cap Value Index	Mutual Funds	1,890	2,853
*	Fidelity Mid Cap Index	Mutual Funds	104,090	103,992
*	Fidelity Mid Cap Growth Index	Mutual Funds	20,418	32,155
*	Fidelity Large Cap Growth Index	Mutual Funds	109,498	183,902
*	Fidelity Large Cap Value Index	Mutual Funds	75,310	101,553
*	Fidelity 500 Index	Mutual Funds	157,013	307,304
*	Lord Abbett Bond Debenture R6	Mutual Funds	30,081	21,300
*	PGIM Global Total Return R6	Mutual Funds	15,792	44,178
*	State Street Aggregate Bond Index K	Mutual Funds	408,457	390,027
	Mutual Funds Totals		2,027,428	2,775,037
*	EI Fixed Account - Series Class I	Fixed Income	36,379	53,109
*	Core Plus Bond Fund Fee Class R1	Collective Trust Funds	25,179	22,063
*	International Growth Fund	Collective Trust Funds	16,326	13,384
*	Large Cap Value Fund Class R1	Collective Trust Funds	91,021	94,021
	Collective Trust Funds Totals		\$ 132,526	\$ 129,468
	Forfeitures	Cash Equivalents	\$ 12,853	\$ 16,877
	Participants Loans	Interest rate 4.500-9.500%, various maturity date	69,509	\$ 78,988