

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA
2b Employer Identification Number (EIN): 66-0264067
2c Plan Sponsor's telephone number: 787-754-0248
2d Business code (see instructions): 624410

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	349
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)	349
	6a(2)	364
	6b	
	6c	
	6d	364
	6e	
	6f	364
	6g(1)	349
	6g(2)	364
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:
2C 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 checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST</p>	<p>B Three-digit plan number (PN) ▶ 001</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA</p>	<p>D Employer Identification Number (EIN) 66-0264067</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	500587-P1	133	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(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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(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	2181026
5	Current value of plan's interest under this contract in separate accounts at year end.....	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 checked="" type="checkbox"/> other ▶ GROUP ANNUITY CONTRACT	
b	Balance at the end of the previous year	7b 2118786
c	Additions: (1) Contributions deposited during the year	7c(1) 278943
	(2) Dividends and credits.....	7c(2) 0
	(3) Interest credited during the year.....	7c(3) 32604
	(4) Transferred from separate account	7c(4) 118629
	(5) Other (specify below)..... ▶ FORFEITURES	7c(5) 15746
	(6) Total additions	7c(6) 445922
d	Total of balance and additions (add lines 7b and 7c(6))	7d 2564708
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 187059
	(2) Administration charge made by carrier.....	7e(2) 5084
	(3) Transferred to separate account	7e(3) 191539
	(4) Other (specify below)..... ▶	7e(4) 0
(5) Total deductions	7e(5) 383682	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 2181026

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 PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA	D Employer Identification Number (EIN) 66-0264067	

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)

GUSTAVO VELEZ PIZARRO

B5 CALLE TABONUCO
STE 206 PO BOX 109
GUAYNABO, PR 00968

(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	20007	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)

MAYTZA CAMACHO DBA RETIREMENT LEGAC

PO BOX 1469
DORADO, PR 00646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	14816	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2174	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

JOSE CRUZ ALVERIO

U35A THOMAS JEFFERSON ST
CAGUAS, PR 00725

(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	8936	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 ADVISORS, LLC 6300 BRIDGE POINT PKWY BLDG 1
STE 3
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	2174	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 COMPANY 8515 EAST ORCHARD ROAD
GREENWOOD VLG, 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	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

EMPOWER ADVISORY GROUP LLC 8515 EAST ORCHARD ROAD
GREENWOOD VLG, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	5399	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"/>

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
MAYTZA CAMACHO DBA RETIREMENT LEGAC	13	2174
(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 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	TPA ALLOWANCE PAYMENT	
(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA	D Employer Identification Number (EIN) 66-0264067

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	45841	82647
(2) Participant contributions	1b(2)	2180	2849
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1906825	2756349
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1934872	1978303
(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	3889718	4820148
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3100	55168
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3100	55168
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3886618	4764980

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)	692955	
(B) Participants.....	2a(1)(B)	184450	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		877405
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)		
(F) Other.....	2b(1)(F)	284049	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		284049
(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)	91078	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		91078
(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)		
(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		1252532

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	326136	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		326136
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(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)	48034	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		48034
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		374170

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		878362
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: **AJ HERNANDEZ & CO., CPA PSC**

(2) EIN: **66-0699931**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

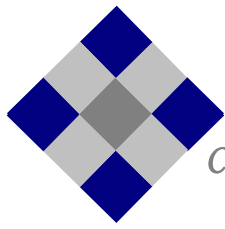
**PROGRAMA HEAD START IGLESIA BAUTISTA
DE QUINTANA RETIREMENT PLAN TRUST**

Audited Financial Statements

December 31, 2024 and 2023

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AJ Hernández & Co., CPA, PSC.
Certified Public Accountants & Business Consultants

P.O. Box 191529, San Juan, Puerto Rico 00919-1529
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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST
San Juan, Puerto Rico

Opinion

We have audited the accompanying financial statements of **PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST**, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and December 31, 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of **PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST** as of December 31, 2024 and December 31, 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of **PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST** 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 audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about [Exact Plan Name]'s ability to continue as a going concern for one year after the date the financial statements are 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.



INDEPENDENT AUDITOR'S REPORT, (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve 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 generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of **PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST'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 **PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST's** ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, line 4i - Schedule of Assets (held at end of year) as of December 31, 2024, and Schedule H, line 4i - Schedule of Assets (Acquired and Disposed within year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



Supplemental Schedules Required by ERISA, (Continued)

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, 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 information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



DPSC194-32

Programa Head Start Iglesia Bautista de Quintana

License No. 194

Expires December 1, 2025

San Juan, Puerto Rico
September 30, 2025



PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Statements of Net Assets Available for Benefits

As of December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments at Fair Value	\$ 2,756,349	\$ 1,906,825
Investment at Contract Value	<u>1,978,303</u>	<u>1,934,872</u>
Total Investments	<u>4,734,652</u>	<u>3,841,697</u>
Receivables		
Employer's Contribution	82,647	45,841
Participants' Contribution	<u>2,849</u>	<u>2,180</u>
Total Receivables	<u>85,496</u>	<u>48,021</u>
Total Assets	<u>4,820,148</u>	<u>3,889,718</u>
<u>LIABILITIES</u>		
Excess Contributions Payable	<u>\$ 55,168</u>	<u>\$ 3,100</u>
Total Liabilities	<u>55,168</u>	<u>3,100</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Net Assets Available for Benefits	<u>\$ 4,764,980</u>	<u>\$ 3,886,618</u>

The Notes to Financial Statements are an integral part of these Statements

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Statements of Changes in Net Assets Available for Benefits

For the Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO		
Investment Income		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 284,049	\$ 251,301
Interest and Dividends	91,078	51,262
Net Investment (Loss) Income	<u>375,127</u>	<u>302,563</u>
Contributions		
Employer	692,955	656,149
Participants	184,450	183,781
Total Contributions	<u>877,405</u>	<u>839,930</u>
Total Additions	<u>1,252,532</u>	<u>1,142,493</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Benefits Paid to Participants	326,136	297,574
Administrative Expenses	48,034	35,049
Total Deductions	<u>374,170</u>	<u>332,623</u>
Net Increase (Decrease)	<u>878,362</u>	<u>809,870</u>
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>3,886,618</u>	<u>3,076,748</u>
End of Year	<u>\$ 4,764,980</u>	<u>\$ 3,886,618</u>

The Notes to Financial Statements are an integral part of these Statements

PROGRAMA HEAD START IGLESIA BAPTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of the Proyecto Head Start Iglesia Bautista de Quintana ("Organization") **PROGRAMA HEAD START IGLESIA BAPTISTA DE QUINTANA RETIREMENT PLAN TRUST** ("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 originally adopted on February 1, 1993. This Plan was converted into a new Plan and Trust effective as of January 1, 2016. The Plan covers all employees of the Organization who have six (6) months period of continuous active employment, are age eighteen (18) or older and residents of Puerto Rico. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Puerto Rico Internal Revenue Code of 2011, as amended ("PRIRC").

Contributions

Each year, participants may elect to make contributions subject to the deferral amount limitations established under PRIRC and any limit defined in the Plan. Annual deferral amount under PRIRC 2011 was \$15,000 for the taxable years ended December 31, 2024 and 2023. Participants may contribute from 1% of pre-tax up any limit established under PRIRC of and up to 10% of after-tax voluntary contribution their annual compensation before overtime, bonuses, commissions, sick leave liquidations, marginal benefits, allowances, and reimbursable expenses, as defined in the Plan. Participants are authorized to make rollover contributions.

As established in the Plan Agreement, the Organization will contribute \$25 monthly. The Organization may also contribute any other amount that the Organization may negotiate with the State or Federal Government. The Plan allows the Organization to make matching contributions to all participants and make discretionary contributions to be allocated to all participants on a basis of percentage of compensation.

Catch-up Contributions

Participants who have attained age 50 before the end of the Plan year are eligible to make an additional \$1,500 catch-up contribution after contributing to the Plan limit of their \$15,000 of their pre-tax annual compensation.

Participant Accounts

Each participant's individual account is credited with the participant's contribution, other voluntary contributions, transfers from other qualified plans, and allocations of (a) Organization's contribution, and (b) Plan's earnings (loses), (c) any administrative expenses paid by the Plan. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF PLAN, (CONTINUED)

Vesting

Participants are always fully (100%) vested in participant's and the Organization's contributions.

Notes Receivable from Participants

Participants are not allowed to borrow from their accounts.

Payments of Benefits

On termination of employment due to death, disability, retirement, or other reasons, participants or designated beneficiaries may elect to receive their accumulated plan benefits either a lump-sum amount or annuities. Participants' normal retirement date is when a participant attains age 60 up to a maximum of 65. The Plan permits an early retirement date for participants who have attained age 55 and completed at least ten (10) years of service.

Hardship Withdrawals

Under certain cases of immediate and heavy financial need, participants, while still employed by the Organization, are permitted to withdraw the participant's and Organization's contribution portion of their account balance up to amount necessary to satisfy the financial need. A Participant's right to make contributions as permitted under PRIRC making a hardship withdrawal from the Plan will be suspended for a period of twelve (12) months following the date of said withdrawal.

Special Disaster Distributions

As established in Puerto Rico Internal Revenue Code of 2011, as amended ("PRIRC"), in case of a disaster declared by the Governor of Puerto Rico, eligible distributions to the participant or his beneficiary, within the term established by the Secretary, to cover eligible expenses, shall be considered as special distribution up to \$100,000 subject to a reduced tax rate.

On January 7, 2020, the Governor declared Puerto Rico in a state of emergency due to seismic activity experienced, the most significant being the magnitude 6.4 on Richter scale earthquake. On February 19, 2020, Puerto Rico Treasury Department ("PRTD") issued Circular Letter 20-09 ("CL 20-09") to establish that distributions during the period between February 20, 2020, and June 30, 2020 that have been requested by an individual that during all of calendar year 2020 is considered a bona fide resident of Puerto Rico to cover eligible expenses as established on CL 20-09, will qualify as Special Disaster Distributions.

On March 12, 2020, Governor declared Puerto Rico in a state of emergency due imminent impact of Coronavirus ("COVID-19") global outbreak decreed as a pandemic by the World Health Organization. On March 29, 2020, the PRTD issued Circular Letter 20-23 ("CL 20-23") to include under the definition of eligible expenses for purposes of the Special Disaster Distributions, certain expenses incurred because of the state of emergency declared by the Governor due to COVID-19.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

1. DESCRIPTION OF PLAN, (CONTINUED)

On June 22, 2020, PRTD issued Circular Letter 20-29 (“CL 20-29”) to extend the eligible period to make special disaster distributions established in CL 20-09 and CL 20-23 until December 31, 2020.

In the case of Retirement Plans, the provisions of CL 20-09, CL 20-23, and CL 20-29 (“Circular Letters”) are optional. The employers that maintain Retirement Plans in Puerto Rico can, but are not required to, adopt all or part of the same. Previously the Plan adopted the provisions of Administrative Determination 17-29 (“AD 17-29”) issued by PRTD to allow distributions for the passing of Hurricane María. Therefore, the Plan may disburse distributions pursuant to CL 20-09 and CL 20-23 without the need to amend the Plan.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the PRIRC are recorded as accounts payable, with a corresponding reduction to contributions. As a corrective action of nondiscrimination test, as of December 31, 2024 and 2023, the excess contributions amounted to \$55,168 and \$3,100, respectively. The Plan will refund this amount to the participants defined in the test. Such refund distributions are taxable in the year in which they are paid.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited non-vested accounts amounted to \$15,747 and \$30,431 respectively. This account will be used to reduce future Organization contribution.

Date of Management’s Review

The Plan Administrator evaluated subsequent events through September 30, 2025, which is the date the financial statements were available to be issued.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, (CONTINUED)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (“GAAP”) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities at the date of financial statements and the reported amounts of additions and deductions to net assets during the reporting period. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for fully benefit-responsive investment contracts, which are reported at contract 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 4 for discussion of fair value measurements. Contract value is based on its beginning balance plus any deposit, credited interest, less any withdrawals, charges, or expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Organization and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Administrative expenses of the Plan are allocated to participant accounts.

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

The Plan Administrator has elected the method of compliance as permitted by 29 CFR 2520.13-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Empower, as the Custodian of the Plan, has provided and certified all information included in the financial statements related to investments of the Plan held at year-end, all changes in assets during the year and all investment transactions included in the schedules of assets held for investment purposes, assets acquired and disposed and of reportable transactions.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

3. INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN, (CONTINUED)

The following information included in the accompanying financial statements and supplemental schedules were obtained from data that has been prepared and certified to as complete and accurate by the custodian:

- Investments, as shown in the statements of net assets available for benefits as of December 31, 2024.
- Investment income (loss), as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024.
- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024.
- Schedule H, line 4i - schedule of assets (acquired and disposed within year) as of December 31, 2024.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature (FASB ASC 820, *Fair Value Measurement*) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1), and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

The three levels of the fair value hierarchy are described below:

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

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS, (CONTINUED)

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the 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 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

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

<i>Mutual Funds</i>	Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. 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.
<i>Fixed Annuities</i>	Valued daily based on the valuation method disclosed in the annuity contract, as calculated by the annuity provider.
<i>Collective Trust Funds</i>	Valued using pricing models maximizing the use of use of observable inputs from similar investments, generally obtained from the fund house or other investment provider. Due to the various unique investments that may be allowed in a collective trust fund, and the various redemption restrictions that may be imposed, the Plan sponsor should individually review the prospectus and operations of each of these types of investment options. Per US GAAP guidance, investments which use a net asset value per share (NAV) practical expedient for fair value measurement, as defined in ASC 820, should be removed from the leveling table, and shown as a reconciling item. In general, the use of the practical expedient requires that the NAV is not publically available.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENTS, (CONTINUED)

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:

December 31, 2024	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 928,441	\$ -	\$ -	\$ 928,441
Collective Trust Funds measured at NAV		-	-	1,827,908
Total Investments at Fair Value	<u>\$ 928,441</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,756,349</u>

December 31, 2023	Fair Value Measurements			
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 482,575	\$ -	\$ -	\$ 482,575
Collective Trust Funds measured at NAV	-	-	-	1,424,250
Total Investments at Fair Value	<u>\$ 482,575</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,906,825</u>

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

5. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan has a fully benefit-responsive guaranteed investment contract with Empower, who maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

Because the guaranteed investment contract meets the criteria to be considered fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. The guaranteed investment contract is presented on the face of the statement of net assets available for benefits at contract value. Contract value, as reported to the Plan by National, represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract as of December 31, 2024 and 2023, was \$1,978,303 and \$1,934,872, respectively. The methodology for calculating the interest crediting

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

5. GROUP ANNUITY CONTRACT WITH INSURANCE COMPANY, (CONTINUED)

rate is based on the earnings of the underlying assets in the entire medium-long term new portfolio compared to the minimum interest crediting rate, as stated in the contract, and prevailing market conditions. The crediting interest rate is established by Empower's management but may not be less than 1% annually. Such interest rates are reviewed and declared on a quarterly basis for resetting.

Certain events might limit the Plan's ability to transact at contract value with Empower. The Plan Administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

The average yield earned by the Plan is the interest credited on the contract. The interest rate history for the contract is as follows:

	<u>2024</u>	<u>2023</u>
Average yields:		
Based on actual earnings	1.60%	1.40%
Based on interest rate credited to participants	1.60%	1.40%

6. FUNDING POLICY

As a condition of the contract, the Plan will be funded through a group annuity contract issued by Empower to the Organization. As such, the Organization authorizes Empower to maintain the group annuity contract in custody through the Key Guaranteed Portfolio Fund for the Plan.

7. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS

Plan investments consist of funds that are administered by Empower Annuity Insurance Company, who is the recordkeeper for the Plan; contract administration services are provided by Retirement Legacy Managers; consulting and other services are provided by José Cruz Alveiro, LeafHouse Financial Advisors, LLC., and Gustavo Vélez Pizarro; the Administration Committee of the Board of Directors is the Plan Trustee. These service providers are each considered a party in interest to the Plan. The Plan or the Organization may make a payment to the related parties for administrative expenses. These transactions qualify as party in interest transactions. As of December 31, 2024 and 2023, the Plan had transactions that are allowable party-in-interest transactions under ERISA and the regulations promulgated there under.

For the years ended December 31, 2024 and 2023, fees paid by the Plan for recordkeeping, contract administration, consulting and other services amounted to \$48,034 and \$35,049, respectively.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

Notes to the Financial Statements

December 31, 2024 and 2023

8. PROHIBITED TRANSACTIONS

In accordance with the Department of Labor's Regulation 2510.3-102, an employer is required to segregate participants' contributions from its general assets as soon as practical, when amounts are contributed by participants or withheld from the wages.

There were unintentional delays on the remittance of participants' contributions during the Plan year ended December 31, 2024 and 2023. The Organization has agreed to absorb any costs incurred by the Plan, including lost interest because of the untimely remittances of the participants' contributions.

9. PLAN TERMINATION

Although it has not expressed any intent to do so, the Organization has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to the regulations of ERISA. In the event of the Plan termination, participants will become 100% vested in their accounts.

10. TAX STATUS

On March 28, 2017, the Plan requested a qualified status under Section 1081.01 of the Puerto Rico Internal Revenue Code of 2011, as amended ("PRIRC") to be effective as of January 1, 2016. The Plan received an unwritten preliminary qualification by the Puerto Rico Treasury Department and is expecting to receive a favorable determination letter. The Plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the PRIRC and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

11. RISKS AND UNCERTAINTIES

The Plan invests in various investments that are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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.

12. RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

As of December 31, 2024 and 2023, and for the years then ended, amounts per financial statements are equal to amounts of Schedule H of Form 5500.

SUPPLEMENTAL SCHEDULES

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

Plan Number: 001

Schedule H, line 4a –Schedule of Delinquent Participant Contribution

December 31, 2024

Year	Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCPand PTE 2002-51
	Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2016	\$ 8,455	\$ 8,455			
2017	\$ 39,077	\$ 39,077			
2018	\$ 69,324	\$ 69,324			
2019	\$ 58,362	\$ 58,362			
2020	\$ 32,197	\$ 32,197			
2021	\$ 22,921	\$ 22,921			
2022	\$ 13,558	\$ 13,558			
2023	\$ 11,542	\$ 11,542			
2024	\$ 27,871	\$ 27,871			

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

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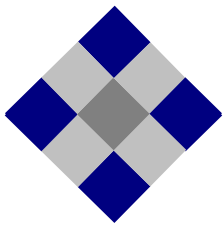
Schedule H, line 4i –Schedule of Assets (Held at End of Year)

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
	Putnam Retirement Advantage 2025 V	Collective Trust Funds		\$ 73,501
	Putnam Retirement Advantage 2030 V	Collective Trust Funds		72,216
	Putnam Retirement Advantage 2035 V	Collective Trust Funds		200,873
	Putnam Retirement Advantage 2040 V	Collective Trust Funds		76,485
	Putnam Retirement Advantage 2045 V	Collective Trust Funds		219,964
	Putnam Retirement Advantage 2050 V	Collective Trust Funds		304,093
	Putnam Retirement Advantage 2055 V	Collective Trust Funds		574,602
	Putnam Retirement Advantage TRST 2060 V	Collective Trust Funds		262,097
	Putnam Retirement Advantage Trst Mat V	Collective Trust Funds		44,077
	AB Global Bond A	Mutual Funds		10,660
	American Funds New World Fund R3	Mutual Funds		68,299
	BNY Mellon International Stock Index Inv	Mutual Funds		171,563
	MFS International Diversification R3	Mutual Funds		35,343
	Cohen & Steers Real Estate Securities A	Mutual Funds		14,577
	Columbia Small Cap Index A	Mutual Funds		42,482
	Janus Henderson Enterprise S	Mutual Funds		11,286
	Janus Henderson Venture S	Mutual Funds		11,871
	Undiscovered Mgrs Behavioral Value A	Mutual Funds		12,586
	Columbia Mid Cap Index A	Mutual Funds		115,228
	MFS Mid Cap Value R3	Mutual Funds		4
	Columbia Large Cap Index A	Mutual Funds		372,067
	JPMorgan Equity Income A	Mutual Funds		4,457
	MFS Growth R3	Mutual Funds		10,536
	BlackRock High Yield Bond Inv A	Mutual Funds		6,000
	JPMorgan Core Plus Bond A	Mutual Funds		30,498
	Nuveen Inflation Linked Bond Retail	Mutual Funds		10,986
*	Key Guaranteed Portfolio Fund	Fixed Annuities		1,978,301
				<u>\$ 4,734,652</u>

* Parties-in-interest as defined by ERISA.

** Column (d) is blank because the Cost is not required for participant-directed investments and therefore, is not included.



AJ Hernández & Co., CPA, PSC.
Certified Public Accountants & Business Consultants

345 Winston Churchill Ave. Urb. El Señorial, San Juan PR 00926
P.O. Box 191529, San Juan, Puerto Rico 00919-1529
Tel: (787) 758-4416 Fax: (787) 758-4426

September 30, 2025

To the Board of Trustees of

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

San Juan, Puerto Rico

The stockholders and staff of AJ Hernández & Co, CPA, PSC. are pleased to announce the successful completion of an independent peer Compilation of our accounting and auditing practice. This Compilation was undertaken as a condition of membership in the American Institute of Certified Public Accountants (AICPA), the national organization of CPAs in public practice, industry, government, and education.

In 1988, the members of the AICPA overwhelmingly approved a proposal to require members in public practice to participate in a practice-monitoring program. With the adoption of this proposal, the AICPA implemented a peer Compilation program of unprecedented scope in the CPA profession or any other. Our participation in peer Compilation demonstrates our firm's desire to measure up to the profession's high standards of professionalism and our commitment to maintaining and improving the quality of our practice.

In August 2000, the Puerto Rico Society of CPAs (PRSCPA) adopted a voluntary peer Compilation program, which follows the lead established by the AICPA.

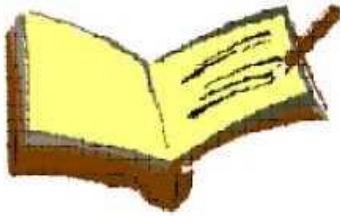
Our peer review was conducted by a team appointed by the PRSCPA. The reviewer first determined that we have an adequate quality control system, and then checked to see that professional standards were followed in a representative sample of our accounting and auditing engagements.

After thorough study of our policies and procedures, the reviewer concluded our firm complies with the stringent quality control standards established by the AICPA and the PRSCPA. Our firm is committed to periodic peer Compilation to foster quality performance.

Bankers, bonding agents, investors, suppliers, legal advisors and others use the financial statements our firm audits, Compilations, or compiles. We think those people, our clients, and our own staff deserve independent quality assurance that our firm provides quality services. We are proud of our peer Compilation results and would be happy to answer any questions you might have.

Sincerely,

Andrés J. Hernández Concepción
President



MEMBERS:
AMERICAN INSTITUTE OF CERTIFIED PUBLIC
ACCOUNTANTS (AICPA)
PUERTO RICO SOCIETY OF CERTIFIED PUBLIC
ACCOUNTANTS

CPA AGUSTÍN RODRÍGUEZ NIEVES

CERTIFIED PUBLIC ACCOUNTANT

SYSTEM REVIEW REPORT

AJ Hernandez & Co., PSC
and the Peer Review Committee of
Puerto Rico Society of CPAs

I have reviewed the system of quality control for the accounting and auditing practice of AJ Hernandez & Co., PSC (the firm) in effect for the year ended December 31, 2014. My peer review was conducted in accordance with the Standards for Performing and Reporting on Peer Reviews established by the Peer Review Board of the American Institute of Certified Public Accountants. As a part of my review, I considered reviews by regulatory entities, if applicable, in determining the nature and extent of my procedures. The firm is responsible for designing a system of quality control and complying with it to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. My responsibility is to express an opinion on the design of the system of quality control and the firm's compliance therewith based on my review. The nature, objectives, scope, limitations of, and the procedures performed in a System Review are described in the standards at www.aicpa.org/prsummary.

As required by the Standards, engagements selected for review included engagements performed under Government Auditing Standards and ERISA.

In my opinion, the system of quality control for the accounting and auditing practice of AJ Hernandez & Co., PSC in effect for the year ended December 31, 2014, has been suitably designed and complied with to provide the firm with reasonable assurance of performing and reporting in conformity with applicable professional standards in all material respects. Firms can receive a rating of pass, pass with deficiency (ies) or fail. AJ Hernandez & Co., PSC has received a peer review rating of pass.

February 28, 2017
Toa Alta, Puerto Rico

CPA Agustín Rodríguez Nieves
License 4314

The stamp 02742250 was affixed to the original of this report.

PROGRAMA HEAD START IGLESIA BAUTISTA DE QUINTANA RETIREMENT PLAN TRUST

EIN: 66-0264067

Plan Number: 001

Schedule H, line 4i –Schedule of Assets (Held at End of Year)

December 31, 2024

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\$ 4,734,652