

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

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

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

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan <u>CLINICAS DEL CAMINO REAL, INC. PROFIT SHARING PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CLINICAS DEL CAMINO REAL, INC.</u></p> <p><u>1040 FLYNN ROAD</u> <u>CAMARILLO, CA 93012</u></p>	<p><b>1c</b> Effective date of plan <u>07/01/1988</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>95-2977147</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>805-673-3930</u></p> <p><b>2d</b> Business code (see instructions) <u>621111</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/23/2026	FARHAD BENHARASH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	03/23/2026	GAGAN PAWAR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	986
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	677
	<b>6a(2)</b>	693
	<b>6b</b>	0
	<b>6c</b>	254
	<b>6d</b>	947
	<b>6e</b>	0
	<b>6f</b>	947
	<b>6g(1)</b>	929
	<b>6g(2)</b>	939
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>CLINICAS DEL CAMINO REAL, INC. PROFIT SHARING PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CLINICAS DEL CAMINO REAL, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>95-2977147</b>

**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  
**NATIONWIDE LIFE AND ANNUITY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>31-1000740</b>	<b>23787</b>	<b>07-1307176</b>	<b>0</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier .....

**c** Premiums due but unpaid at the end of the year .....

**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 ▶

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

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

<b>6b</b>	
<b>6c</b>	
<b>6d</b>	

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

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	543629	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>		
	<b>7c(2)</b>		
	<b>7c(3)</b>		
	<b>7c(4)</b>		
	<b>7c(5)</b>		
	(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	543629	
<b>e</b> Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	
	(2) Administration charge made by carrier .....	<b>7e(2)</b>	
	(3) Transferred to separate account .....	<b>7e(3)</b>	
	(4) Other (specify below) .....	<b>7e(4)</b>	543629
▶ TRANSFERRED TO OTHER INVESTMENT			
(5) Total deductions .....	<b>7e(5)</b>	543629	
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0	

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>CLINICAS DEL CAMINO REAL, INC. PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CLINICAS DEL CAMINO REAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2977147</b>

**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  
**NATIONWIDE LIFE AND ANNUITY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>31-1000740</b>	<b>23787</b>	<b>07-0485304</b>	<b>0</b>	<b>07/01/2024</b>	<b>06/30/2025</b>

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

<b>(a)</b> Total amount of commissions paid <b>0</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	0
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

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

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	484801
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
	<b>7c(6)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	484801
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	484801
	<b>7e(5)</b>	
(5) Total deductions .....	<b>7e(5)</b>	484801
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	0

▶ TRANSFERRED TO OTHER INVESTMENT

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

<b>A</b> Name of plan <b>CLINICAS DEL CAMINO REAL, INC. PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CLINICAS DEL CAMINO REAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2977147</b>	

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

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

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

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

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

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

**FIDELITY INVESTMENTS**

**04-6568107**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>07/01/2024</b> and ending <b>06/30/2025</b>	
<b>A</b> Name of plan <b>CLINICAS DEL CAMINO REAL, INC. PROFIT SHARING PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>CLINICAS DEL CAMINO REAL, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>95-2977147</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1338319	1499067
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		295
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3308805	1553868
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	15498259	20414926
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	1028430	0
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	21173813	23468156
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	21173813	23468156

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	1499067	
(B) Participants.....	2a(1)(B)		
(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)		1499067
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	97271	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		97271
(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)	713865	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		713865
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1494397
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		3804600

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	1269663	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1269663
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	240594	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		240594
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1510257

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2294343
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: WIPFLI LLP

(2) EIN: 41-2899048

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		700000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

<b>A</b> Name of plan <u>CLINICAS DEL CAMINO REAL, INC. PROFIT SHARING PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>CLINICAS DEL CAMINO REAL, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>95-2977147</u>	

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

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

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

<b>1</b>		<b>0</b>
----------	--	----------

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 04-6568107

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

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

<b>3</b>	
----------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703755A.

# Clinicas del Camino Real, Inc Profit Sharing Plan

Financial Statements  
and Supplemental Schedules

June 30, 2025 and 2024

## Independent Auditor's Report

To the Plan Administrator  
Clinicas del Camino Real, Inc. Profit Sharing Plan  
Camarillo, California

### ***Opinion***

We have audited the accompanying financial statements of Clinicas del Camino Real, Inc. Profit Sharing Plan, 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 June 30, 2025 and 2024, 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 Clinicas del Camino Real, Inc. Profit Sharing Plan as of June 30, 2025 and 2024, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America (GAAP).

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

We conducted our audits 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 Financial Statements section of our report. We are required to be independent of Clinicas del Camino Real, Inc. Profit Sharing 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 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 GAAP, 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 Clinicas del Camino Real, Inc. Profit Sharing Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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***

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 Clinicas del Camino Real, Inc. Profit Sharing 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 Clinicas del Camino Real, Inc. Profit Sharing Plan'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.

***Other Matter - 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, which include the Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2025, and Schedule H, Line 4j- Schedule of Reportable Transactions for the year ended June 30, 2025, 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. 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 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 GAAS.

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.

*Wipfli LLP*

Wipfli LLP

St. Louis, Missouri  
February 23, 2026

# Clinicas del Camino Real, Inc. Profit Sharing Plan

## Statements of Net Assets Available for Benefits

<i>As of June 30,</i>	2025	2024
Assets:		
Investments:		
Investments, fair value	\$ 20,414,926	\$ 15,498,259
Unallocated investment contracts, contract value	-	1,028,430
Cash - Money market	1,553,868	3,308,805
Total investments	21,968,794	19,835,494
Receivables:		
Employer contributions	1,499,067	1,338,319
Other receivables	295	-
Total receivables	1,499,362	1,338,319
Total assets	23,468,156	21,173,813
Net assets available for benefits	\$ 23,468,156	\$ 21,173,813

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

## Clinicas del Camino Real, Inc. Profit Sharing Plan

### Statements of Changes in Net Assets Available for Benefits

<i>Years ended June 30,</i>	2025	2024
Additions:		
Investment income:		
Net appreciation in fair market value	\$ 1,494,397	\$ 1,739,853
Interest and dividends	811,136	567,648
Total investment income	2,305,533	2,307,501
Contributions:		
Employer contributions	1,499,067	1,338,319
Total contributions	1,499,067	1,338,319
Total additions	3,804,600	3,645,820
Deductions:		
Benefits paid to participants	1,269,663	1,133,657
Administrative expenses	240,594	191,860
Total deductions	1,510,257	1,325,517
Net change in net assets available for benefits	2,294,343	2,320,303
Net assets available for benefits		
Beginning of year	21,173,813	18,853,510
End of year	\$ 23,468,156	\$ 21,173,813

See Independent Auditor's Report and Accompanying Notes to Financial Statements.

# Clinicas del Camino Real, Inc. Profit Sharing Plan

## Notes to the financial statements

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### Note 1: Description of Plan

The following description of the Clinicas del Camino Real, Inc. Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

#### General

The Plan is a defined contribution plan covering all eligible employees of Clinicas Del Camino Real, Inc. , (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

#### Eligibility

Employees are eligible to discretionary employer contributions after twelve consecutive months of work completing at least 1,000 hours of service during that time and having attained the age of 21. If an employee does not complete at least 1,000 hours of service during the first twelve months of employment, the employee will satisfy the service requirement at the end of any following plan year during which the employee was credited with 1,000 hours of service. The Plan's trustees are responsible for oversight of the Plan.

#### Contributions

Each year the Board of Directors decides on the percentage of profits the Employer will contribute to the Plan. The Employer may also make a discretionary contribution if no profit is earned. The annual contribution is allocated to each participant's account based on each participant's annual compensation. All the contributions to the Plan are pooled into an investment account and invested in appropriate assets determined regularly by the Plan's trustee. Employee contributions are not allowed in the Plan and no investments are participant directed.

#### Participant Accounts

Each participant's account is credited with the allocations of (a) Employer contributions, (b) plan earnings (losses) and (c) charged with an allocation of administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined.

# Clinicas del Camino Real, Inc. Profit Sharing Plan

## Notes to the financial statements

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### Note 1: Description of Plan (Continued)

#### Vesting

All contributions are 100% vested and nonforfeitable at all times except Employer contributions vest according to the following schedule:

<i>Years of Vesting Service</i>	<i>Percentage</i>
Less than 2	0 %
2	20 %
3	40 %
4	60 %
5	80 %
6	100 %

#### Administrative Expenses

Plan expenses may be paid by the Employer or charged to the Plan and deducted from the participant's accounts. During the years ended June 30, 2025 and 2024, operating expenses were paid by the Plan. Expenses paid by the Employer are not included in these financial statements.

### Note 2: Summary of Significant Accounting Policies

#### Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

#### Investment Valuation and Income Recognition

Investments are reported at fair value except for guaranteed investment contracts (GICs), which are measured at contract value and are listed on the statements of net assets available for benefits in unallocated investment contracts, 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 3 for discussion of fair value measurements.

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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

# Clinicas del Camino Real, Inc. Profit Sharing Plan

## Notes to the financial statements

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### **Note 2: Summary of Significant Accounting Policies** (Continued)

#### **Payment of Benefits**

On termination of service due to death, disability, or retirement, a participant (or beneficiary) may elect to receive either a lump-sum distribution, partial distribution, or installment payments in the amount equal to the value of the participant's vested interest in his or her account, or a direct rollover to another eligible retirement plan.

Benefits are recorded when paid.

#### **Forfeited Accounts**

At June 30, 2025 and 2024, the forfeited non-vested accounts totaled \$172,736 and \$36,765, respectively. The Plan requires forfeitures to be used for plan expenses first, and any excess funds available are allocated to participant accounts. The Plan allocated \$36,765 and \$69,044 of forfeitures to participants for the years ended June 30, 2025 and 2024, respectively.

#### **Use of Estimates in Preparation of Financial Statements**

The preparation of financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

#### **Subsequent Events**

The Plan has evaluated subsequent events through February 23, 2026, 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). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.

# Clinicas del Camino Real, Inc. Profit Sharing Plan

## Notes to the financial statements

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### Note 3: Fair Value Measurements (Continued)

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 that are unobservable inputs for the asset or liability.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used as of June 30, 2025 and 2024.

*Mutual Funds:* 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 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.

*Corporate Bonds:* In general, corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings.

*Common Stocks:* Valued at the closing price reported on the active market where the individual securities are traded.

*Exchange Traded Funds (ETFs):* Valued at the NAV of shares held by the Plan at year-end.

*Real Estate Investment Trusts:* Valued at the NAV of shares held by the Plan at year-end.

*Money Market Funds:* Valued based on historical cost plus accrued interest, which represents fair value. These money market funds are comprised of short-term securities, representing highly-liquid debt and monetary instruments.

# Clinicas del Camino Real, Inc. Profit Sharing Plan

## Notes to the financial statements

### Note 3: Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets as of June 30, 2025			
	Fair Value	Level 1	Level 2	Level 3
Investments:				
Mutual funds	\$ 9,370,672	\$ 9,370,672	\$ -	\$ -
Common stocks	762,528	762,528	-	-
ETFs	3,335,706	3,335,706	-	-
Corporate bonds	6,934,545	-	6,934,545	-
Real estate investment trusts	11,475	11,475	-	-
Cash - Money market	1,553,868	1,553,868	-	-
<b>Total investments</b>	<b>\$ 21,968,794</b>	<b>\$ 15,034,249</b>	<b>\$ 6,934,545</b>	<b>\$ -</b>

	Assets as of June 30, 2024			
	Fair Value	Level 1	Level 2	Level 3
Investments:				
Mutual funds	\$ 8,359,818	\$ 8,359,818	\$ -	\$ -
Common stocks	610,197	610,197	-	-
ETFs	2,273,069	2,273,069	-	-
Corporate bonds	4,238,598	-	4,238,598	-
Real estate investment trusts	16,577	16,577	-	-
Cash - Money market fund	3,308,805	3,308,805	-	-
<b>Total investments</b>	<b>\$ 18,807,064</b>	<b>\$ 14,568,466</b>	<b>\$ 4,238,598</b>	<b>\$ -</b>

### Note 4: Unallocated Investment Contracts, Contract Value

The Plan invests in unallocated investment contracts with Nationwide in the form of a guaranteed investment contracts (GICs). Nationwide 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. Nationwide is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The GICs are carried at contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

# Clinicas del Camino Real, Inc. Profit Sharing Plan

## Notes to the financial statements

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### **Note 4: Unallocated Investment Contracts, Contract Value** (Continued)

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 1%. Such interest rates are reviewed periodically for resetting. For the year ended June 30, 2025 there were no GICs and for the year ended June 30, 2024 interest earned was between 1-3%.

Certain events limit the Plan's ability to transact at contract value with Nationwide including plan termination and other events as specified in the GICs. The plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants or the issuer are probable of occurring. The GICs do not permit Nationwide to terminate the agreement prior to the scheduled maturity date.

### **Note 5: Plan Termination**

Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. If plan termination occurred participants would be 100% vested.

### **Note 6: Risks and Uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values 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 statements of net assets available for benefits.

### **Note 7: Party-In-Interest Transactions**

Certain Plan investments are handled with Fidelity and Nationwide. Fidelity and Nationwide are the Custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Fees incurred and paid by the Plan for the services provided were \$240,594 and \$191,860 for the years ended June 30, 2025 and 2024, respectively.

### **Note 8: Tax Status**

The Internal Revenue Service has determined and informed the Plan by letter dated September 30, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

# **Supplemental Schedules**

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**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

EIN: 95-2977147; Plan No. 001

June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
	Abbott Laboratories	Common Stock	\$ 14,002	\$ 16,729
	Abbvie Inc Com	Common Stock	20,383	21,903
	Accenture PLC	Common Stock	28,097	27,199
	Aflac Inc Com	Common Stock	24,729	24,361
	Altria Group Inc	Common Stock	6,584	7,739
	Ameriprise Financial Inc Com	Common Stock	26,603	35,226
	Analog Devices Inc Com	Common Stock	30,546	37,131
	Automatic Data Processing Inc Com	Common Stock	29,226	35,158
	Avery Dennison Corp Com	Common Stock	9,273	8,072
	Becton Dickinson & Co Com	Common Stock	14,071	10,679
	Booz Allen Hamilton Hldg Corp Cl A	Common Stock	30,234	25,304
	Coterra Energy Inc Com	Common Stock	24,438	25,482
	Deere & Co	Common Stock	22,147	22,882
	Domino S Pizza Inc	Common Stock	26,966	25,234
	Dr Horton Inc Com Stk	Common Stock	11,512	11,990
	Elevance Health Inc Com	Common Stock	31,095	26,060
	Everest Group Ltd Com Stk	Common Stock	30,599	27,528
	Ferguson Enterprises Inc Com (Ferg)	Common Stock	35,504	44,421
	Goldman Sachs Group Inc Com	Common Stock	10,527	16,278
	Home Depot Inc	Common Stock	24,340	25,298
	Johnson & Johnson Com	Common Stock	2,200	2,138
	Linde PLC Com	Common Stock	33,317	35,658
	Marsh & McLennan Companies Inc Com	Common Stock	26,758	26,893
	Metlife Inc Com	Common Stock	15,129	16,486
	Microsoft Corp	Common Stock	30,627	41,782
	Nasdaq Inc Com Stk	Common Stock	9,890	12,787
	Pepsico Inc	Common Stock	30,971	24,427
	Raymond James Finl Inc Com	Common Stock	16,383	18,098
	Rockwell Automation Inc Com	Common Stock	24,178	27,902
	Schwab Charles Corp Com	Common Stock	37,907	51,186
	Unitedhealth Group Inc	Common Stock	20,128	10,919
	Valero Energy Corp Com	Common Stock	4,342	4,705
	Waste Management Inc	Common Stock	15,474	14,873
	Toronto Dominion Bk Ont Ser C Mtn	Corporate Bond: \$101,000 par value unsecured senior medium term note, 5.523% due 07/17/28	101,576	104,318
	Wells Fargo & Co Ser Q Mtn	Corporate Bond: \$102,000 par value unsecured senior medium term note, 2.879% due 10/30/30	88,177	95,302
	Wells Fargo & Co Ser W Mtn	Corporate Bond: \$102,000 par value unsecured senior note, 5.605% due 04/23/26	103,230	105,286
	Bank Montreal Medium Ser H Mtn	Corporate Bond: \$105,000 par value unsecured senior medium term note, 4.70% due 09/14/27	103,696	105,952
	Goldman Sachs Group Inc Note	Corporate Bond: \$105,000 par value unsecured senior note, 2.600% due 02/07/30	90,638	97,039
	Morgan Stanley Mtn Call Make Whole	Corporate Bond: \$106,000 par value unsecured senior note, 4.889% due 07/20/33	102,522	106,107
	Citigroup Inc Note Call Make Whole	Corporate Bond: \$108,000 par value unsecured senior note, 3.668% due 07/24/28	102,280	106,311
	Bank New York Mellon Corp Ser J Mtn	Corporate Bond: \$109,000 par value unsecured senior medium term note, 3.442% due 02/07/28	104,450	107,775
	Bank America Corp Mtn Call Make Whole	Corporate Bond: \$122,000 par value unsecured senior medium term note, 3.974% due 02/07/30	114,525	120,086

**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)(Continued)**

EIN: 95-2977147; Plan No. 001

June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
	PNC Final Svcs Group Inc Noted	Corporate Bond: \$122,000 par value unsecured senior note, 3.450% due 04/23/29	\$ 111,636	\$ 118,622
	JPMorganChase & Co Note Call Make Whole	Corporate Bond: \$128,000 par value unsecured senior note, 2.739% due 10/15/30	111,463	119,352
	Caterpillar Inc Note Call Make Whole	Corporate Bond: \$2,000 par value unsecured senior note, 5.200% due 05/15/35	1,996	2,039
	United States Treas Ser	Corporate Bond: \$2,090,000 par value unsecured senior note, 5.000% due 08/31/25	2,092,075	2,091,505
	D R Horton Inc Note Call Make Whole	Corporate Bond: \$35,000 par value unsecured senior note, 4.850% due 10/15/30	34,979	35,308
	American Homes 4 Rent L P Note	Corporate Bond: \$41,000 par value unsecured senior note, 4.250% due 02/15/28	39,419	40,754
	Mcdonalds Corp Mtn Call Make Whole	Corporate Bond: \$43,000 par value unsecured senior note, 4.600% due 09/09/32	42,504	43,074
	Applied Matls Inc Note Call Make Whole	Corporate Bond: \$44,000 par value unsecured senior note, 3.300% due 04/01/27	42,512	43,424
*	Fidelity Natl Finl Inc Note	Corporate Bond: \$44,000 par value unsecured senior note, 3.400% due 06/15/30	38,836	41,067
	Pepsico Inc Note Call Make Whole	Corporate Bond: \$44,000 par value unsecured senior note, 3.60% due 02/18/28	42,347	43,622
	Pfizer Invt Enterprises Note	Corporate Bond: \$47,000 par value unsecured senior note, 4.750% due 05/19/33	45,773	46,915
	Howmet Aerospace Inc Note Call Make Whole	Corporate Bond: \$47,000 par value unsecured senior note, 4.850% due 10/15/31	46,722	47,598
	Public Svc Enterprise Group	Corporate Bond: \$47,000 par value unsecured senior note, 4.900% due 03/15/30	47,163	47,807
	Lowes Cos Inc Note Call Make Whole	Corporate Bond: \$47,000 par value unsecured senior note, 5.000% due 04/15/33	46,258	47,495
	Fiserv Inc Note Call Make Whole	Corporate Bond: \$48,000 par value unsecured senior note, 3.2% due 7/01/26	46,449	47,450
	American Elec Pwr Co Inc Ser H Note	Corporate Bond: \$48,000 par value unsecured senior note, 3.20% due 11/13/27	45,332	46,822
	Oracle Corp Note Call Make Whole	Corporate Bond: \$48,000 par value unsecured senior note, 3.250% due 11/15/27	44,952	46,920
	Novartis Capital Corp Note	Corporate Bond: \$49,000 par value unsecured senior note, 2.200% due 08/14/30	40,005	44,567
	Blackrock Inc Note Call Make Whole	Corporate Bond: \$49,000 par value unsecured senior note, 3.250% due 04/30/29	45,659	47,632
	Advanced Micro Devices Inc Note	Corporate Bond: \$49,000 par value unsecured senior note, 3.924% due 06/01/32	45,953	47,287
	Centerpoint Energy Res Corp Note	Corporate Bond: \$49,000 par value unsecured senior note, 4.400% due 07/01/32	47,323	47,584
	Athene Holding Ltd Note Call Make Whole	Corporate Bond: \$50,000 par value unsecured senior note, 5.875% due 01/15/34	50,208	51,779
	Toyota Mtr Cr Corp Ser B Mtn	Corporate Bond: \$51,000 par value unsecured senior medium term note, 4.550% due 08/09/29	50,942	51,409
	Royal Bk Cda Ser H Note	Corporate Bond: \$51,000 par value unsecured senior note, 5.000% due 02/01/33	51,133	51,768
	Dte Elec Co Ser A Bond	Corporate Bond: \$51,000 par value unsecured senior note, 5.200% due 04/01/33	50,844	52,401
	Entergy La Llc Bond Call Make Whole	Corporate Bond: \$51,000 par value unsecured senior note, 5.350% due 03/15/34	51,953	52,312
	Fifth Third Bancorp Note Call Make Whole	Corporate Bond: \$51,000 par value unsecured senior note, 5.631% due 01/29/32	51,129	53,075
	Salesforce Inc Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 1.950% due 07/15/31	43,821	45,598

**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)(Continued)**

EIN: 95-2977147; Plan No. 001

June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
	Visa Inc Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 2.050% due 04/15/30	\$ 44,333	\$ 47,335
	Broadcom Inc Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 5.050% due 07/12/29	53,048	53,249
	Lockheed Martin Corp Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 5.10% due 11/15/25	52,076	53,310
	Diamondback Energy Inc Note	Corporate Bond: \$52,000 par value unsecured senior note, 5.2% due 4/18/27	52,167	52,710
	Kinder Morgan Inc Del Note	Corporate Bond: \$53,000 par value unsecured senior note, 4.30% due 03/01/28	51,452	53,043
	Dupont De Nemours Inc Note	Corporate Bond: \$53,000 par value unsecured senior note, 4.493% due 11/15/25	52,593	52,920
	Air Lease Corp Ser A Mtn	Corporate Bond: \$54,000 par value unsecured senior medium term note, 2.875% due 1/15/26	50,720	53,450
	Schwab Charles Corp Note Call Make Whole	Corporate Bond: \$54,000 par value unsecured senior note, 2.900% due 03/03/32	45,150	48,569
	Oreilly Automotive Inc Note	Corporate Bond: \$54,000 par value unsecured senior note, 3.364% due 7/12/27	51,114	53,275
	Nucor Corp Note Call Make Whole	Corporate Bond: \$54,000 par value unsecured senior note, 3.950% due 05/01/28	52,035	53,764
	Westpac Bkg Corp Bond	Corporate Bond: \$54,000 par value unsecured senior note, 4.322% due 11/23/31	51,850	53,519
	Abbvie Inc Ser B Note	Corporate Bond: \$55,000 par value unsecured senior note, 3.200% due 11/21/29	51,182	52,608
	Simon Ppty Group Lp Note Call Make Whole	Corporate Bond: \$55,000 par value unsecured senior note, 3.375% due 6/15/27	52,678	54,155
	John Deere Capital Corporation Ser G	Corporate Bond: \$55,000 par value unsecured senior note, 3.450% due 03/07/29	52,262	53,668
	Us Bancorp Mtn	Corporate Bond: \$56,000 par value unsecured senior medium term note, 1.375% due 07/22/30	42,758	48,387
	Jefferies Financial Group Inc Note	Corporate Bond: \$56,000 par value unsecured senior note, 2.625% due 10/51/31	43,814	48,723
	Apple Inc Note Call Make Whole	Corporate Bond: \$56,000 par value unsecured senior note, 4.300% due 05/10/33	55,378	56,169
	Canadian Pac Ry Co New Note	Corporate Bond: \$57,000 par value unsecured senior note, 1.75% due 12/02/26	52,203	54,976
	T Mobile Usa Inc Ser B Note	Corporate Bond: \$60,000 par value unsecured senior note, 2.550% due 02/15/31	50,046	53,714
	Starbucks Corp Note Call Make Whole	Corporate Bond: \$60,000 par value unsecured senior note, 2.550% due 11/15/30	51,799	54,380
	Duke Energy Carolinas Llc Bond	Corporate Bond: \$60,000 par value unsecured senior note, 2.850% due 03/15/32	52,201	53,825
	Erp Oper Ltd Partnership Note	Corporate Bond: \$64,000 par value unsecured senior note, 1.850% due 08/01/31	51,262	55,238
	Anheuser-Busch Inbev Wldw Inc Note	Corporate Bond: \$67,000 par value unsecured senior note, 4.900% due 01/23/31	68,270	68,924
	S&P Global Inc Note Call Make Whole	Corporate Bond: \$67,000 par value unsecured senior note, 5.250% due 09/15/33	68,401	69,579
	Comcast Corp New Note Call Make Whole	Corporate Bond: \$67,000 par value unsecured senior note, 5.500% due 11/15/32	68,890	70,378
	Corebridge Finl Inc Note Call Make Whole	Corporate Bond: \$67,000 par value unsecured senior note, 5.750% due 01/15/34	68,490	69,608

**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)(Continued)**

EIN: 95-2977147; Plan No. 001  
June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
	Huntington Bancshares Inc Ser A	Corporate Bond: \$68,000 par value unsecured senior note, 6.208% due 08/21/29	\$ 71,423	\$ 71,354
	Bank America Corp Ser N Mtn	Corporate Bond: \$69,000 par value unsecured senior	71,770	72,813
	Canadian Imperial Bk Comm Note	Corporate Bond: \$70,000 par value unsecured senior note, 5.245% due 01/13/31	70,000	71,309
	Waste Connections Inc Note	Corporate Bond: \$79,000 par value unsecured senior	64,522	68,158
	Nextera Energy Cap Hldgs Inc Bond	Corporate Bond: \$80,000 par value unsecured senior	70,589	72,046
	Mitsubishi Ufj Financialgroup Inc	Corporate Bond: \$80,000 par value unsecured senior	77,404	79,304
	Citigroup Inc Note Call Make Whole	Corporate Bond: \$89,000 par value unsecured senior	91,805	95,833
	Tjx Cos Inc New Note Call Make Whole	Corporate Bond: \$90,000 par value unsecured senior	84,717	88,148
	JPMorganChase & Co Note Call Make Whole	Corporate Bond: \$90,000 par value unsecured senior	89,194	92,594
	Goldman Sachs Group Inc Note	Corporate Bond: \$91,000 par value unsecured senior	94,247	95,431
	Bank Nova Scotia B C Note Call Make Whole	Corporate Bond: \$94,000 par value unsecured senior	94,733	95,546
	Sumitomo Mitsui Financial	Corporate Bond: \$96,000 par value unsecured senior	89,954	94,514
	Morgan Stanley Ser I Mtn	Corporate Bond: \$97,000 par value unsecured senior	90,187	94,657
	Ishares Core Msci Emerging Markets	ETF	465,413	526,163
	Ishares Tr Core Msci Intl	ETF	311,141	390,694
	Vanguard Index Funds S&P 500 Etf Usd	ETF	1,688,301	2,224,405
	Vanguard Scottsdale Funds Short-Term	ETF	193,975	194,444
*	Fidelity Government Cash Reserves	Money Market Fund	1,553,868	1,553,868
	Allspring Special Interntl Sm Cap Inst	Mutual Fund	329,952	386,615
	Causeway Internatnl Value Instl	Mutual Fund	497,205	612,266
	Federated Hermes Mdt Small Cap Growth Is	Mutual Fund	77,261	93,931
*	Fid Intl Sustainably Index Fd	Mutual Fund	324,132	365,900
*	Fid Us Sustainably Index Fd	Mutual Fund	1,064,894	1,571,182
*	Fidelity Advisor Intl Small Cap Cl	Mutual Fund	157,642	186,335
*	Fidelity Advisor Utilities Fd Cl Z (Fikix)	Mutual Fund	575,792	567,615
*	Fidelity Natural Resources Fund	Mutual Fund	328,658	416,759
	Frost Total Return Bond Fund Institutional	Mutual Fund	828,794	819,512
	Harding Loevner Intl Dvlp Mrkts Eqst Instl	Mutual Fund	484,280	564,198
	Hotchkis & Wiley Sml Cap Div Val I	Mutual Fund	220,231	214,130
	Loomis Sayles Growth Cl Y	Mutual Fund	1,039,743	1,465,512
	Ocm Gold Fund Atlas Class	Mutual Fund	173,771	374,412
	Thrivent Large Cap Growth Fund Cl S	Mutual Fund	282,846	392,061
	Touchstone Mid Cap Growth Fund - Instl	Mutual Fund	323,584	429,809
	Touchstone Mid Cap Value Fund Cl I	Mutual Fund	866,076	910,435
	Cubesmart	Real Estate Investment Trust	12,634	11,475
Total investments			\$ 19,285,570	\$ 21,968,794

\* Denotes party-in-interest transaction.

See Independent Auditor's Report.

# Clinicas del Camino Real, Inc. Profit Sharing Plan

Plan's EIN: 95-2977147

Plan Number 001

## Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended June 30, 2025

Identity of Party Involved (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Cost of Asset (e)	Current Value of Asset on Transaction Date (h)	Net Gain (j)
Morgan Stanley & Co. LLC	5% U.S. Treasury Note maturing on August 31, 2025	\$ 2,154,382	-	\$ 2,154,382	\$ 2,154,382	-

**Series III - Series of transactions in excess of 5% of Plan assets**

\* A party-in-interest as defined by ERISA  
 There are no category (i), (ii), or (iv) reportable transactions.  
 Columns for "Lease Rental" and "Expenses Incurred with Transactions" are not applicable.

See Independent Auditor's Report.

**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**

EIN: 95-2977147; Plan No. 001

June 30, 2025

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	Abbvie Inc Com	Common Stock	20,383	21,903
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	Aflac Inc Com	Common Stock	24,729	24,361
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	Avery Dennison Corp Com	Common Stock	9,273	8,072
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	Coterra Energy Inc Com	Common Stock	24,438	25,482
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	Bank Montreal Medium Ser H Mtn	Corporate Bond: \$105,000 par value unsecured senior medium term note, 4.70% due 09/14/27	103,696	105,952
	Goldman Sachs Group Inc Note	Corporate Bond: \$105,000 par value unsecured senior note, 2.600% due 02/07/30	90,638	97,039
	Morgan Stanley Mtn Call Make Whole	Corporate Bond: \$106,000 par value unsecured senior note, 4.889% due 07/20/33	102,522	106,107
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**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)(Continued)**

EIN: 95-2977147; Plan No. 001

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	JPMorganChase & Co Note Call Make Whole	Corporate Bond: \$128,000 par value unsecured senior note, 2.739% due 10/15/30	111,463	119,352
	Caterpillar Inc Note Call Make Whole	Corporate Bond: \$2,000 par value unsecured senior note, 5.200% due 05/15/35	1,996	2,039
	United States Treas Ser	Corporate Bond: \$2,090,000 par value unsecured senior note, 5.000% due 08/31/25	2,092,075	2,091,505
	D R Horton Inc Note Call Make Whole	Corporate Bond: \$35,000 par value unsecured senior note, 4.850% due 10/15/30	34,979	35,308
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	Mcdonalds Corp Mtn Call Make Whole	Corporate Bond: \$43,000 par value unsecured senior note, 4.600% due 09/09/32	42,504	43,074
	Applied Matls Inc Note Call Make Whole	Corporate Bond: \$44,000 par value unsecured senior note, 3.300% due 04/01/27	42,512	43,424
*	Fidelity Natl Finl Inc Note	Corporate Bond: \$44,000 par value unsecured senior note, 3.400% due 06/15/30	38,836	41,067
	Pepsico Inc Note Call Make Whole	Corporate Bond: \$44,000 par value unsecured senior note, 3.60% due 02/18/28	42,347	43,622
	Pfizer Invt Enterprises Note	Corporate Bond: \$47,000 par value unsecured senior note, 4.750% due 05/19/33	45,773	46,915
	Howmet Aerospace Inc Note Call Make Whole	Corporate Bond: \$47,000 par value unsecured senior note, 4.850% due 10/15/31	46,722	47,598
	Public Svc Enterprise Group	Corporate Bond: \$47,000 par value unsecured senior note, 4.900% due 03/15/30	47,163	47,807
	Lowes Cos Inc Note Call Make Whole	Corporate Bond: \$47,000 par value unsecured senior note, 5.000% due 04/15/33	46,258	47,495
	Fiserv Inc Note Call Make Whole	Corporate Bond: \$48,000 par value unsecured senior note, 3.2% due 7/01/26	46,449	47,450
	American Elec Pwr Co Inc Ser H Note	Corporate Bond: \$48,000 par value unsecured senior note, 3.20% due 11/13/27	45,332	46,822
	Oracle Corp Note Call Make Whole	Corporate Bond: \$48,000 par value unsecured senior note, 3.250% due 11/15/27	44,952	46,920
	Novartis Capital Corp Note	Corporate Bond: \$49,000 par value unsecured senior note, 2.200% due 08/14/30	40,005	44,567
	Blackrock Inc Note Call Make Whole	Corporate Bond: \$49,000 par value unsecured senior note, 3.250% due 04/30/29	45,659	47,632
	Advanced Micro Devices Inc Note	Corporate Bond: \$49,000 par value unsecured senior note, 3.924% due 06/01/32	45,953	47,287
	Centerpoint Energy Res Corp Note	Corporate Bond: \$49,000 par value unsecured senior note, 4.400% due 07/01/32	47,323	47,584
	Athene Holding Ltd Note Call Make Whole	Corporate Bond: \$50,000 par value unsecured senior note, 5.875% due 01/15/34	50,208	51,779
	Toyota Mtr Cr Corp Ser B Mtn	Corporate Bond: \$51,000 par value unsecured senior medium term note, 4.550% due 08/09/29	50,942	51,409
	Royal Bk Cda Ser H Note	Corporate Bond: \$51,000 par value unsecured senior note, 5.000% due 02/01/33	51,133	51,768
	Dte Elec Co Ser A Bond	Corporate Bond: \$51,000 par value unsecured senior note, 5.200% due 04/01/33	50,844	52,401
	Entergy La Llc Bond Call Make Whole	Corporate Bond: \$51,000 par value unsecured senior note, 5.350% due 03/15/34	51,953	52,312
	Fifth Third Bancorp Note Call Make Whole	Corporate Bond: \$51,000 par value unsecured senior note, 5.631% due 01/29/32	51,129	53,075
	Salesforce Inc Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 1.950% due 07/15/31	43,821	45,598

**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)(Continued)**

EIN: 95-2977147; Plan No. 001

June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
	Visa Inc Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 2.050% due 04/15/30	\$ 44,333	\$ 47,335
	Broadcom Inc Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 5.050% due 07/12/29	53,048	53,249
	Lockheed Martin Corp Note Call Make Whole	Corporate Bond: \$52,000 par value unsecured senior note, 5.10% due 11/15/25	52,076	53,310
	Diamondback Energy Inc Note	Corporate Bond: \$52,000 par value unsecured senior note, 5.2% due 4/18/27	52,167	52,710
	Kinder Morgan Inc Del Note	Corporate Bond: \$53,000 par value unsecured senior note, 4.30% due 03/01/28	51,452	53,043
	Dupont De Nemours Inc Note	Corporate Bond: \$53,000 par value unsecured senior note, 4.493% due 11/15/25	52,593	52,920
	Air Lease Corp Ser A Mtn	Corporate Bond: \$54,000 par value unsecured senior medium term note, 2.875% due 1/15/26	50,720	53,450
	Schwab Charles Corp Note Call Make Whole	Corporate Bond: \$54,000 par value unsecured senior note, 2.900% due 03/03/32	45,150	48,569
	Oreilly Automotive Inc Note	Corporate Bond: \$54,000 par value unsecured senior note, 3.364% due 7/12/27	51,114	53,275
	Nucor Corp Note Call Make Whole	Corporate Bond: \$54,000 par value unsecured senior note, 3.950% due 05/01/28	52,035	53,764
	Westpac Bkg Corp Bond	Corporate Bond: \$54,000 par value unsecured senior note, 4.322% due 11/23/31	51,850	53,519
	Abbvie Inc Ser B Note	Corporate Bond: \$55,000 par value unsecured senior note, 3.200% due 11/21/29	51,182	52,608
	Simon Ppty Group Lp Note Call Make Whole	Corporate Bond: \$55,000 par value unsecured senior note, 3.375% due 6/15/27	52,678	54,155
	John Deere Capital Corporation Ser G	Corporate Bond: \$55,000 par value unsecured senior note, 3.450% due 03/07/29	52,262	53,668
	Us Bancorp Mtn	Corporate Bond: \$56,000 par value unsecured senior medium term note, 1.375% due 07/22/30	42,758	48,387
	Jefferies Financial Group Inc Note	Corporate Bond: \$56,000 par value unsecured senior note, 2.625% due 10/51/31	43,814	48,723
	Apple Inc Note Call Make Whole	Corporate Bond: \$56,000 par value unsecured senior note, 4.300% due 05/10/33	55,378	56,169
	Canadian Pac Ry Co New Note	Corporate Bond: \$57,000 par value unsecured senior note, 1.75% due 12/02/26	52,203	54,976
	T Mobile Usa Inc Ser B Note	Corporate Bond: \$60,000 par value unsecured senior note, 2.550% due 02/15/31	50,046	53,714
	Starbucks Corp Note Call Make Whole	Corporate Bond: \$60,000 par value unsecured senior note, 2.550% due 11/15/30	51,799	54,380
	Duke Energy Carolinas Llc Bond	Corporate Bond: \$60,000 par value unsecured senior note, 2.850% due 03/15/32	52,201	53,825
	Erp Oper Ltd Partnership Note	Corporate Bond: \$64,000 par value unsecured senior note, 1.850% due 08/01/31	51,262	55,238
	Anheuser-Busch Inbev Wldw Inc Note	Corporate Bond: \$67,000 par value unsecured senior note, 4.900% due 01/23/31	68,270	68,924
	S&P Global Inc Note Call Make Whole	Corporate Bond: \$67,000 par value unsecured senior note, 5.250% due 09/15/33	68,401	69,579
	Comcast Corp New Note Call Make Whole	Corporate Bond: \$67,000 par value unsecured senior note, 5.500% due 11/15/32	68,890	70,378
	Corebridge Finl Inc Note Call Make Whole	Corporate Bond: \$67,000 par value unsecured senior note, 5.750% due 01/15/34	68,490	69,608

**Clinicas del Camino Real, Inc. Profit Sharing Plan**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)(Continued)**

EIN: 95-2977147; Plan No. 001  
June 30, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, and Par of Maturity Value	(d) Cost	(e) Current Value
	Huntington Bancshares Inc Ser A	Corporate Bond: \$68,000 par value unsecured senior note, 6.208% due 08/21/29	\$ 71,423	\$ 71,354
	Bank America Corp Ser N Mtn	Corporate Bond: \$69,000 par value unsecured senior	71,770	72,813
	Canadian Imperial Bk Comm Note	Corporate Bond: \$70,000 par value unsecured senior note, 5.245% due 01/13/31	70,000	71,309
	Waste Connections Inc Note	Corporate Bond: \$79,000 par value unsecured senior	64,522	68,158
	Nextera Energy Cap Hldgs Inc Bond	Corporate Bond: \$80,000 par value unsecured senior	70,589	72,046
	Mitsubishi Ufj Financialgroup Inc	Corporate Bond: \$80,000 par value unsecured senior	77,404	79,304
	Citigroup Inc Note Call Make Whole	Corporate Bond: \$89,000 par value unsecured senior	91,805	95,833
	Tjx Cos Inc New Note Call Make Whole	Corporate Bond: \$90,000 par value unsecured senior	84,717	88,148
	JPMorganChase & Co Note Call Make Whole	Corporate Bond: \$90,000 par value unsecured senior	89,194	92,594
	Goldman Sachs Group Inc Note	Corporate Bond: \$91,000 par value unsecured senior	94,247	95,431
	Bank Nova Scotia B C Note Call Make Whole	Corporate Bond: \$94,000 par value unsecured senior	94,733	95,546
	Sumitomo Mitsui Financial	Corporate Bond: \$96,000 par value unsecured senior	89,954	94,514
	Morgan Stanley Ser I Mtn	Corporate Bond: \$97,000 par value unsecured senior	90,187	94,657
	Ishares Core Msci Emerging Markets	ETF	465,413	526,163
	Ishares Tr Core Msci Intl	ETF	311,141	390,694
	Vanguard Index Funds S&P 500 Etf Usd	ETF	1,688,301	2,224,405
	Vanguard Scottsdale Funds Short-Term	ETF	193,975	194,444
*	Fidelity Government Cash Reserves	Money Market Fund	1,553,868	1,553,868
	Allspring Special Interntl Sm Cap Inst	Mutual Fund	329,952	386,615
	Causeway Internatnl Value Instl	Mutual Fund	497,205	612,266
	Federated Hermes Mdt Small Cap Growth Is	Mutual Fund	77,261	93,931
*	Fid Intl Sustainably Index Fd	Mutual Fund	324,132	365,900
*	Fid Us Sustainably Index Fd	Mutual Fund	1,064,894	1,571,182
*	Fidelity Advisor Intl Small Cap Cl	Mutual Fund	157,642	186,335
*	Fidelity Advisor Utilities Fd Cl Z (Fikix)	Mutual Fund	575,792	567,615
*	Fidelity Natural Resources Fund	Mutual Fund	328,658	416,759
	Frost Total Return Bond Fund Institutional	Mutual Fund	828,794	819,512
	Harding Loevner Intl Dvlp Mrkts Eqst Instl	Mutual Fund	484,280	564,198
	Hotchkis & Wiley Sml Cap Div Val I	Mutual Fund	220,231	214,130
	Loomis Sayles Growth Cl Y	Mutual Fund	1,039,743	1,465,512
	Ocm Gold Fund Atlas Class	Mutual Fund	173,771	374,412
	Thrivent Large Cap Growth Fund Cl S	Mutual Fund	282,846	392,061
	Touchstone Mid Cap Growth Fund - Instl	Mutual Fund	323,584	429,809
	Touchstone Mid Cap Value Fund Cl I	Mutual Fund	866,076	910,435
	Cubesmart	Real Estate Investment Trust	12,634	11,475
Total investments			\$ 19,285,570	\$ 21,968,794

\* Denotes party-in-interest transaction.

See Independent Auditor's Report.

<p><b>Form 5500</b> Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

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

B This return/report is:  a single-employer plan  a DFE (specify) \_\_\_\_\_

the first return/report  the final return/report

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

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

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

special extension (enter description)

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

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

<p><b>1a</b> Name of plan CLINICAS DEL CAMINO REAL, INC. PROFIT SHARING PLAN</p>	<p><b>1b</b> Three-digit plan number (PN) ▶ 001</p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions)</p> <p>CLINICAS DEL CAMINO REAL, INC.</p> <p>1040 FLYNN ROAD</p> <p>US CAMARILLO CA 93012</p>	<p><b>1c</b> Effective date of plan 07/01/1988</p> <p><b>2b</b> Employer Identification Number (EIN) 95-2977147</p> <p><b>2c</b> Plan Sponsor's telephone number (805) 673-3930</p> <p><b>2d</b> Business code (see instructions) 621111</p>

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

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

<b>SIGN HERE</b>		3/23/2028	FARHAD BENHARASH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		03/23/2026	GAGAN PAWAR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN and the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	986
<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year . . . . .	<b>6a(1)</b>	677
<b>a(2)</b> Total number of active participants at the end of the plan year . . . . .	<b>6a(2)</b>	693
<b>b</b> Retired or separated participants receiving benefits . . . . .	<b>6b</b>	0
<b>c</b> Other retired or separated participants entitled to future benefits . . . . .	<b>6c</b>	254
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c . . . . .	<b>6d</b>	947
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits . . . . .	<b>6e</b>	0
<b>f</b> Total. Add lines 6d and 6e . . . . .	<b>6f</b>	947
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(1)</b>	929
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) . . . . .	<b>6g(2)</b>	939
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested . . . . .	<b>6h</b>	27
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .	<b>7</b>	

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information - Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) - Number Attached <u>  2  </u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached <u>      </u>	(4) <input checked="" 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)

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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