

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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
1a	Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF LA CLINICA DE FAMILIA, INCORPORATED
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1980
2a	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) LA CLINICA DE FAMILIA, INCORPORATED 385 CALLE DE ALEGRA STE A LAS CRUCES, NM 88005-3423
2b	Employer Identification Number (EIN) 85-0265533
2c	Plan Sponsor's telephone number 575-526-1105
2d	Business code (see instructions) 621498

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/17/2026	JORGE ALMUINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 906
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 539 6a(2) 484 6b 3 6c 165 6d 652 6e 3 6f 655 6g(1) 822 6g(2) 655 6h 47
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2G 2J 2K 2E 2S 2T

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 _____

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF LA CLINICA DE FAMILIA, INCORPORATED	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LA CLINICA DE FAMILIA, INCORPORATED	D Employer Identification Number (EIN) 85-0265533	

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.
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1 Coverage Information:

(a) Name of insurance carrier MUTUAL OF AMERICA					
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	912536	655	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	1133

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
SOUTHWEST OFFICE 5353 W ALABAMA STREET HOUSTON, TX 77056

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1133	PORTION OF INCENTIVE COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1065261
5 Current value of plan's interest under this contract in separate accounts at year end	5	29231094

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

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 ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)****a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

781790

c Additions: (1) Contributions deposited during the year**7c(1)**

211936

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

27275

(4) Transferred from separate account

7c(4)

93983

(5) Other (specify below)

7c(5)

0

(6) Total additions

7c(6)

333194

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

1114984

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

34353

(2) Administration charge made by carrier

7e(2)

339

(3) Transferred to separate account

7e(3)

0

(4) Other (specify below)

7e(4)

15031

▶ ROLLOVER, LOANS, FORFEITURES

(5) Total deductions

7e(5)

49723

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

1065261

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF LA CLINICA DE FAMILIA, INCORPORATED	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LA CLINICA DE FAMILIA, INCORPORATED	D Employer Identification Number (EIN) 85-0265533	

Part I	Service Provider Information (see instructions)
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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	
DWS	210 WEST 10TH STREET KANSAS CITY, MO 64105

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
MUTUAL OF AMERICA	320 PARK AVE NEW YORK, NY 10022

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

NEUBERGER BERMAN	1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO	11 GREENWAY PLAZA STE. 2500 HOUSTON, TX 77046
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

T. ROWE PRICE	100 EAST PRATT STREET BALTIMORE, MD 21202
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VANGUARD	100 VANGUARD BOULEVARD MALVERN, PA 19355
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

AMERICAN CENTURY INVESTMENTS	P.O. BOX 419200 4500 MAIN STREET KANSAS CITY, MO 64141
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS	111 HUNTINGTON AVENUE BOSTON, MA 02199
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

DELAWARE FUNDS BY MACQUARIE	PO BOX 9876 PROVIDENCE, RI 02940
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT INC.	15935 LA CANTERA PARKWAY BUILDING TWO SAN ANTONIO, TX 78256
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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PIMCO

840 NEWPORT CENTER DRIVE
SUITE 100
NEWPORT BEACH, CA 92660

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

AMERICAN FUNDS

333 SOUTH HOPE STREET
LOS ANGELES, CA 90071-1406

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

CALVERT RESEARCH AND MANAGEMENT

1825 CONNECTICUT AVENUE NW
SUITE 400
WASHINGTON, DC 20009

(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

(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

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

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

MUTUAL OF AMERICA INVESTMENT CORP

320 PARK AVENUE
NEW YORK, NY 10022

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 37 65	INSURANCE CARRIER	8683	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF LA CLINICA DE FAMILIA, INCORPORATED	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 LA CLINICA DE FAMILIA, INCORPORATED	D Employer Identification Number (EIN) 85-0265533	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	SEPARATE ACCOUNT NUMBER SA1
---	-----------------------------

b Name of sponsor of entity listed in (a):	MUTUAL OF AMERICA
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c EIN-PN	13-1614399-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29231095
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
---	--

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

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:	
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b Name of sponsor of entity listed in (a):	
--	--

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
----------	--	---------------	--	--	--

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

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

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
----------	--	---------------	--	--	--

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

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

c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
----------	--	---------------	--	--	--

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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II**Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF LA CLINICA DE FAMILIA, INCORPORATED	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LA CLINICA DE FAMILIA, INCORPORATED	D Employer Identification Number (EIN) 85-0265533	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	324679	445497
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25257609	29231094
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	781790	1065261
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	26364078	30741852

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	26364078	30741852
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1211012	
(B) Participants	2a(1)(B)	1744747	
(C) Others (including rollovers)	2a(1)(C)	200944	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3156703
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	33411	
(F) Other	2b(1)(F)	27387	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		60798
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3845214
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total	2d		7062715

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2676258	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2676258
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	8683	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8683
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2684941

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4377774
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **SBNG, PC**

(2) EIN: **26-1483953**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	☒	☐	1387
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.)	☐	☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	☐	☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	☐	☒	
e Was this plan covered by a fidelity bond?	☒	☐	500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	☐	☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒	☐	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF LA CLINICA DE FAMILIA, INCORPORATED		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 LA CLINICA DE FAMILIA, INCORPORATED		D Employer Identification Number (EIN) 85-0265533
Part I	Distributions	
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.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3590259		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (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.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
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		
Part IV	ESOPs (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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2025 v. 250312		

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:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 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:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

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.....

16b

- 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 11 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704237A.

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

AND INDEPENDENT AUDITOR'S REPORT

INDEPENDENT AUDITOR'S REPORT

The Board of Directors and Senior Management
401(k) Profit-Sharing Plan for Employees of
La Clinica de Familia, Incorporated

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

We have performed an audit of the accompanying financial statements of 401(k) Profit-Sharing Plan for Employees of La Clinica de Familia, Incorporated, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of 401(k) Profit-Sharing Plan for Employees of La Clinica de Familia, Incorporated's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024, and for the year ended December 31, 2025 stating that the certified investment information, as described in the "Information Prepared and Certified to by Qualified Institution" note to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

(Continued)

The Board of Directors and Senior Management
401(k) Profit-Sharing Plan for Employees of
La Clinica de Familia, Incorporated

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 401(k) Profit-Sharing Plan for Employees of La Clinica de Familia, Incorporated and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about 401(k) Profit-Sharing Plan for Employees of La Clinica de Familia, Incorporated'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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance, and therefore, is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, 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.

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements (Continued)

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 401(k) Profit-Sharing Plan for Employees of La Clinica de Familia, Incorporated'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 401(k) Profit-Sharing Plan for Employees of La Clinica de Familia, Incorporated's ability to continue as a going concern for a reasonable period of time.

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

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

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

(Continued)

The Board of Directors and Senior Management
401(k) Profit-Sharing Plan for Employees of
La Clinica de Familia, Incorporated

Other Matter – Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and Schedule H, Line 4i – Schedule of Assets (Held at End-of-Year) for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion –

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

SBNG, PC

El Paso, Texas
August 03, 2026

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2025 and 2024

<u>ASSETS</u>	<u>2025</u>	<u>2024</u>
Investments:		
Investments, at fair value	\$ 29,231,094	\$ 25,257,609
Investments, at contract value	<u>1,065,261</u>	<u>781,790</u>
Total investments	<u>30,296,355</u>	<u>26,039,399</u>
Receivables:		
Participant contributions		57,092
Employer contributions		47,901
Notes receivable from participants	<u>445,497</u>	<u>324,679</u>
Total receivables	<u>445,497</u>	<u>429,672</u>
Total assets	<u>30,741,852</u>	<u>26,469,071</u>
<u>LIABILITIES AND NET ASSETS AVAILABLE FOR BENEFITS</u>		
Excess contributions payable	<u>55,807</u>	<u>16,644</u>
Total liabilities	<u>55,807</u>	<u>16,644</u>
Net assets available for benefits	<u>\$ 30,686,045</u>	<u>\$ 26,452,427</u>

The accompanying notes are an
integral part of these financial statements.

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2025

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments \$ 3,845,214

Interest and dividends 27,387

3,872,601

Interest income on notes receivable from participants 33,411

Contributions:

Participant contributions 1,687,655

Employer contributions, net of forfeitures 1,163,111

Rollover contributions 200,944

Total contributions 3,051,710

Total additions 6,957,722

Deductions from net assets attributed to:

Benefits paid to participants 2,676,258

Corrective distributions 39,163

Administrative expenses 8,683

Total deductions 2,724,104

Net change in net assets available for benefits 4,233,618

Net assets available for benefits:

Beginning of year 26,452,427

End of year \$30,686,045

The accompanying notes are an
integral part of these financial statements.

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

NOTES TO FINANCIAL STATEMENTS

DESCRIPTION OF PLAN

The following description of 401(k) Profit-Sharing Plan for Employees of La Clinica de Familia, Incorporated (“the Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General - The Plan was adopted January 1, 1980. The Plan is a defined contribution plan covering substantially all employees of La Clinica de Familia, Inc. (“the Organization”) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Administration - Mutual of America Life Insurance Company (“Mutual of America”) is the Service Provider of the Plan. The Plan Administrator, an employee of the Organization, administers the Plan. The Board of Directors, appointed by the Organization, are responsible for oversight of the Plan, determine the appropriateness of the Plan provisions and investment offerings, and monitor investment performance.

Eligibility - All employees of the Organization, excluding non-resident aliens with no U.S. source income and independent contractors, who have attained age 21 and completed six months of service are eligible to participate in the Plan.

Contributions - Each year, participants may establish contributions at any level of pretax annual compensation allowable under the provisions of the Internal Revenue Code, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

The Plan includes an auto-enrollment provision whereby all newly eligible employees are automatically enrolled in the Plan, unless they affirmatively elect not to participate, with a default deferral rate set at 5% of eligible compensation.

The Organization may make a discretionary matching contribution to the Plan on behalf of each participant who contributed during the Plan year. In 2025, the Organization contributed an amount equal to 100% of the participant’s elective deferral, not to exceed 6% of the participant’s compensation.

The Organization may make a discretionary nonelective contribution to the Plan on behalf of each participant eligible to share in the allocation of the contribution. During 2025, the Company did not make any nonelective contributions.

Participants direct the investment of their contributions and the Organization’s matching and nonelective contributions into various investment options offered by the Plan. Contributions are subject to certain IRS limitations.

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

DESCRIPTION OF PLAN (CONTINUED)

Participant Accounts - Each participant's account is credited with the participant's contribution and the Organization's matching and nonelective contributions, as well as an allocation of the Plan's earnings and administrative expenses, if applicable. Allocations are based on the participant's proportionate share of units held of the applicable investment options during each Plan year. The benefit to which a participant is entitled is the benefit that can be provided from that participant's vested account.

Vesting - Participants are immediately vested in their contributions and rollovers, if any, plus actual earnings thereon. Vesting in the Organization's matching and nonelective contributions, plus actual earnings thereon, is according to a graduated schedule based on years of service. Participants are fully vested in the Organization's matching and nonelective contributions after six years of service.

Notes Receivable from Participants - Subject to limitations, a participant may borrow from the vested portion of his or her elective account. The minimum amount of any loan is \$1,000, and the maximum amount is the lesser of one-half of their vested account balance or \$50,000. The loans are secured by the balance in the participants' accounts. Up to 50% of a participant's vested account balance may be used as collateral for any loan. Notes receivable from participants, at the time of loan withdrawal, are applied with interest rates of Wall Street Prime, which was 6.75% as of December 31, 2025, plus 1% and remain at that rate through the loan's maturity. Outstanding notes receivable from participants at December 31, 2025 have interest rates ranging from 4.25% to 9.5%. Principal and interest are paid through payroll deductions.

Payment of Benefits - On retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution or a direct rollover equal to the participant's vested account balance. In addition, hardship distributions and in-service distributions are permitted if certain criteria are met.

Forfeited Accounts - Forfeitures of the Organization's contributions, and earnings thereon resulting from participants leaving the Organization prior to vesting, are retained in a forfeiture account. Forfeitures of Organization contributions may be applied first to the payment of Plan administration expenses, and then shall be applied to reduce the contributions of the Organization. Forfeitures must be applied by the end of the Plan year following the Plan year in which the forfeiture occurs in accordance with Plan provisions. The balance in the Plan's forfeiture account as of December 31, 2025 and 2024 was \$59,439 and \$26,386, respectively. During 2025, employer contributions were offset using the balance of forfeited non-vested accounts by \$209,058. There were no amounts applied to reduce the Plan's administrative expenses during the year ended December 31, 2025.

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

Accounting Estimates - The preparation of the Plan's financial statements, in conformity with generally accepted accounting principles in the United States of America, requires the Plan Administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements, and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Certain investments of the Plan are stated at fair value. Fair value is defined as 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 (exit price). See Fair Value Measurements footnote for additional narrative. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) consists of the unrealized appreciation (depreciation) of the investments and the excess (deficiency) of net proceeds over (under) market value of the related investment at the beginning of the year.

Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance, plus accrued, but unpaid, interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. Delinquent notes receivable from participants are reclassified as distributions based on the terms of the Plan document. Notes receivable from participants are specifically excluded from ASU 2016-13 *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments* (“ASC 326”).

Excess Contributions Payable - Contributions made by participants in excess of amounts allowed by the IRS are recorded as a liability to accrue corrective distributions due to participants at year end. Excess contributions payable as of December 31, 2025 and 2024 was \$55,807 and \$16,644, respectively. For the Plan year ended December 31, 2025, the Plan distributed excess contributions to the applicable participants' accounts in June 2026.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Organization. Expenses paid by the Organization are excluded from these financial statements. Fees related to the administration of benefit payments and notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation (depreciation) of fair value of investments. For the year ended December 31, 2025, administrative expenses amounting to \$8,683 were paid by the Plan.

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

INFORMATION PREPARED AND CERTIFIED TO BY QUALIFIED INSTITUTION

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End-of-Year), including investments and notes receivable from participants held at December 31, 2025 and 2024, and net appreciation (depreciation) in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained or derived from information supplied to the Plan administrator and certified to as complete and accurate by Mutual of America Life Insurance Company, the Service Provider of the Plan.

FAIR VALUE MEASUREMENTS

FASB ASC 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair value determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets the Plan has the ability to access for identical assets or liabilities. Fair value determined by Level 2 inputs utilize inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets and liabilities in active markets and inputs other than quoted prices observable for the asset or liability, such as interest rate and yield curves observable at commonly quoted intervals. Level 3 inputs are unobservable inputs for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

In instances in which the inputs used to measure fair value may fall into different levels of the fair value hierarchy, the levels in the fair value hierarchy within which the fair value measurement in its entirety has been determined is based on the lowest level input significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the asset or liability.

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value on a recurring basis as of December 31, 2025 and 2024:

	<u>Total</u>
<u>December 31, 2025</u>	
Investments measured at net asset value	\$29,231,094
<u>December 31, 2024</u>	
Investments measured at net asset value	\$25,257,609

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

FAIR VALUE MEASUREMENTS (CONTINUED)

Investments Measured at Net Asset Value – Certain investments that are measured at fair value using the net asset value per share (or its equivalent) as a practical expedient, which include pooled separate accounts, have not been categorized in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented on the statements of net assets available for benefits. These investments have no unfunded commitments as of December 31, 2025 and 2024 and can be redeemed daily with no redemption notice period or other redemption restrictions.

GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2020, the Plan entered into a fully benefit-responsive guaranteed investment contract with Mutual of America Life Insurance Company (“Mutual of America”). Mutual of America maintains the contributions in a general account. The accounts are credited with earnings from the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

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

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The contract value of the investment contract with Mutual of America at December 31, 2025 and 2024 was \$1,065,261 and \$781,790, respectively. The crediting interest is declared by Mutual of America from time to time but may not be less than 1%.

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

GUARANTEED INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Certain events limit the Plan's ability to transact at contract value with Mutual of America. Such events include the following: (a) amendments to Plan documents (including complete or partial Plan termination or merger with another plan), (b) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (c) bankruptcy of the Organization or other Organization events (for example, divestitures or spinoffs of a subsidiary) that cause a significant withdrawal from the Plan, or (d) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. Furthermore, certain events would allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Examples of such events include (a) an uncured breach of the Plan's investment guidelines, (b) a material amendment to the contract without the issuer's consent, (c) a violation of a material obligation under the contract, or (d) a material misrepresentation. The Plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with Plan participants or the issuer are probable of occurring.

RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$30,686,045	\$26,452,427
Excess contribution distributions allocated to highly compensated employees	55,807	16,644
Employee contributions receivable allocated to participants		(57,092)
Employer contributions receivable allocated to participants	_____	____(47,901)
Net assets available for benefits per Schedule H of Form 5500	<u>\$30,741,852</u>	<u>\$26,364,078</u>

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500
(CONTINUED)

The following is a reconciliation of total additions per the financial statements to Schedule H of Form 5500:

Total additions per financial statements	\$6,957,722
Employee contributions receivable allocated to participants at December 31, 2024	57,092
Employer contributions receivable allocated to participants at December 31, 2024	<u>47,901</u>
Net additions per Form 5500	<u>\$7,062,715</u>

The following is a reconciliation of total deductions per the financial statements to Schedule H of Form 5500:

Total deductions per financial statements	\$2,724,104
Excess contribution distributions allocated to highly compensated employees at December 31, 2024	16,644
Excess contribution distributions allocated to highly compensated employees at December 31, 2025	<u>(55,807)</u>
Net deductions per Form 5500	<u>\$2,684,941</u>

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed under a group annuity contract with Mutual of America Life Insurance Company (“Mutual of America”). Mutual of America is the Service Provider as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Mutual of America provides certain administrative services to the Plan pursuant to a separate Plan service agreement between the Organization and Mutual of America. Mutual of America receives revenue from investment providers for services Mutual of America provides to the funds. This revenue is used to offset certain amounts owed to Mutual of America for its administrative services to the Plan. If the revenue received by Mutual of America from such investment providers exceeds the amount owed under the Plan service agreement, Mutual of America remits the excess to the Plan’s trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. During 2025, there were no excess amounts. The Plan or Organization may make a payment to Mutual of America for administrative expenses. Fees paid by the Plan for investment management services amounted to \$8,683 for the year ended December 31, 2025. There were no fees paid by the Organization to Mutual of America for the year ended December 31, 2025.

The Plan has notes receivable from participants, which are secured solely by a portion of the participants’ vested account balance, in accordance with the Plan document. These transactions qualify as exempt party-in-interest transactions. The balance of notes receivable from participants as of December 31, 2025 and 2024 was \$445,497 and \$324,679, respectively.

SBNG, PC (“SBNG”), the auditor of the Plan and Organization, charges fees for the audit and attest services it provides, which may be paid by the Plan or Organization. These transactions qualify as exempt party-in-interest transactions. The Plan’s audit fees during the year ended December 31, 2025 were paid by the Organization and are excluded from these financial statements.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

For the years ended December 31, 2025 and 2024, the Organization did not remit certain participant contributions to the Service Provider in a timely manner based on when the participant contributions were withheld from participant paychecks as required under Department of Labor (DOL) Regulation §2510.3-103. Late 401(k) contributions for the years ended December 31, 2025 and 2024 were \$137 and \$1,250, respectively.

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

Lost earnings of \$0.48 and \$0.05 were credited to participants' accounts in August 2025 and December 2025, respectively, for participant contributions remitted late during the 2025 Plan year. Lost earnings of \$103 were credited to participants' accounts in January 2025 for participant contributions remitted late during the 2024 Plan year.

Late contributions for the 2025 and 2024 Plan years are disclosed in the accompanying supplemental schedule of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions and are presented as contributions corrected outside the VFCP.

INCOME TAX STATUS

The Plan has not requested determination from the Internal Revenue Service as to the Plan's tax-exempt status. The IRS has determined and informed Mutual of America Financial Group by a letter dated November 30, 2020, that the master prototype plan from which the Plan was drafted is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the letter, Plan management believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code; therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain tax position that more likely than not would not be sustained upon examination by the IRS. As of December 31, 2025, there were no uncertain tax positions. The Plan files a Form 5500. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to U.S. federal and state income tax examinations by authorities for the years before December 31, 2022.

PLAN TERMINATION

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

(Continued)

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED**

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of investment securities based upon participant requests. Investment securities are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the 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.

SUBSEQUENT EVENTS

Effective January 1, 2026, the Organization amended the Plan's adoption agreement to no longer permit hardship distributions and to limit participants to one outstanding participant loan at a time.

Subsequent events were evaluated through August 03, 2026, which is the date the financial statements were available to be issued.

SBNG

SUPPLEMENTARY INFORMATION

SBNG
CERTIFIED PUBLIC ACCOUNTANTS

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED
EIN 85-0265533
PLAN NUMBER 001
FORM 5500**

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2025

	Total Delinquent Contributions that Constitute Non-Exempt Prohibited Transactions			
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP PTE 2002-51
Participant Contributions Transferred Late to Plan For Plan Year Ended December 31, 2025	\$	\$ 137	\$	\$
Participant Contributions Transferred Late to Plan For Plan Year Ended December 31, 2024	\$	\$1,250	\$	\$
Loan Repayments Not Included in Participant Contributions Transferred Late to Plan For Plan Years Ended December 31, 2025 and 2024				

See accompanying independent auditor's report.

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED
EIN 85-0265533
PLAN NUMBER 001
FORM 5500**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END-OF-YEAR)

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
	Pooled Separate Accounts			
*	Mutual of America Investment Corporation	Mutual of America 2035 Retirement Fund	\$	3,923,621
*	Mutual of America Investment Corporation	Mutual of America 2030 Retirement Fund		3,848,532
*	Mutual of America Investment Corporation	Mutual of America 2040 Retirement Fund		3,557,583
*	Mutual of America Investment Corporation	Mutual of America 2045 Retirement Fund		3,346,969
*	Mutual of America Investment Corporation	Mutual of America 2025 Retirement Fund		2,958,719
*	Mutual of America Investment Corporation	Mutual of America 2050 Retirement Fund		2,666,223
*	Mutual of America Investment Corporation	Mutual of America 2055 Retirement Fund		1,876,576
*	Mutual of America Investment Corporation	Mutual of America 2060 Retirement Fund		1,260,492
*	Mutual of America Investment Corporation	Mutual of America Conservative Allocation Fund		830,120
*	T. Rowe Price Investment Mgmt. Co.	T. Rowe Price Blue Chip Growth Portfolio		786,840
*	Mutual of America Investment Corporation	Mutual of America 2065 Retirement Fund		405,800
*	Mutual of America Investment Corporation	Mutual of America Equity Index Fund		395,350
*	The Vanguard Group	Vanguard VIF International Portfolio		330,028
*	Mutual of America Investment Corporation	Mutual of America Aggressive Allocation Fund		305,333
*	Fidelity Management Trust Co.	Fidelity VIP Contrafund Portfolio		292,019
*	The Vanguard Group	Vanguard VIF Diversified Value Portfolio		281,453
*	American Century Investment Mgmt. Co.	American Century Investments VP Capital Appreciation Fund		265,542
*	The Vanguard Group	Vanguard VIF Real Estate Index Portfolio		260,669
*	DWS Group Asset Mgmt. Co.	DWS Capital Growth VIP		246,325
*	Mutual of America Investment Corporation	Mutual of America Moderate Allocation Fund		215,343
*	Calvert Investments, Inc.	Calvert VP SRI Balanced Portfolio		196,779
*	The Vanguard Group	Vanguard VIF Total Bond Market Index Portfolio		126,787
*	Mutual of America Investment Corporation	Mutual of America Retirement Income Fund		110,919
*	Mutual of America Investment Corporation	Mutual of America International Fund		96,003
*	Mutual of America Investment Corporation	Mutual of America Money Market Fund		73,237
*	Mutual of America Investment Corporation	Mutual of America Small Cap Equity Index Fund		72,130
*	Mutual of America Investment Corporation	Mutual of America Core Bond Fund		64,064
*	Mutual of America Investment Corporation	Mutual of America All America Fund		59,717
*	Mutual of America Investment Corporation	Mutual of America 2020 Retirement Fund		58,468
*	Fidelity Management Trust Co.	Fidelity VIP Equity-Income Portfolio		56,659
*	Mutual of America Investment Corporation	Mutual of America Mid-Cap Equity Index Fund		53,016
*	Invesco, Ltd.	Invesco V.I. Main Street Fund		50,991
*	Fidelity Management Trust Co.	Fidelity VIP Mid Cap Portfolio		47,703
*	Pacific Investment Management Company	PIMCO VIT Real Return Portfolio		27,462
*	Goldman Sachs Asset Management, LP	Goldman Sachs VIT US Equity Insights Fund		21,410
*	Capital Group Companies	American Funds Insurance Series New World Fund		12,471
*	Mutual of America Investment Corporation	Mutual of America Small Cap Growth Fund		12,346
*	Neuberger Berman	Neuberger Berman AMT Sustainable Equity		8,230
*	Mutual of America Investment Corporation	Mutual of America Intermediate Bond Fund		7,818
*	Goldman Sachs Asset Management, LP	Goldman Sachs VIT Small Cap Equity Insights Fund		5,722
*	Massachusetts Financial Services Co.	MFS VIT III Mid Cap Value Portfolio		4,308
*	Fidelity Management Trust Co.	Fidelity VIP Asset Manager Portfolio		3,950
*	Mutual of America Investment Corporation	Mutual of America Mid Cap Value Fund		2,664
*	Mutual of America Investment Corporation	Mutual of America Balanced Fund		1,956
*	Mutual of America Investment Corporation	Mutual of America 2070 Retirement Fund		1,310
*	American Century Investment Mgmt. Co.	American Century Small Cap Growth Fund R6 Class		970
*	Mutual of America Investment Corporation	Mutual of America Small Cap Value Fund		467

\$ 29,231,094

Unallocated Contract Funds Held in Insurance Company General Account

*	Mutual of America Interest Accumulation Account	<u>\$ 1,065,261</u>
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*	Participant Loans	Participant loans, secured by participant vested benefits (interest rates range from 4.25% - 9.50%)	<u>\$ 445,497</u>
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* Represents a party-in-interest investment under group annuity contract with Mutual of America Life Insurance Company.
Note 1: Column (d) is blank as all investments are participant-directed.
Note 2: The above information has been certified to as complete and accurate by the Service Provider.

See accompanying independent auditor's report.

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED
EIN 85-0265533
PLAN NUMBER 001
FORM 5500**

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

Year Ended December 31, 2025

	<u>Total Delinquent Contributions that Constitute Non-Exempt Prohibited Transactions</u>			
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP PTE 2002-51</u>
Participant Contributions Transferred Late to Plan For Plan Year Ended December 31, 2025	\$	\$ 137	\$	\$
Participant Contributions Transferred Late to Plan For Plan Year Ended December 31, 2024	\$	\$1,250	\$	\$
Loan Repayments Not Included in Participant Contributions Transferred Late to Plan For Plan Years Ended December 31, 2025 and 2024				

See accompanying independent auditor's report.

Attachment to January 2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: 401(k) Profit Sharing Plan for Employees of La Clinica de Familia, Incorporated
EIN: 85-0265533
Plan Number: 001

(a)	(b) identity of issuer, borrower, lessor, or similar party	(c)Description of investment including maturity date, rate of interest, collateral par or maturity value	(d) Cost	(e)Closing Value
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Investments VP Capital Appreciation Fund		265,542
.	Mutual of America	GROUP ANNUITY CONTRACT DWS Capital Growth VIP		246,325
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Contrafund Portfolio		292,019
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Equity-Income Portfolio		56,659
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Mid Cap Portfolio		47,703
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT Small Cap Equity Insights Fund		5,722
.	Mutual of America	GROUP ANNUITY CONTRACT Goldman Sachs VIT US Equity Insights Fund		21,410
.	Mutual of America	GROUP ANNUITY CONTRACT Invesco V.I. Main Street Fund		50,991
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Aggressive Allocation Fund		305,333
.	Mutual of America	GROUP ANNUITY CONTRACT MoA All America Fund		59,717
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Balanced Fund		1,956
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2020 Fund		58,468
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2025 Fund		2,958,719
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2030 Fund		3,848,532
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2035 Fund		3,923,621
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2040 Fund		3,557,583
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2045 Fund		3,346,969
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2050 Fund		2,666,223
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2055 Fund		1,876,576
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2060 Fund		1,260,492
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2065 Fund		405,800
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Conservative Allocation Fund		830,120
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Core Bond Fund		64,064
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Equity Index Fund		395,350
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Intermediate Bond Fund		7,818
.	Mutual of America	GROUP ANNUITY CONTRACT MoA International Fund		96,003

Attachment to January 2025 Form 5500
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
Plan Name: 401(k) Profit Sharing Plan for Employees of La Clinica de Familia, Incorporated
EIN: 85-0265533
Plan Number: 001

.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Equity Index Fund		53,016
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Mid Cap Value Fund		2,664
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Moderate Allocation Fund		215,343
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Retirement Income Fund		110,919
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Equity Index Fund		72,130
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Growth Fund		12,346
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Small Cap Value Fund		467
.	Mutual of America	GROUP ANNUITY CONTRACT Mutual of America Interest Accumulation Account		1,065,261
.	Mutual of America	GROUP ANNUITY CONTRACT PIMCO VIT Real Return Portfolio		27,462
.	Mutual of America	GROUP ANNUITY CONTRACT T. Rowe Price Blue Chip Growth Portfolio		786,840
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Diversified Value Portfolio		281,453
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF International Portfolio		330,028
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Real Estate Index Portfolio		260,669
.	Mutual of America	GROUP ANNUITY CONTRACT Vanguard VIF Total Bond Market Index Portfolio		126,787
.	Mutual of America	GROUP ANNUITY CONTRACT American Funds Insurance Series New World Fund		12,471
.	Mutual of America	GROUP ANNUITY CONTRACT Calvert VP SRI Balanced Portfolio		196,779
.	Mutual of America	GROUP ANNUITY CONTRACT MoA US Government Money Market Fund		73,237
.	Mutual of America	GROUP ANNUITY CONTRACT MFS VIT III Mid Cap Value Portfolio		4,308
.	Mutual of America	GROUP ANNUITY CONTRACT Loan Fund		444,370
.	Mutual of America	GROUP ANNUITY CONTRACT American Century Small Cap Growth R6		971
.	Mutual of America	GROUP ANNUITY CONTRACT Fidelity VIP Asset Manager 50% Portfolio		3,950
.	Mutual of America	GROUP ANNUITY CONTRACT Neuberger Berman AMT Quality Equity Portfolio		8,230
.	Mutual of America	GROUP ANNUITY CONTRACT MoA Clear Passage 2070 Fund		1,310
.	Mutual of America	GROUP ANNUITY CONTRACT Deemed Loan Fund		1,127

**401(k) PROFIT-SHARING PLAN FOR EMPLOYEES OF
LA CLINICA DE FAMILIA, INCORPORATED
EIN 85-0265533
PLAN NUMBER 001
FORM 5500**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END-OF-YEAR)

December 31, 2025

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
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*	Mutual of America Investment Corporation	Mutual of America Intermediate Bond Fund		7,818
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*	Massachusetts Financial Services Co.	MFS VIT III Mid Cap Value Portfolio		4,308
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*	Mutual of America Investment Corporation	Mutual of America Balanced Fund		1,956
*	Mutual of America Investment Corporation	Mutual of America 2070 Retirement Fund		1,310
*	American Century Investment Mgmt. Co.	American Century Small Cap Growth Fund R6 Class		970
*	Mutual of America Investment Corporation	Mutual of America Small Cap Value Fund		467

\$ 29,231,094

Unallocated Contract Funds Held in Insurance Company General Account

*	Mutual of America Interest Accumulation Account	<u>\$ 1,065,261</u>
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*	Participant Loans	Participant loans, secured by participant vested benefits (interest rates range from 4.25% - 9.50%)	<u>\$ 445,497</u>
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* Represents a party-in-interest investment under group annuity contract with Mutual of America Life Insurance Company.
Note 1: Column (d) is blank as all investments are participant-directed.
Note 2: The above information has been certified to as complete and accurate by the Service Provider.

See accompanying independent auditor's report.