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

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.)
- [X] 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:
- [X] Form 5558
- [ ] automatic extension
- [X] 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
MIGRANT HEALTH CENTER WESTERN REGION INC. 1081.01 RETIREMENT PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1992

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)
MIGRANT HEALTH CENTER WESTERN REGION INC

PO BOX 190
MAYAGUEZ, PR 00681

2b Employer Identification Number (EIN)
66-0427801

2c Plan Sponsor's telephone number
787-833-5890

2d Business code (see instructions)
621111

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.	10/14/2026	PEDRO CARO
	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 [X] 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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	717
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	**6a(1)**	617
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	670
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	130
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	800
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	800
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	701
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	781
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2G 2J 2K 2S 2T 3C

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[X] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MIGRANT HEALTH CENTER WESTERN REGION INC. 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIGRANT HEALTH CENTER WESTERN REGION INC

D Employer Identification Number (EIN)
66-0427801

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	577930 P1	62		

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
9447	

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

ALFREDO PEREZ GONZALEZ

OSAIC WEALTH INC
VISTAMAR PLAZA SUITE 5 ROAD 115KM 1
RINCON, PR 00677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
6345			3

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

JANICE IRIZARRY NAZARIO

OASIC WEALTH INC
CARR 115K KM12 VISTAMAR PLAZA STE 5
RINCON, PR 00677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
1586			3

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

ALFREDO PEREZ

VISTAMAR PLAZA SUITE 5 ROAD 115 KM
BO PUEBLO
RINCON, PR 00677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
1213			3

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

JANICE IRIZARRY NAZARIO

CARR 115 KM 12 VISTAMAR PLAZA
STE 5
RINCON, PR 00677

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	
303			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	

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	2322389
5	Current value of plan's interest under this contract in separate accounts at year end	5	

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 ▶ GROUP ANNUITY CONTRACT

b	Balance at the end of the previous year			7b	2462796
c	Additions: (1) Contributions deposited during the year	7c(1)	54681		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	34792		
	(4) Transferred from separate account	7c(4)	402462		
	(5) Other (specify below)	7c(5)	20729		
	▶ LOAN REPAYMENTS,FORFEITURES				
	(6)Total additions			7c(6)	512664
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	2975460
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	136394		
	(2) Administration charge made by carrier	7e(2)	39385		
	(3) Transferred to separate account	7e(3)	477292		
	(4) Other (specify below)	7e(4)			
	▶				
	(5) Total deductions			7e(5)	653071
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2322389

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ 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.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
MIGRANT HEALTH CENTER WESTERN REGION INC. 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIGRANT HEALTH CENTER WESTERN REGION INC

D Employer Identification Number (EIN)
66-0427801

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	100667	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] No [ ]

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

OSAIC FS INC

PO BOX 2201
FORT WAYNE, IN 46801

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER ADVISOR		Yes [X] No [ ]	Yes [ ] No [X]	9255	Yes [ ] No [X]

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

LEAFHOUSE FINANCIAL ADVISOR LLC

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INV ADVISOR	7456	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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)

MIGRANT HEALTH CENTER INC

PO BOX 190
MAYAGUEZ, PR 00681

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	12620	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

BENEFIT CONSULTING GROUP OF PR

PO BOX 364173
SAN JUAN, PR 00936

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	5320	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

OSAIC WEALTH IN

10 EXCHANGE PLACE STE 1410
JERSEY CITY, NJ 07302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BOKER/ADVISOR		Yes [X] No [ ]	Yes [ ] No [X]	48403	Yes [ ] No [X]

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)

PKF PUERTO RICO LLC

PO BOX 2510 PMB 35
TRUJILLO ALTO, PR 00977

(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?
10	AUDITOR	8320	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

(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
OSAIC FS INC	55	9257

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EMPOWER ANNUITY INSURANCE COMPANY 8515 EAST ORCHARD ROAD GREENWOOD VILLAGE, CO 80111	OTHER COMISSION

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
OSAIC WEALTH INC	55	48403

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EMPOWER ANNUITY INSURANCE COMPANY O	OTHER COMMISSIONS

(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.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MIGRANT HEALTH CENTER WESTERN REGION INC. 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MIGRANT HEALTH CENTER WESTERN REGION INC

D Employer Identification Number (EIN)
66-0427801

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

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)
88-1455698-001	C	90663

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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b Name of plan sponsor | **c** EIN-PN

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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
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
MIGRANT HEALTH CENTER WESTERN REGION INC. 1081.01 RETIREMENT PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MIGRANT HEALTH CENTER WESTERN REGION INC

D Employer Identification Number (EIN)
66-0427801

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	99898	240473
(9) Value of interest in common/collective trusts	1c(9)	144662	90664
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11410896	14081600
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2462796	2322389
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	14118252	16735126
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 through1j)	1k		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	14118252	16735126

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)	694524	
(B) Participants	2a(1)(B)	782121	
(C) Others (including rollovers)	2a(1)(C)	12964	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1489609
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13314	
(F) Other	2b(1)(F)	34792	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		48106
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	437604	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		437604
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		25278
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1442755
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3443352
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	698048	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		698048
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	26253	
(3) Recordkeeping fees	2i(3)	102177	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		128430
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		826478
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2616874
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) [X] 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) [X] 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: PFK PR LLC **(2)** EIN: 66-0831816

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST

Financial Statements and Supplemental Information
Including Independent Auditors' Report
As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

PKF Puerto Rico, LLC
Certified Public Accountants & Business Advisors
Suite 35, Po Box 2510, Trujillo Alto, PR 00977
Tel • 787-400-9548 | Fax • 787-993-1871
pkfpuertorico@pkfpuertorico.com
www.pkfpuertorico.com
"Serving our clients with Responsiveness, Knowledge and Professionalism"

Independent Auditors' Report

To the Administrative Committee of
Migrant Health Center Western Region, Inc.
1081.01 Retirement Plan and Trust

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

We have performed an audit of the accompanying financial statements of Migrant Health Center Western Region, Inc. 1081.01 Retirement Plan and Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) audit. The financial statements comprise the statement 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 the Plan'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 a certification from Empower Annuity Insurance Company of America and Empower Trust Company, LLC (qualified institutions), the custodians of the Plan, as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

- 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.

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

- the information in the 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).

Basis for Opinion on the Financial Statements

We conducted our audit 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 Migrant Health Center Western Region, Inc. 1081.01 Retirement Plan and Trust 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 the Plan's ability to continue as a going concern for one year after October 9, 2026, the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all 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 risks of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental Schedule H, Part IV, Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2025, the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Acquired and Disposed of within Year) for the year ended December 31, 2025, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and related 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 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, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

- the information in the supplemental schedules related to assets held by and certified 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).

PKF Puerto Rico, LLC

PKF Puerto Rico, LLC
Firm member of PKF Global
Trujillo Alto, Puerto Rico
October 9, 2026

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

COLEGIO DE CONTADORES PÚBLICOS AUTORIZADOS DE PUERTO RICO
CPA
$5.00 SELLO $2.00 INDICT

DLLC304-77

MIGRANT HEALTH CENTER WESTERN REGION, INC. 1081.01 RETIREMENT PLAN AND TRUST

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST

Statements of Net Assets Available for Benefits

	December 31,	
	2025	2024
Assets		
Investments:		
Mutual funds and collective trust funds, at fair value	$ 14,172,264	$ 11,555,558
Fully benefit-responsive investment contract, at contract value (including forfeiture account of $27,226 in 2025 and $36,547 in 2024)	2,322,389	2,462,796
Total investments	16,494,653	14,018,354
Notes receivable from participants	240,473	99,898
Total assets	16,735,126	14,118,252
Liabilities	-	-
Net assets available for benefits	**$ 16,735,126**	**$ 14,118,252**

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST

Statements of Changes in Net Assets Available for Benefits
Year Ended December 31, 2025

	2025
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,468,033
Interest and dividends	472,396
Total investment income	1,940,429
Interest income on notes receivable from participants	13,314
Contributions:	
Participants	782,121
Employer	694,524
Rollovers	12,964
Total contributions	1,489,609
Total additions	3,443,352
Deductions from net assets attributed to:	
Benefits paid to participants	698,048
Administrative expenses	128,430
Total deductions	826,478
Net increase	**2,616,874**
Net assets available for benefits:	
Beginning of year	14,118,252
End of year	$ 16,735,126

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST

Notes to Financial Statements
December 31, 2025

Note 1 – Description of the Plan

The following description of the Migrant Health Center Western Region, Inc.1081.01 Retirement Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established on June 1, 1996. It covers all full-time eligible regular employees of Migrant Health Center Western Region, Inc. (the Plan Sponsor). It is a qualified plan, exempt from Puerto Rico income taxes in compliance with the Puerto Rico Internal Revenue Code of 2011, as amended, (2011 PR Code) and subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor delegated authority, responsibility and oversight of the Plan to the Administrative Committee, which is comprised of certain employees of the Plan Sponsor.

The Plan's trustee services are managed by Oriental Bank and Benefit Consulting Group serves as third-party administrator.

Since April 2020, Empower Annuity Insurance Company of America (formerly Great-West Life & Annuity Insurance Company) and Empower Trust Company, LLC (formerly Great-West Trust Company, LLC) are the custodians of the Plan's assets. Empower Annuity Insurance Company of America also serves as the Plan's recordkeeper.

Contributions

Eligible participants must file a written election form with the Plan Administrator indicating the amount of pre-tax contribution they wish to make, up to $15,000 (which is the maximum deferral amount applicable to 2025 as specified by the 2011 PR Code) and agreeing to reduce their compensation for such amount. The Plan includes an automatic enrollment of an initial uniform percentage rate of 4% for those employees who do not have an affirmative election regarding pre-tax contributions. Participants may contribute amounts representing distributions from other qualified defined benefit or contribution plans, subject to the conditions and limitations set forth in the Plan year. The Plan permits additional catch-up contributions of $1,500 to participants that are 50 years and older in accordance with the 2011 PR Code. For purposes of the Plan, compensation excludes overtime, bonuses, commissions and other extraordinary remuneration.

The Employer may match pre-tax contributions equal to a discretionary percentage, as determined by the Employer, which for Plan year 2025 was 1% of employee's base compensation for participants that contributed to the Plan. Matching contributions shall not be used in satisfying the deferral percentage tests and will not be made for catch-up contributions.

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST

Notes to Financial Statements
December 31, 2025

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution and allocations of: (a) the Plan Sponsor's matching contribution, (b) investment earnings, (c) participant forfeitures and charged with an allocation of withdrawals. Allocations are based on the participant's account balance, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Plan Sponsor's matching of their accounts plus actual earnings thereon is based on years of continuous service. The participant will become fully vesting in his Matching Contributions, upon attaining 5 years of credited service, 75% upon attaining 4 years, 50% upon attaining 3 years and 25% upon attaining 2 years. Notwithstanding the above, all participants are 100% vested attaining 60 years (and not later than age 65).

Payment of Benefits

Upon termination of service due to separation of employment, death, disability or retirement, a participant or the participant beneficiaries may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, rollover to another 1081.01 plan or periodic installments.

Forfeited Accounts

Upon participant's termination from employment or withdrawal from the Plan for any reason other than death, retirement or disability, the employer contributions on behalf of the participants not then vested are forfeited and are first used to pay for Plan's administrative expenses and then to reduce future employer contributions. Forfeited non-vested accounts amounted to $27,226 and $36,547, as of December 31, 2025 and 2024, respectively. During 2025, $26,253 forfeiture withdrawals were used to pay for Plan's administrative expenses. In 2024, no forfeiture withdrawals were used to pay for Plan's administrative expenses.

In-service withdrawals

To the extent provided by the Plan, a Participant whose employment has not been terminated may make withdrawals from his pre-tax, after-tax or rollover contributions for financial hardship or after attaining 59.5 years of age. Withdrawal for financial hardship will be permitted if the Participant has an immediate and heavy financial need, as defined by the Plan.

Notes Receivable from Participants

Participants may borrow from their accounts in accordance with the Plan's loan program, up to the lesser of $50,000 or 50% of their vested account balance. Loans are secured by the balance in the participant's account and bear interest at rates ranging from 8.00% to 9.50% at December 31, 2025, with maturities at various dates through 2030. Principal and interest are repaid through payroll deductions.

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, except for fully benefit-responsive investment contracts.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Contract value is the relevant measure for fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. See Note 5 for discussion of contract value.

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

Risks and Uncertainties

The Plan invests in various investment securities. Investment services are exposed to various risks as interest rate, market and credit risks. Due to the level 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 statement of net assets available for benefits.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan's administrative expenses include administration, participant and assets fees, and certain distribution fees charged against the Plan's assets or charged directly to the respective participant account balances. Other administrative and recordkeeping fees were paid by the Plan's Sponsor and therefore excluded from the statement of changes in net assets available for benefits.

Benefits Payable

As required by current standards, benefits payable to participants who have withdrawn from a defined contribution plan should be disclosed in the notes to financial statements rather than be recorded as a liability of the Plan.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Note 3 – Information Certified by Custodian (Unaudited)

The investment information regarding the Plan as December 31, 2025 and 2024 and included in the Plan's financial statements and supplemental schedules, was prepared by Empower Annuity Insurance Company of America and Empower Trust Company, LLC, the custodians of the Plan for the years ended December 31, 2025 and 2024. The Information was furnished to the plan administrator. If custodial services are provided along with an insurance product, the certification is provided by both custodians. The plan administrator has obtained a certification from the custodians, that such information, is complete and accurate, in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulation for Reporting and Disclosure under ERISA, as of and for the year ended December 31, 2025 and 2024.

Note 4 – Fair Value Measurements

Financial Accounting Standard Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures establish the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 14,081,600	$ -	$ -	$ 14,081,600
Collective trust funds at NAV (a)				90,664
Investments at fair value				$ 14,172,264

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 11,410,896	$ -	$ -	$ 11,410,896
Collective trust funds at NAV (a)				144,662
Investments at fair value				$ 11,555,558

(a) In accordance with ASC 820-10, investments measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been categorized in the fair value hierarchy; the amounts are presented to permit reconciliation to the statements of net assets available for benefits. The fully benefit-responsive investment contract is measured at contract value (Note 5) and is excluded from this table.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024:

Mutual funds: Share Prices/Net Asset Values (NAVs) for mutual funds are generally obtained from a file feed from the National Securities Clearing Corporation, and/or directly from the fund house, or a secondary pricing source, such as Interactive Data Corporation (IDC).

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

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

Note 5 – Fully Benefit-Responsive Investment Contract

The Plan provides participants with the Key Guaranteed Portfolio Fund (KGPF) as an investment option. The KGPF is a general account product of Empower Annuity Insurance Company of America (Empower), issued through group annuity contract (the Contract) between the Plan and Empower. Under this type of contract, principal and credited interest are fully guaranteed for participants-initiated withdrawals and transfers. The guarantee is backed by the entire general account assets of Empower. The strength of the guarantee depends on Empower's ability to meet its financial obligations. Empower's ability to meet its contractual obligations may be affected by future economic and regulatory developments. The Contract does not have a maturity date, but either Empower or the Plan may terminate the Contract with advance written notice to the other party or parties.

The Contract meets the criteria to be considered fully benefit-responsive investment contract, and therefore, is reported at contract value in the accompanying statements of net assets available for benefits. Contract value, as reported to the Plan by Empower, represents all contributions made by or on behalf of the participants under the Contract, plus interest credited, less withdrawals and transfers, less any applicable charges and fees. This value represents the KGPF investment option balance reported in the participant's individual accounts. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, less any applicable charges and fees. As of December 31, 2025 and 2024, the Plan reported the investment at a contract value of $2,322,389 and $2,462,796, respectively in the statement of net asset available for benefits.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The Contract's interest rate to be credited during the calendar year is determined by Empower and is reset quarterly. The actual average yield earned by the Plan for years 2025 and 2024 are 1.45% and 1.41% respectively, and are derived by averaging the Plan's quarterly interest rates.

Certain events limit the ability of the Plan to transact at contract value with Empower. Such events include the following: (1) premature termination of the Contracts by either Empower or the Plan, (2) plan termination, (3) plan sponsor bankruptcy, (4) contract modifications, (5) other (plant closings, layoffs, mergers, and early retirement incentives). Furthermore, certain events and circumstances that may permit Empower to terminate the Contract and settle at amounts that differ from contract value including: (1) a modification of the Contract without written agreement with Empower, (2) a violation of a material obligation under the Contract or 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 participants or with Empower are probable of occurring.

Note 6 – Party-In-Interest Transactions

The following transactions performed during the year 2025, qualified as party-in-interest transactions:

1. Trustee, custodian and recordkeeping functions which are performed by Oriental Bank and Empower Retirement,

2. Certain administrative functions and transactions of the Plan, performed by Benefit Consulting Group and fiduciaries, including employees of the Plan Sponsor and the administrative committee,

3. Key Guaranteed Portfolio Fund, offered through a group annuity contract by Empower Annuity Insurance Company of America, one of the custodians of the Plan, and

4. Certain administrative and recordkeeping fees which were paid directly by the Plan's Sponsor. These fees, are excluded from the statement of changes in net assets available for benefits.

Such transactions are exempt from being prohibited transactions under ERISA.

Note 7 – Plan Termination

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

Note 8 – Tax Status

Effective on January 1, 2022, the Plan was amended and restated. The new adoption agreement includes changes and/or additional provisions as follows:

- Appoint the Plan Sponsor CEO as the new administrator,
- Change the method for crediting service changes to "Elapsed Time Method",
- Change the automatic enrollment deferral rate to 4%,
- Permit loans to participants subject to the Plan's loan rules, and
- Allow qualified declared disaster distributions if authorized by the Plan Sponsor and Puerto Rico Department of Treasury (PRDT).

On September 16, 2022, the Plan obtained a new determination letter, in which the PRDT stated that the Plan, as restated, was in compliance with the applicable requirements of the 2011 PR Code.

Accounting principles generally accepted in the United States of America require Plan's management to evaluate tax positions taken by the Plan and recognize a tax liability or (asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the PRDT.

The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025 there are no other uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2020.

Note 9– Subsequent Events

The Plan has evaluated the impact of subsequent events through October 9, 2026, which is the date the financial statements were available to be issued. Management is not aware of any subsequent events that require adjustments or disclosures in the Plan's financial statements.

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST
Employer ID No. 66-0427801
Plan No.: 001
Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets Held at December 31, 2025

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost (2)	(e) Current value (3)
	BlackRock LifePath Index Retirement K	Mutual fund	$ 2,635,662	$ 2,849,506
	BlackRock LifePath Index 2030 K	Mutual fund	2,069,845	2,526,837
	BlackRock LifePath Index 2035 K	Mutual fund	1,549,190	1,920,762
	BlackRock LifePath Index 2040 K	Mutual fund	1,580,499	1,982,087
	BlackRock LifePath Index 2045 K	Mutual fund	1,086,968	1,360,701
	BlackRock LifePath Index 2050 K	Mutual fund	786,512	1,007,416
	BlackRock LifePath Index 2055 K	Mutual fund	626,753	799,567
	BlackRock LifePath Index 2060 K	Mutual fund	585,116	745,579
	Fidelity Emerging Markets Index	Mutual fund	18,807	26,392
	Fidelity Total International Index	Mutual fund	19,364	29,600
	Fidelity Real Estate Index	Mutual fund	1	2
	Fidelity Small Cap Growth Index	Mutual fund	1,414	1,498
	Fidelity Small Cap Value Index	Mutual fund	2	3
	State Street Small/Mid Cap Equity Index K	Mutual fund	25,578	34,688
	Fidelity Mid Cap Value Index	Mutual fund	61,127	95,143
	Fidelity Mid Cap Growth Index	Mutual fund	4,067	4,182
	Fidelity Large Cap Growth Index	Mutual fund	54	54
	Fidelity Large Cap Value Index	Mutual fund	10,460	14,255
	Fidelity 500 Index	Mutual fund	101,689	199,226
	American Funds Inflation Linked Bond R6	Mutual fund	45,421	40,813
	Lord Abbett Bond Debenture R6	Mutual fund	266,475	238,027
	PGIM Global Total Return R6	Mutual fund	8	7
	PGIM Total Return Bond R6	Mutual fund	56,391	51,420
	State Street Aggregate Bond Index K	Mutual fund	180,979	153,835
	American Innovation	Collective trust fund	47,452	90,664
	Putnam Large Cap Value Trust I	Collective trust fund	-	-
	Total mutual funds and collective trust funds		**11,759,834**	**14,172,264**
(1)	Empower Annuity Insurance Company of America – Key Guaranteed Portfolio Fund	Group annuity contract (general account), 1.45%, fully benefit-responsive, at contract value	2,165,516	2,295,163
(1)	Empower Annuity Insurance Company of America – Key Guaranteed Portfolio Fund (forfeiture account)	Group annuity contract (general account), 1.45%, at contract value	24,890	27,226
	Total fully benefit-responsive investment contract		**2,190,406**	**2,322,389**
(1)	Participant loans	Interest rates ranging from 8.00% to 9.50%, maturing at various dates through 2030	241,786	240,473
	Total assets held for investment purposes			**$ 16,735,126**

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST
Employer ID No. 66-0427801
Plan No.: 001
Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets Held at December 31, 2025

Notes to the Schedule of Assets Held at December 31, 2025:

(1) Represents a party-in-interest.
(2) Cost of assets: the original cost of the assets in each investment option as of the last day of the plan year.
(3) Current value: the value of all assets in each investment option as of the last day of the plan year.
(4) Data included in this schedule is based upon information provided in the Summary Report which was certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC, the custodians of the Plan (and parties-in-interest) as of December 31, 2025.

Please refer to the accompanying Independent Auditors' Report.

MIGRANT HEALTH CENTER WESTERN REGION, INC.
1081.01 RETIREMENT PLAN AND TRUST
Employer ID No. 66-0427801
Plan No.: 001

Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)

Year ended December 31, 2025

(a) Identify of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of acquisitions (2)	(d) Proceeds from Dispositions (3)
Key Guaranteed Portfolio Fund	1.45% fixed annuities	$461,548	$ 626,818

Notes:

(1) In accordance with Labor regulations Section 2520.103-11(b)(2), variable funds are excluded from definition of "Assets Held for Investment Purposes" if the assets were not held on the last of the plan year. Therefore, they are excluded from this report.
(2) Cost of acquisitions: the cost of the asset when acquired.
(3) Proceeds of dispositions: amounts distributed from the investment option within the plan year.
(4) Data included in this schedule is based upon information provided in the Summary Report which was certified as complete and accurate by Empower Annuity Insurance Company of America and Empower Trust Company, LLC, the custodians of the Plan (and parties-in-interest) as of December 31, 2025.

See accompanying Independent Auditors' Report.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Worldnet Telecommunications LLC

01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1LIRKX			7,084.97	7,416.47
1LINKX			409,162.56	476,105.98
1LIJKX			360,928.72	443,725.59
1LIKKX			562,265.04	705,682.97
1LIHKX			207,824.56	247,256.63
1LIPKX			111,604.56	139,678.86
1LIVKX			56,030.24	70,809.16
1LIZKX			26,201.37	32,144.10
1LIWKX			45,496.46	55,702.63
1PAEEX			1,716,773.14	2,049,918.06
1EKSRX			1,295,153.95	1,466,814.15
1RNWGX			99,893.67	102,998.76
1MKLOX			36,568.80	39,087.91
1MDIZX			187,888.13	189,987.63
1OGLIX			12,810.37	12,609.80
1FRCSX			7,201.51	7,606.81
1LADVX			135,707.74	154,635.59
1SCSRX			48,748.88	46,768.93
1RGAGX			997,974.25	1,006,588.98
1OIEJX			81,770.77	84,947.14
1MFRKX			127,031.87	139,063.15
1MUTHX			440,857.74	469,402.64
1JABNX			1,415,924.76	1,577,865.87
1DIFHX			385,356.31	399,224.60
1AGDZX			68,161.12	69,805.81
1PRRIX			1,101,428.21	1,094,637.84
1PHYQX			54,277.14	55,188.36
1WACSX			42,062.88	40,363.54
1KGPGW		1.450	777,687.41	811,160.13
			10,819,877.13	**11,997,198.09**
PARTICIPANT LOANS	VARIOUS	4.250-9.500	315,932.88	316,071.20
FORFEITURES			35,229.73	36,209.33

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 66-0530841